



Children's Services Agency
Division of Continuous Quality Improvement

**Annual Progress and
Services Report
2021**

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

June 2020

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Michigan’s Child and Family Services Plan and Annual Progress and Services Report Contact

Danielle Martin, Acting Director, Division of Continuous Quality Improvement
Michigan Department of Health and Human Services
235 S. Grand Avenue, Suite 505, P.O. Box 30037
Lansing, MI 48909-0037
517-241-9582
martind28@michigan.gov

Michigan’s Child Abuse Prevention and Treatment Act (CAPTA) Coordinator

Colin Parks, Manager, Children’s Protective Services Policy and Program Office
Michigan Department of Health and Human Services
235 S. Grand Avenue, Suite 510, P.O. Box 30037
Lansing, MI 48909-0037
517-388-5125
parksc@michigan.gov

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

The [MDHHS Organizational Chart](#) can be viewed on the MDHHS website.

GENERAL INFORMATION

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

MDHHS is the state department that administers:

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

Child welfare services in Michigan are administered through the MDHHS Children's Services Agency. The executive director of the Children's Services Agency, JooYeun Chang, oversees directors of:

- Children's Services Agency (CSA) Bureau of Innovation
- Business Service Center 5
- Division of Continuous Quality Improvement
- Division of Child Welfare Licensing
- Juvenile Justice Programs
- Office of the Family Advocate
- Children's Trust Fund
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS)
- Child Welfare Policy and Programs

The Division of Continuous Quality Improvement is responsible for the development and administration of the Child and Family Services Plan and leading ongoing continuous quality improvement efforts.

MDHHS Vision

Deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity.

Children's Services

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

Child Welfare Vision

All Michigan children are safe from abuse and neglect, and families have the services and supports they need to thrive.

Child Welfare Mission

It is our mission to ensure safety for Michigan children who come to the Children's Services Agency's attention through provision of preventive, early intervention, and foster care services that build on the child's and family's strengths and lead to timely permanency.

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 Annual Progress and Services Report (APSR) 2021 represents year one reporting on Child

and Family Services Plan (CFSP) goals for 2020-2024 based on the state's achievements in fiscal year (FY) 2019. Michigan's Child and Family Services Review (CFSR) Program Improvement Plan (PIP), the state's performance over time and feedback from stakeholders are essential measures of Michigan's performance and are featured in this report. This APSR demonstrates the state's continuing alignment of Michigan's CFSP/APSR with the federal CFSR goals and outcomes.

Reporting on Child Welfare Outcomes

In 2019, the CFSP 2020-2024 set forth new goals for the five-year period 2020 to 2024, utilizing the most recent data available as a baseline, and described planned strategies and activities for meeting the state's goals and objectives. Interim progress toward achievement of those goals is described in this report, along with progress resulting from the strategies set out in the CFSP 2020-2024.

MDHHS Targeted Plans

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

COLLABORATION ON THE IMPLEMENTATION OF THE CFSP 2020-2024

Michigan has standing committees and professional and citizen groups that inform the goals and objectives of MDHHS' five-year CFSP and APSR, assess agency strengths and areas needing improvement and develop services responsive to the diverse needs of the state's populations and geographical regions. The groups review data and monitor CFSP progress and outcomes, and their ongoing feedback provides MDHHS with vital information that spurs efforts to address identified issues. These groups include:

- Parents and youth are represented on the CFSR PIP Stakeholder Group, where they participate in review and modification of PIP goals, interventions, and objectives.
- The Foster Care Review Board, housed within the State Court Administrative Office, is comprised of citizen volunteers who provide independent review of cases in the state foster care system.
- The Guy Thompson Parent Advisory Council is comprised of 20 birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs.
- The Citizen Review Panel on Prevention provides a forum for citizen input on prevention issues and makes recommendations for MDHHS and the governor. The Children's Trust Fund serves as the Citizen Review Panel on Prevention.
- The Governor's Task Force on Child Abuse and Neglect, also known as Citizen's Review Panel on CPS, Foster Care and Adoption solicits feedback from a variety of stakeholders to determine how to effectively respond to child abuse and neglect.

- The State Child Death Review Team is a multidisciplinary group of professionals that meets to review the circumstances surrounding the deaths of children and makes recommendations for policies and programs to prevent child deaths.
- Tribal-State Partnership is a collaboration between MDHHS and Michigan’s 12 federally recognized tribes that meets quarterly to address Indian child welfare issues.
- The Medical Care Advisory Council is a group of consumer representatives, health care providers and advocates that advises MDHHS on policy issues related to Medicaid.
- Michigan Youth Opportunities Initiative Youth Boards are community-based boards of youth in foster care that promote youth preparation for independence and provide feedback to MDHHS and providers about their experiences in foster care.
- The Michigan Office of the Children’s Ombudsman is an independent state agency that receives and investigates complaints concerning children under the supervision of MDHHS and makes recommendations for practice improvements.
- The Child Welfare Partnership Council was established to guide the design, development and implementation process of Michigan’s performance-based child welfare system.
- The Prosecuting Attorney Advisory Council is a group of Michigan prosecuting attorneys that collaborates to provide training on child welfare legal issues.
- The Judicial Advisory Council provides technical assistance to family court judges on child welfare matters.
- The Foster Care and Adoption Outcomes Group is a coalition of public and private service providers that assists agencies to improve outcomes for children and families through data analytics and targeted interventions.
- The MDHHS Diversity, Equity and Inclusion Committee is a group of public and private leaders that meets monthly to develop strategies to implement the Diversity, Equity and Inclusion plan throughout the agency.
- The Michigan Race Equity Coalition is a group of child welfare leadership, judiciary and state and local officials that examines and implements strategies to address the root causes of minority overrepresentation in child welfare.
- The Michigan Legislative Caucus on Foster Care is a bipartisan group of legislators committed to promoting issues that impact children and families within the child welfare system, with particular emphasis on kinship care.

Involvement in CFSP 2020-2024 Development

The standing groups and committees continued to serve in their current capacity in 2019 and 2020, reviewing data, policies and outcomes and making recommendations for service improvements. MDHHS progress on goals is shared with the groups and committees on an ongoing basis.

Child and Family Services Review Round 3

Michigan underwent the CFSR Round 3 on Aug. 13-17, 2018. The results of the CFSR Onsite Review determined that Michigan did not pass any of the outcomes or associated items. The systemic factors found to be in substantial conformity include Statewide Information System, Quality Assurance System and Agency Responsiveness to the Community. The Children’s

Bureau targeted Safety Outcomes 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1 as primary outcomes needing improvement in Michigan. CFSR and CFSR PIP Quarter 2 results for those outcomes are provided in the Quality Assurance section.

This APSR includes information on improvement strategies for all seven systemic factors:

- Statewide Information System
- Case Review System
- Quality Assurance System
- Staff and Provider Training
- Service Array and Resource Development
- Agency Responsiveness to the Community
- Foster and Adoptive Parent Recruitment, Licensing and Retention

CFSR Program Improvement Plan

Michigan's CFSR Round 3 Program Improvement Plan (PIP) was approved by the Children's Bureau and signed on April 18, 2019. Baselines for each of the items identified for improvement in the PIP are being established beginning with PIP implementation. Results will consist of 12 months of practice findings for a minimum of 100 cases, comprised of approximately 64 foster care and 36 CPS in-home cases.

CFSR Vision Statement

The PIP development group created the following vision statement:

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

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

During creation of the PIP, Michigan created the following plan for continued improvement, which was included in the CFSP 2020-2024:

Michigan's Plan for Continued Improvement

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

- **Increase prevention services.** Michigan will significantly expand the availability of prevention and reunification services for families who encounter the child welfare system. With an increase in federal, state and local investments to provide prevention

services, expenditures for out-of-home care are expected to decrease. Services will be evidence-based, trauma informed and delivered in community settings. The child welfare system will collaborate to build community capacity to help families address challenges before maltreatment occurs.

- **Decrease child separation.** The number of children separated from their parents and the average length of time in care is expected to be significantly reduced. Any recommendation for child separation will include intense deliberation, significant efforts to mitigate the need for separation, meaningful family and community engagement, and scrutiny at the highest levels of local office management. Parents and children will receive high-quality legal representation that advocates strongly for timely and appropriate services and expedited case resolution and permanency. Child welfare staff and legal partners will strive to achieve reunification at the earliest point possible with intensive reunification supports when appropriate.
- **Utilize a family-focused approach.** Michigan's child welfare policies and practices will be supportive and family-focused and child safety and well-being will be addressed through increased engagement with families. Families will always be treated with respect and dignity. Parent voices will be valued in program and policy development and in all aspects of individual cases. Michigan child welfare professionals will accurately assess family strengths and needs and work with families to identify effective services to match their needs. Families will experience meaningful assistance through their involvement with the child welfare system.
- **Maintain family connections.** Maintaining family connections when children are separated from their parents is a priority. Extensive family finding will occur throughout involvement with child welfare. First consideration for out-of-home placement will be with the child's relatives and siblings will be placed together whenever possible.
- **Change the role of foster parents.** When feasible, foster parents will become involved prior to a decision to separate the child and assist the parents in a non-judgmental way with caregiving and mitigating safety concerns. When a child requires separation, the child's parents and foster parents will share caregiving, work in partnership, and communicate openly about the child's needs and progress. The foster parent will be a support to help reunify families.
- **Build and sustain a strong, supported workforce.** Michigan recognizes the impact of secondary traumatic stress on child welfare professionals and will support staff to build resiliency. In every office, leadership will promote psychologically safe environments where staff feel supported to take risks, admit mistakes, and collaborate with others. Child welfare leadership will create and maintain a healthy culture, provide staff with tools to be effective, and communicate frequently about organizational values and desired results. In response to variable conditions and stressful circumstances, staff will rely on quality thinking, sound reasoning, and fair decision-making. Michigan's child welfare system will promote excellent service delivery, inclusion, diversity, innovation, responsiveness, and transparency.
- **Increase healing and well-being.** Michigan will deliver interventions and services that are relationship focused. All domains of child well-being will be prioritized, along with

physical safety, and all child and family serving systems will be trauma-informed. Michigan child welfare staff will receive training, coaching, and strength-based supervision to address implicit biases, engage with families, demonstrate compassion, and develop relationships to build resiliency and hope.

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

- Partnering with the Office of Recovery Oriented Systems of Care to expand in-home substance use disorder family service programs.
- Collaboration with the Population Health Division to expand home visitation programs.
- Working in partnership with the Governor's Task Force on Child Abuse and Neglect to develop a cross-systems protocol for expanding the use of Infant Plans of Safe Care.
- Coordination and planning with Chapin Hall at the University of Chicago, the University of Michigan, and others to ensure expansion of prevention services through a careful assessment of existing resources, evidence-based services and gaps in service provision based on the candidacy definition developed.

2020 Update to the Plan for Continued Improvement

In 2019, MDHHS underwent a strategic planning process that led to increased emphasis on the state's goal to reduce maltreatment and improve permanency in foster care. Michigan's current child welfare system relies primarily on foster care as an intervention for child maltreatment. Children who enter foster care often do so after multiple unaddressed allegations of abuse or neglect. MDHHS will improve safety for children by increasing evidence-based prevention and early intervention services, improving supports for families who care for children while in foster care, and providing families with post-permanency services and supports to ensure that children are safe at home. Key elements of the MDHHS plan for continued improvement include:

- **Redesign Children's Protective Services.** CSA will work with Casey Family Programs to assess current child protection practice and policy and make improvements to better protect children and support families. The project will focus on Centralized Intake, CPS investigation and connections to community-based prevention and early intervention services. A well-designed and efficient response to CPS complaints will help staff protect children and support families by:
 - Accurately assessing risk and safety.
 - Facilitating timely response to complaints of abuse and neglect.
 - Ensuring complaints are appropriately assigned.
 - Reducing trauma experienced by children and families through increased connections to services and supports when investigation or removal are not necessary.
 - Timely and thorough investigations.

- **Data-Informed continuous quality improvement and family team meetings.**
 - CSA will continue the quality assurance case review process for all relative placements, including rapid return of results to local office directors through monthly reviews of every relative placement.
- **ChildStat meetings focusing on safety in care.** ChildStat involves:
 - Bringing together agency leaders, field managers and continuous quality improvement staff to review relevant data and to identify successes and opportunities for improvement related to maltreatment in care (MIC).
 - Selecting, reviewing and summarizing case practice strengths and opportunities for randomly selected child welfare cases in which a MIC substantiation occurred within the past six months.
 - Assembling and previewing aggregate qualitative data.
 - Tracking implementation of specific practice and policy recommendations.
- **Safety Assurance Facilitation Experts (SAFE)** will be established in five counties to complete family team meetings prior to or within five days of placement with a relative and upon return to the parental home. The facilitators will work directly with relative caregivers to create safety plans and visitation plans that will ensure the well-being of the children in their care. They will also work with parents when children are being returned home to implement safety plans and help support the family in the reunification process.
- **Prevention Outreach Project:** As a result of the COVID-19 remediation and response, the department initiated an effort to prevent child abuse and neglect and potential subsequent removals by contacting and providing resources and support to families that experienced a Category III open/close or Category IV CPS investigation within the previous three months. This activity has proven to be successful and numerous anecdotes of family benefits and positive impacts on workers have been shared during implementation. Several counties and districts have elected to continue this effort beyond the specific assigned quality improvement activity.

CSA continues to make improvements to the child welfare system through the support of invested stakeholders. The state has outlined strategies to address the issues impacting progress and is utilizing the PIP period to initiate these reforms and strategies. This APSR reports on progress made in the first year of the CFSP in implementing these strategies.

MICHIGAN COVID-19 RESPONSE OVERVIEW

On March 10, 2020, Michigan began responding to the COVID-19 pandemic with Executive Order 2020-4 declaring a state of emergency due to the emergence of the novel coronavirus COVID-19.

On March 14, 2020, Michigan Governor Gretchen Whitmer issued Executive Order 2020-6, temporarily prohibiting any visitor from entering a facility not necessary for provision of

medical care or support to activities of daily functioning or under exigent circumstances such as grave illness or imminent death.

Executive Order 2020-21 went into effect on March 24, 2020, ordering all residents and businesses to “Stay Home, Stay Safe.” As a result, CSA provided instructions to caseworkers following the guidance issued on March 18, 2020 by the Children’s Bureau guidelines. The guidelines were published and widely communicated to all staff members outlining expectations that children are visited in the safest environment possible, or permissible video conferencing be utilized to meet the expectations outlined in section 422(b)(17) of the Social Security Act (the Act).

Michigan implemented use of video conferencing to conduct monthly face-to-face visits with children. MiSACWIS has the functionality to distinguish between visitation types. In addition, the DCQI Data Management Unit developed weekly tracking reports of all caseworker visit activities to monitor COVID-19 responses and to provide opportunities for child welfare workers and leadership to monitor progress and compliance. Additionally, CSA offered weekly leadership meetings for all MDHHS and private agency leadership to ensure data, communication issuances and best practices were reviewed at a statewide level.

Michigan conferenced with the Children’s Bureau Regional Office about the department’s response to the executive orders and modification of instruction to field staff for performing critical and essential duties during the COVID-19 pandemic.

In response to the COVID-19 pandemic, MDHHS provided guidance to MDHHS and private agency staff in multiple areas, which include the Communication Issuances to staff of MDHHS and private agencies. A complete listing of all Communication Issuances related to COVID-19 can be found here: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117_7166---.00.html

MDHHS further responded to the needs of at-risk families by:

- Families who had interaction with CPS in the last six months that resulted in a low risk case received general outreach and support.
- Instituting Rapid Reunification Reviews, which involved team reviews of cases considered for reunification based on an indicator of unsupervised parenting time. Reviews were instituted by counties, districts and private agencies to identify children eligible for reunification within 30, 45, 60, and 90 days. Child welfare staff facilitated timely return while ensuring safety measures were in place and all policies were followed. Barriers to reunification are reported to CSA leadership when children that were identified could not be returned. Coordination with local courts occurred to define a process for court coordination and timely hearings.
- To support foster and kinship caregivers, a Caregiver Needs survey was sent on March 24th to all foster parents and relative caregivers who have an email address on file and to parent led organizations, MDHHS county offices and PAFCs. Most of the 2,145 caregivers who completed the survey indicated they did not need additional support

(61.4 percent). The top three needs among those indicating they needed additional support were financial assistance, childcare, and access to groceries and household items. A daily report was provided to each BSC for follow-up with any caregiver identifying an immediate or emergency need. The overall survey findings, organized by county, were provided at the close of the survey to each BSC, county office and private foster care agency.

- Youth and young adults with foster care experience ages 16 to 23 were provided with a Covid-19 Needs Assessment to determine their immediate and long term needs in multiple domains. The survey was anonymous, but individuals were given an opportunity to provide contact information if they wished to have a follow up contact. Four hundred ninety-five surveys were completed, and 115 youth requested follow up. The top four identified needs of the youth requesting follow up were financial assistance, transportation, access to groceries or other household items and housing. The contact information was forwarded to the director of the county in which the youth resided or to the county of the assigned worker.

More information on the effects of COVID-19 on service delivery, the Prevention Outreach Program and Rapid Reunification Reviews can be found in the Agency Responsiveness to the Community section.

MDHHS is using technology to share information and provide ongoing communication through:

- Weekly MDHHS director town halls for staff.
- CSA town hall with parents of children in care.
- CSA town hall with foster and relative caregivers.
- CSA all-staff meetings.
- CSA communication issuances.
- Weekly calls with Justices of the Michigan Supreme Court to identify and resolve barriers related to court cases.
- Weekly town hall with contracted child placing agencies and child caring institutions.

MDHHS is continuing to update policy and procedures as the needs presented by the COVID-19 health crisis change and will provide updates through ongoing communication to staff and providers including communication issuances, employee town halls and other methods.

FAMILY FIRST PREVENTION SERVICES ACT

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

1. Ensure that placement of a child in any setting that is not family foster care is based on the needs of the child as identified in a child's diagnosis by a qualified medical practitioner and documented safety needs.

2. Ensure accurate documentation and sharing of child health information with health providers and caregivers.

Ensuring Appropriateness of Placement in Qualified Residential Treatment Programs

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

- Include a trauma-informed treatment model designed to treat children with emotional or behavioral disorders.
- Have licensed nursing and clinical staff available 24/7 and onsite as required by the program's treatment model.
- Facilitate outreach to family members of the child.
- Document how family members are integrated into the treatment process.
- Provide discharge planning and family support for six months after discharge.

Prior to placement of a child in a Qualified Residential Treatment Program, caseworkers must prepare a Placement Exception Request that documents supervisor and county director review and approval. Residential placement requirements include the following:

- The referral must include all recent medical, behavioral and mental health diagnoses and reports.
- A trained professional with a minimum of a bachelor's level degree must conduct a bio-psycho-social assessment of a child using evidence-based tools within 30 calendar days following placement.
- The bio-psycho-social assessment ensures placement is based on documented need for the treatment provided in the program and used to develop a treatment plan based on a review of past information with current assessments specific to the child's needs.
- The assessment must conclude that residential is the least restrictive setting appropriate to meet the child's needs and must also identify short- and long-term treatment goals for the child.

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

- A means to support and hold providers accountable for providing and documenting accurate and comprehensive diagnostic assessments that include diagnosis, functional capacity and recommendations based on the best available evidence.
- Specific guidelines defining the child and family characteristics that require intervention within a residential setting.

- Capacity and accountability within the MiTEAM case management process to follow the clinical pathways for each child.
- Education of all members of the systems of care about the clinical pathways, including parents and caregivers, courts, child welfare personnel and health/mental health care providers.
- Evaluation methods to track fidelity in following the clinical pathways and outcomes for the children and families served.

Harvard University Government Performance Lab

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

- MDHHS is working with the Harvard University Government Performance Lab to pilot an approach to divert children from foster care placement into congregate care. When the Regional Placement Unit receives a request for a congregate care placement, the new protocol is initiated. The protocol convenes regional and county leadership and frontline staff to identify strategies that might divert the child from a congregate care placement and safely maintain the existing family-based placement.
- MDHHS convened four workgroups to address Qualified Residential Treatment Programs which focused on specific areas:
 - Trauma-informed practice
 - Aftercare requirements
 - Court related requirements (legislation, review process, court rules and forms, and court training)
 - Outcomes
- Michigan is continuing to implement the Systems Transformation Project, described in the Permanency section of the APSR.
- Trauma screening, assessment and treatment protocols continue.
- New residential contracts are being implemented with child- and family-centric outcome measures.

Michigan's Family First Prevention Services Act Assessment

Michigan is conducting a needs assessment with technical assistance from Chapin Hall at the University of Chicago, the Government Performance Lab and University of Michigan to assist with understanding the needs of children in care and the current array of prevention services and congregate care in Michigan. These efforts are focused in the following areas:

- Conducting a readiness assessment for the prevention and Qualified Residential Treatment Program provisions with the provider community in Michigan.
- Performing data analytics needed for planning and implementation, with an emphasis on the prevention provisions.
- Revising policies to align with the requirements of the Family First Prevention Services Act and the broader child welfare transformation.
- Development and implementation of robust continuous quality improvement processes across the MDHHS continuum of preventive services.

Ensuring Accurate Documentation and Sharing of Child Health Information

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

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

During summer 2019, mandatory statewide foster care worker training was provided in nine sites regarding behavioral health services. The focus of the training was on identifying the need for service, accessing the service, understanding what to expect from the service and documenting the service in MiSACWIS. The importance of a complete medical passport to inform new service providers was stressed during the training. Access and utilization of CareConnect360 was covered as a tool for workers to track health services provided to children in foster care.

Additional actions MDHHS is taking to ensure compliance with the act are described in the following APSR sections:

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

Michigan's Family First Prevention Services Act State Plan

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

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

It is projected that Michigan will implement Family First Prevention Services Act approved evidence-based practices on Oct. 1, 2021.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

Michigan developed policies and procedures to address the needs of infants identified as affected by substances or exhibiting withdrawal symptoms. These include:

- Mandated reporters are required to report suspected child abuse or neglect if the reporters knows or suspects that a newborn infant has any amount of alcohol, a controlled substance or a metabolite of a controlled substance (whether legal or illegal) in his or her body (MCL 722.623a Sec. 3a). Mandated reporters include the following medical professionals:
 - Physicians and physician’s assistants
 - Dentists and registered dental hygienists
 - Medical examiners
 - Nurses
 - Persons licensed to provide emergency medical care.
- CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment. Exposure is indicated by a positive urine screen, positive meconium test, positive umbilical cord tissue test or confirmation by a medical professional of withdrawal symptoms in the newborn that are not attributed to medical treatment. Policy requires CPS investigators to:
 - Contact medical professionals to confirm exposure and/or to identify appropriate medical treatment for the infant.
 - Review the criminal and CPS history of the family.
 - Interview the parents to assess the need for substance use disorder, assessment/prevention/treatment, or recovery support.
 - Determine the parents’ capacity to provide safety for the newborn and other children in the home.

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

- In 2017, policy changes included the requirement for an Infant Plan of Safe Care for infants identified as affected by substance use of their parent and/or withdrawal symptoms, or as victims of Fetal Alcohol Spectrum Disorder. In these cases, the worker must develop an Infant Plan of Safe Care to:
 - Address the health and substance use treatment needs of the mother and infant and other affected family members.
 - Ensure that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
 - Take steps to ensure services provided to the infant and family are monitored either through continued MDHHS involvement or another service provider.
 - Address concerns through appropriate referrals. The referral and monitoring of these services must be documented by the worker in MiSACWIS.

- MDHHS initiated a statewide effort to enhance mandated reporter training for medical providers. The draft training helps mandated reporters understand when they need to make a report to Centralized Intake.
- MDHHS added requirements in all family preservation contracts for an Infant Plan of Safe Care for cases involving an infant identified as affected by substance use of their parent and/or withdrawal symptoms, or as a victim of Fetal Alcohol Spectrum Disorder.
- In confirmed complaints in which the infant requires medical treatment to address symptoms resulting from the substance exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being, a petition for court jurisdiction is required within 24 hours.
- The state does not exclude complaints when a child is affected by legally prescribed medications to the mother. If the medication was not taken as prescribed or if the parent's use of medications or substances impairs the parent's ability to safely care for their child, a CPS case is opened, and an Infant Plan of Safe Care established.
- Services must be coordinated with medical personnel, maternal infant health programs and substance use disorder assessment and treatment providers.
- Children ages 0 to 3 suspected of, or having confirmed substance exposure, and/or developmental delay must be referred to Early On.
- MDHHS employs a fulltime substance use analyst who oversees a variety of substance use projects within MDHHS, helps provide insight on substance use within child welfare, and works collaboratively with various stakeholders regarding substance use.
- MDHHS works collaboratively with stakeholders through a variety of workgroups related to substance use, specifically opioid use. This is done through various workgroups throughout the state.
- MDHHS was awarded \$1,000,000 in funding through the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. As part of this grant, MDHHS is:
 - Creating a multi-disciplinary team to address opioid use by facilitating sharing of data between various systems.
 - Expanding the Substance Use Disorder Family Support Program pilot. The pilot provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. This program was expanded and is now available in nine counties as of Oct. 1, 2019.
 - Obtaining intensive home-based programming to address substance use in various counties.
 - Creating an online Mandated Reporter training.
 - Partnering with the University of Michigan Child and Adolescent Data Lab to analyze data to identify cases impacted by substance use disorder and prevent recurrence.
 - Working collaboratively with the Governor's Task Force on Child Abuse and Neglect and the Citizen Review Panel on CPS, Foster Care and Adoption to address gaps in various systems related to substance use. The Citizen Review

Panel is assessing whether creating a best practice Infant Plan of Safe Care protocol which will address systemic gaps in services to parents who are using substances. Should a protocol be developed, all stakeholders will collaborate in its creation.

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

- **2017 Policy Academy - MDHHS Recovery Oriented Systems of Care**

Michigan was one of 10 states selected to participate in the “2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers.” Michigan developed a cross-system plan to address the needs of infants affected by opioids and their caregivers.

- **Comprehensive Addiction and Recovery Act (CARA) workgroup**

The workgroup is developing a work plan to ensure Michigan is meeting the requirements of the CARA and the provisions of the Child Abuse Prevention and Treatment Act (CAPTA). Participants include internal and external child welfare and public health systems. The focus of the work is on:

- Creating uniform definitions of substance affected newborns and Infant Plans of Safe Care.
- Aligning MDHHS policies, programs and contracts with CARA.
- Identifying and implementing cross-system responses to newborns affected by substances and their families.
- Training and education regarding Infant Plans of Safe Care for birthing hospital staff, home visitation programs, infant mental health programs, family preservation services, CPS and foster care programs.
- Establishing a plan for tracking and monitoring all infants born affected by substances, and implementation of Infant Plans of Safe Care.

- **Michigan Collaborative Quality Initiative of Birthing Hospitals**

In partnership with the initiative, MDHHS Division of Maternal and Infant Health provides education and training for birthing hospitals to screen infants for the signs and symptoms of Neonatal Abstinence Syndrome and linking families to evidence-based home visiting.

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

- Collaboration with Early On to ensure that Infants who are exposed or affected by prenatal substances undergo assessment for developmental delay and treatment.
- Changes to MiSACWIS to track entry of Infant Plans of Safe Care into MiSACWIS. This information is used for federal reporting and internally to ensure substance use is addressed.
- A proposed enhancement to MiSACWIS has been submitted to allow better tracking and reporting of NCANDS data. This enhancement will allow for reporting of substance use at the child level, as well as the caregiver level.

- Online training is available on demand for CPS workers. Training on MiSACWIS Health Information is available for:
 - Entering health information.
 - Data reporting.
 - Transferring cases to foster care.

National Center on Substance Abuse and Child Welfare

- In 2019, MDHHS began receiving technical assistance from the National Center on Substance Abuse and Child Welfare. In February 2020, NCSACW provided further guidance regarding approach and possible priorities. Since that time, MDHHS requested written feedback and suggestions from the field and created three priorities for 2020:
 - Develop a process that CPS and foster care workers can use to assess parenting capacity, parenting time, permanency planning and child safety concerns when substance use is a factor.
 - Substance use training and coaching: symptoms, warning signs, how to engage parents with substance use disorders, opioid use disorders, and/or co-occurring disorders, identifying the availability of treatment, relapse and recovery planning.
 - Access to resources, tools, and templates regarding Infant Plans of Safe Care.

CAPTA State Grant Enhancement

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

- Ensuring effective coordination of efforts for Infant Plans of Safe Care with birthing hospitals, public health and family preservation partners and others to ensure awareness of how to develop and implement plans and how to report to the department on their development and outcome.
- Providing statewide training and technical assistance for child welfare and public health partners on implementation and monitoring of Infant Plans of Safe Care.
- Ensuring department reporting is consistent with CAPTA reporting requirements.
- Working with local partners, including law enforcement, prosecutors, child assessment centers and others to develop and maintain local child abuse and neglect investigation protocols. These protocols will address substance use investigations, system approaches designed to improve child and family outcomes and the development and reporting of Infant Plans of Safe Care.
- Assessing service provision gaps for children and families identified by birthing hospitals, public health or child welfare and addressing needs through development of local and/or statewide services to provide Infant Plans of Safe Care for families as needed.

COLLABORATION WITH THE COURT SYSTEM

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

Through the Court Improvement Program, MDHHS works with the court system to improve court procedures and ensure all federal and state laws, statutes and rules are followed. With support and information from SCAO, MDHHS trains public and private agency caseworkers about the child welfare legal system. Local MDHHS offices collaborate with family courts to ensure children and families are provided services compliant with federal and state laws. Collaborative efforts in 2019 include:

Data Projects

- MDHHS worked with SCAO to develop new court data reports for CFSR Round 3 outcome measures, including children's timely medical and dental exams, the frequency of parenting time, worker-child visits and worker-parent visits using data produced by the Data Management Unit (DMU). SCAO provides the data reports to two pilot courts quarterly to determine whether the court can drive performance improvement in those areas.
 - Between January 2017-December 2019, performance improved in the urban county in each of the five performance measures. The most significant gains were timely dental visits, which improved from 55 percent to 75 percent, and worker-child visits, which improved from 71 percent to 87 percent compliance with MDHHS policy.
 - The rural county performance in parenting time and worker-parent visits improved significantly. In January 2017, parenting time was occurring as required in 25 percent of cases and increased to 83 percent in December 2019. Worker parent visits rose from 20 percent to 78 percent.
- Through a data-sharing agreement, the court obtains data provided by the DMU that are modified to create judicial reports on hearing timeliness and permanency. These reports are available in SCAO's web-based Judicial Data Warehouse.
- A Data Snapshot Report provides an overview of each county's child abuse/neglect data. This is also available to courts in SCAO's Judicial Data Warehouse.

Examining or Improving Quality of Court Hearings

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

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

- SCAO substantively updated and reissued Judicial Bench Cards. New items on the Judicial Bench Cards include increased oversight and judicial review of sibling visits, family time, educational outcomes for older youth, as well as a new legislative requirement mandating that the court determine whether a substantial risk of harm continues to exist necessitating continued placement in foster care at every review hearing.
- Child Welfare Services and the Federal Compliance Division plan and conduct Title IV-E trainings jointly, which includes an overview of federal regulations and the importance of quality judicial findings at child protective proceedings. In 2019, trainings were limited due to statewide preparation for the 2019 federal Title IV-E review. Fifteen new judges were trained, along with 42 court and agency personnel in Ingham County.
- SCAO participated on the state review team during the 2019 Title IV-E review including planning calls with federal staff and statewide coordination and preparation of case files. SCAO was present as a partner for the entire week of the federal onsite review to ensure court order compliance issues and concerns were proactively addressed with federal reviewers. The state successfully passed the 2019 Title IV-E review with credit from federal representatives for strong collaboration between the courts and agency as a contributing factor to the success.
- Meetings regularly occurred with SCAO, the Federal Compliance Division and the Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.
- SCAO provides quarterly trainings in collaboration with MDHHS for child welfare funding specialists.
- SCAO partnered with MDHHS to implement the historic change in federal Title IV-E funding policy to allow states to draw down federal reimbursement dollars to cover the costs of attorney fees for parents and children in child protective proceedings. MDHHS established new Child Protection Legal Representation Grants that were offered to all 83 county courts in Michigan. SCAO and MDHHS collaborated to host virtual listening, training, and grant information meetings with courts to assist them with applying for the grant. Continued collaboration occurs to ensure the 50-plus courts who applied in FY 2020 can successfully implement and maximize the new funding. These grants will continue in FY 2021 and SCAO will continue to partner to increase the number of courts that apply.
- SCAO participated on the Child Welfare Partnership Council throughout 2019 to steer statewide planning and implementation of the Family First Prevention Services Act. This included a Court Workgroup to develop legislation, court rules, and court forms specific to the Qualified Residential Treatment Program requirement of the act. SCAO and MDHHS provided joint training to courts, tribes, and agencies on the Qualified Residential Treatment Program requirements including the new heightened judicial

review and oversight of a child's placement into a residential facility. Seventy-five jurists were jointly trained on Family First Preservation Services Act and Qualified Residential Treatment Program requirements in 2019.

- SCAO is developing a professional training video for each child protective proceeding that will identify the statutory timelines, procedural requirements, legal findings, and other information relevant to each hearing type. The videos will display mock court hearings with illustrative case scenarios. The training videos will be provided to new jurists assigned to a child protection docket and will be used as a training tool for various child welfare stakeholders statewide. The Preliminary Hearing and Adjudication hearing videos have been developed and SCAO will continue to add mock hearing videos to the series.

Improving Timeliness of Hearings and Permanency Outcomes

- SCAO, in collaboration with MDHHS, developed goals and strategies within the CFSR PIP to create a multi-disciplinary team approach to legal representation with the goal of reducing the number of children entering foster care, and for those who do enter care, a higher rate achieving permanency within 12 months. The Quality Legal Representation project focuses on early engagement, including prior to a petition being filed (potentially preventing removal of a child), or before the preliminary hearing when a petition has been filed. SCAO assisted with identifying three pilot counties to participate in the quality legal representation project and supports technical assistance for each county to assist with model development, implementation, and evaluation. SCAO and MDHHS lead and participate in monthly calls with the pilot counties and leadership team.
- SCAO's Court Improvement Program focused on educating parents of their rights when their children are taken into custody by developing an information brochure to be provided at the time of removal, and an in-depth information guide for use throughout proceedings. All courts received copies of the information guide and brochure and SCAO continues to provide courts with copies upon request. SCAO has distributed 2,045 copies of each resource.
- SCAO developed an online, comprehensive, self-paced training program for Lawyer-Guardians ad Litem (LGAL). The training is hosted on SCAO's learning management system, which will allow for SCAO to track and keep records of attorney participation. The training modules include the following topics:
 - Meeting and communicating with your client
 - Conducting an independent investigation
 - Advocacy in court
 - Child development
 - Cultural competency and trauma

The standard training curriculum will ensure all LGALs in Michigan are receiving uniform training specific to their role and have the knowledge and skills to competently represent children's best interest.

- SCAO periodically provides training for new child welfare jurists. Training content includes basic legal, procedural and policy requirements to preside over child protective

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

- SCAO developed a training for attorneys and caseworkers on the phases of child protection proceedings, including applicable statutes, court rules and agency policy, along with advocacy skills for reasonable efforts to preserve and reunify families. In 2019, six trainings were held throughout the state and attended by 321 individuals.

Examining or Improving Compliance with the Indian Child Welfare Act (ICWA)

- All 12 Michigan tribal courts filed for reciprocity in recognition of tribal court orders. Tribal court judgment is recognized as long as the tribe or tribal court has enacted a reciprocal ordinance, court rule, or other binding measure that obligates the tribal court to enforce state court judgments, and that ordinance, court rule, or other measure has been transmitted to SCAO.
- In 2009, SCAO established the Tribal Court Relations Committee of state and tribal court judges, tribal social services directors, tribal prosecutors, Indian child welfare law professors, and other key stakeholders. The Tribal Court Relations Committee continues to function as a collaborative vetting body for court rules, court forms, training and policy development concerning ICWA application in child welfare cases. The committee contributed to the codification of ICWA into state law in 2013 with the creation of the Michigan Indian Family Preservation Act (MIFPA). The committee meets quarterly and SCAO facilitates the meetings.
- SCAO participates on MDHHS quarterly Tribal-State Partnership regional meetings and addresses court compliance issues with ICWA/MIFPA as they are raised.
- SCAO held 16 multi-disciplinary trainings on ICWA/MIFPA since 2009.
- The SCAO Tribal Court Relations Committee co-developed a court rule to allow the use of videoconferencing technology for Indian child guardianship consent hearings in 2019. They also updated the Judicial Bench Card for ICWA/MIFPA cases in 2019. The Committee is currently developing an Affidavit of Active Efforts to increase the quality of judicial findings and compliance with ICWA/MIFPA.
- Judicial training was provided on MIFPA at the statewide judges' conference and annual referees' conference in 2019.
- SCAO collaborated with tribes for their inclusion in Michigan Supreme Court Adoption Day and Reunification Day celebrations to raise awareness of the importance of ICWA/MIFPA compliance to ensure successful outcomes for Indian children and families.
- SCAO participates on the national Children's Bureau Indian Child Welfare Act Constituency Group to share best practices and innovative solutions to improve state compliance.
- SCAO incorporated Native American Inquiry and Notice into the Court Observation Project Tool to evaluate consistency and compliance with requirements in state courts where the project has been completed.
- SCAO created and produced Quick Reference Charts for Jurists and Court Staff on ICWA and MIFPA in 2019.

Foster Care Review Board

The SCAO 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 and well cared for and that they achieve timely permanency. The Foster Care Review Board provides independent review of cases in the state foster care system. The board also hears appeals by foster parents who believe that children are being unnecessarily removed from their care.

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

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

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

Michigan law requires the Foster Care Review Board to identify system-wide barriers that impede the timely achievement of permanency for children and make related recommendations to address these problems. The 2019 Foster Care Review Board annual report presented the following top three systemic issues and recommendations to MDHHS:

- 1. Frequent placement changes.** There has been a 46-percent increase in the number of foster parent appeals conducted since 2016. Sometimes, it appeared that proposed moves were due to a conflict between the caseworker and the foster parent.
Recommendation: When a caseworker determines the foster parent is not meeting the child's needs and the child should be moved, the board recommends that the required family team meeting be facilitated by a neutral facilitator to discuss the caseworker's concerns with leaving the child in the foster home. In addition, better equipping relatives and foster homes to meet the diverse and complex needs of the children could minimize placement changes. MDHHS should increase support to foster parents, such as comprehensive training before placing a child in the home and respite care after placement.
- 2. Lawyer-guardian ad litem compliance with statutory duties.** Juvenile courts should ensure that the lawyer-guardian ad litem complies with all statutory duties and articulates the child's wishes and best interests at court hearings.
Recommendation: The Foster Care Review Board encourages courts to apply for the MDHHS Child and Parent Legal Representation (CPLR) Grant which will provide federal

funding for parent attorneys and LGALs. The grant funding must be reinvested in efforts to improve legal representation in child protective proceedings. The grant funding would allow courts to appropriately compensate attorneys to fulfill their statutory duties, including visiting their child clients at their placements. The board suggests that juvenile courts pay specific attention to the following statutory duties:

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

- 3. Caseworkers' caseloads exceed MDHHS policy.** Caseworkers must be able to spend time with the children and families on their caseloads in order to accurately assess risk, identify needs, develop an appropriate case plan and work with families to achieve it.
Recommendation: The agency should adhere to the caseload cap for foster care workers in the MISEP, which includes a maximum caseload of no more than 15 children.

The Foster Care Review Board is continuing to update and developing new data reports so that the caseload data can more directly assist with identifying program priorities and efforts. Foster Parent Appeal caseload data trends, including primary reasons for agency placement changes, were analyzed and shared with various stakeholder groups including MDHHS leadership representatives in 2019. In 2020-2021, board program representatives who serve on various state level child welfare workgroups and committees, including the Court Improvement Program, will analyze the data and promote discussion about trends, issues and possible strategies for positive interventions regionally.

The Foster Care Review Board continues to review cases listed with the Michigan Adoption Resource Exchange in which there were identified barriers in the recruitment of an adoptive family or in finalization of a planned adoption. They also review foster care cases upon request of an interested party, as well as random selection of cases of children who have been in foster care for less than 90 days. In 2019, the Foster Care Review Board conducted 330 case reviews involving 589 children. Recommendations made in cases reviewed include the following:

- Recommendations related to child safety: 113
- Recommendations related to permanency: 539
- Recommendations related to well-being: 1,951

The program held 126 foster parent appeals statewide in 2019. Foster Care Review Board decisions in the foster parent appeals resulted in the following:

- The board supported the foster parent's appeal of the move of the child from their home in 60 cases.
- The board supported the agency's decision to move the child in 66 cases.

COORDINATION OF CHILD WELFARE SERVICES

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

The CSA ensures that governing laws, rules and policies are followed in coordinating child welfare services and assists in securing resources. The QIC structure provides a mechanism for coordination among the CSA and leaders in the field to address state-level issues.

Restructured Quality Improvement Council

To ensure all CSA infrastructure supports MDHHS' current priorities and continuous quality improvement, CSA modified the QIC executive structure in 2020 to focus on Safety in Care, Recurrence of Maltreatment and Permanency. All previous sub-teams and members were organized into those three sub-teams. The three sub-teams are responsible for the oversight of the major strategies being deployed to address these priorities. Reconfigured sub-teams with example strategies are noted below:

- **Safety in Care**
Former sub-teams: Well-Being - Health and Older Children, Placement and Safety
 - SAFE Family Team Meeting pilot
 - Foster Care FANS and CANS Tool validation
 - ChildStat
 - MIC case reads through DCQI and field case read.
- **Recurrence of Maltreatment**
Former sub-teams: Service Array and Safety
 - CPS Redesign
 - CPS Risk and Safety Tool validation
 - Recurrence case reads through DCQI
 - Centralized Intake Dashboard review to ensure oversight for assignments and subsequent case decisions
- **Permanency**
Former sub-teams: Permanency and Placement
 - Kinship Navigator
 - Permanency in 12 months
 - COVID-19 Rapid Reunification Reviews
 - Quality Improvement Activity 5 – Permanency County Focused Reviews

CQI Infrastructure Assessment

The QIC assesses functioning of its sub-teams quarterly. Each sub-team establishes a goal regarding CQI infrastructure sustainability in the CQI plan. The Infrastructure Assessment Tool

levels are utilized as the method of measurement to demonstrate progress toward sustainability of the CQI infrastructure. The assessment level is recorded on the CQI plan. Each quarter, sub-team leads complete the CQI infrastructure assessment with team members. Once a sub-team reaches level 5, assessment occurs annually.

State and BSC Level Support for Local CQI Efforts

In 2018 and 2019, DCQI developed a structure that links QIC initiatives with local CQI activities and provides guidance for local activities. Key positions that facilitate communication and provide technical assistance relative to CQI efforts include:

- BSC Child Welfare Analysts that work directly with BSC directors and facilitate technical assistance and communication to local offices.
- BSC MiTEAM Quality Assurance (QA) Analysts report to BSC directors and provide support to local Quality Assurance analysts and promote the case practice and CQI in local offices.
- DCQI Quality Improvement Analysts work collaboratively with all CQI internal and external partners to ensure adequate data is available, technical assistance pertaining to the data is provided and that training is offered when requested or necessary.
- Quality Assurance Analysts include 55 staff in local offices and report to the county director. These analysts coordinate with local CQI teams to complete assignments issued by the county director or the CSA and BSC directors. Quality assurance analysts provide regular reports for each quality improvement assignment and a monthly BSC and county level report on CQI activities and progress.
- Child Welfare Services and Support (CWSS) analysts provide support for CQI and coordinated Quality Improvement Activities to the private agencies.

Emerging state-level concerns that require responsive activities at the local level may become quality improvement assignments which are filtered to local offices and agencies through BSCs and CWSS and activities and progress are reported regularly. Ongoing coordination between all positions and regular reporting of local and BSC activities allows for monitoring the effectiveness of each initiative.

Local Continuous Quality Improvement Teams

County continuous quality improvement (CQI) teams guide local efforts, address barriers and ensure adherence to the MiTEAM model in case management.

- County CQI teams receive information including federal requirements and national trends through their respective BSCs, through meetings with the CSA executive director, membership on state-level sub-teams and from their designated DCQI CQI analyst.
- DCQI analysts collaborate with local CQI teams on a regular basis and provide technical assistance for data collection and analysis, as well as ongoing consultation.
- Local CQI teams ensure that CQI efforts are data-driven through analysis of local service data that measures the performance of their respective offices, showing where attention is needed. Subsequent data indicates whether improvement strategies

worked. Local data is aggregated monthly to track state-level results, which drive ongoing strategizing statewide.

County Infrastructure Assessment

Each county establishes a goal regarding CQI infrastructure sustainability in their CQI plan. Each quarter, a joint meeting is held to review and complete the Infrastructure Assessment Tool. Meeting participants include the county director, district manager, program manager, BSC QA analyst, DCQI analyst, MiTEAM QA analysts and CQI team members. BSC QA analysts are responsible for completing the assessment form with the data and feedback gathered in the joint meeting. The Infrastructure Assessment Tool is utilized as the method of measurement to demonstrate progress toward sustainability of the CQI infrastructure. Once a county reaches level 5, joint meetings occur annually.

Program Improvement Plan Update

Michigan's CFSR PIP includes Engagement as one of the four goals targeted for improvement. Highlights from the PIP in this area are listed below with updates based on the most recent quarter (Q) reported.

- **Engagement 1.1.1:** MDHHS will develop and operationalize state level CQI structure with identified priorities, analysis capacity, tasks and requirements that align with areas needing improvement (CFSR, MISEP, community partnerships).
Update: Michigan is operationalizing a state level CQI structure. There is a state CQI team as well as local CQI teams. Michigan is completing quality assurance at all levels.
Engagement 1.1.2: MDHHS will establish annual strategic planning and service array assessment that relies on engagement with families and community partners at the statewide and local level.
Target completion is Q4. The service array assessment has been initiated.
- **Engagement 1.1.3:** MDHHS will develop and operationalize local CQI structures in every county with identified priorities, analysis capacity, tasks and requirements that align with areas needing improvement (CFSR, MISEP, community partnerships).
Update: Local CQI teams are formed and meet monthly. CQI infrastructure meetings took place in the counties in October 2019 and January 2020, noting progress with increasing community partnership and local activity. Directors were surveyed about the status of their CQI teams. All feedback from the survey was received and summarized in the Local County Survey Synopsis.
- **Engagement 1.1.4:** MDHHS will conduct data validation and analysis on specific points that may reveal information specific to the engagement of parents in case planning and service delivery. These include:
 - Worker-parent visits
 - Parent-child visits
 - Absent Parent Protocol
 - Family team meeting (FTM) completion rate
 - FTM parent involvement
 - FTM parent participation

- FTM community partner participation

Update: Data was analyzed, and a report was completed.

- **Engagement 1.1.5:** Support local CQI teams to develop a network of community partners who can educate child welfare and vice versa which creates greater community support for families connected to the child welfare system.

Update: A local county survey synopsis was completed. Local counties would like assistance and training in analyzing data, identification of root causes and developing measurable plans of action to address identified issues. Very few counties need assistance with developing and sustaining their local CQI teams.

Michigan's CFSR PIP includes Workforce as one of the four root causes for the state's lack of progress. Highlights from the PIP in this area are listed below with updates.

- **Workforce: 2.1.1:** MDHHS will use Comprehensive Organizational Health Assessment data from the Children's Trauma Assessment Center to assess organizational health including secondary traumatic stress.

Update: Michigan has completed all of round 1 Comprehensive Health Assessment data and has begun to work on round 2 data. The state is in the early stages of getting private agencies involved.

- **Workforce: 2.1.2:** MDHHS is implementing the Leadership Development Tool (LDT) to search for growth opportunities for managerial staff.

Target completion is Q4.

- **Workforce: 2.1.3:** MDHHS will offer targeted training in areas identified as low performance by the Comprehensive Organizational Health Assessment (COHA) and the LDT.

Update: The second LDT pilot has now been completed and results are being assessed. During Q4, MDHHS will put together a strategy for statewide implementation. The Culture and Climate workgroups have been reviewing and assessing available trainings to determine the quality, appropriateness and availability to determine what gaps exist and how best to address them.

- **Workforce: 2.1.4:** MDHHS will develop individualized county plans for improvement based on statewide climate and culture results.

Update: County directors have been provided instruction on creation of individualized county plans to enhance culture/climate. Additional guidance on creating/maintaining a plan is anticipated to be released to the field in Q4. A new technical solution for tracking county-level progress is being implemented. Further instruction will be provided once available.

- **Workforce: 2.2.1:** MDHHS will evaluate the tasks of each role within the child welfare workforce to identify misappropriated resourcing and opportunities for reduction in duties.

Update: During Q3, CPS has completed the policy reduction project and is now on a hold until the new CPS redesign work is complete. Foster care program office is continuing to focus on reductions and has several in the works.

- **Workforce: 2.2.2:** MDHHS will evaluate child welfare requirements to identify

redundancies and inefficiencies by surveying child welfare staff to identify the top three inefficiency issues, commit those issues to the LEAN process and implement suggestions identified by the process.

Update: See PIP Workforce 2.2.1 above. The state would like to propose that goals 2.2.1 and 2.2.2 be combined into one goal as the actions and reporting are interwoven.

- **Workforce Strategy 3:** Hiring and training child welfare workers in adequate numbers and with the appropriate job fit, which includes:
 - **2.3.1:** Full implementation and subsequent review of enhanced candidate screening.
Update: The PriceWaterhouseCoopers Job Fit Tool initial analysis is being completed with early reports demonstrating impressive results. Additional analysis has been recommended.
 - **2.3.2:** Development of enhanced regional training and support teams for MDHHS employees and managers.
Target completion is Q5.
 - **2.3.3:** Enhanced foster parent recruitment through professional marketing strategies.
Target completion is Q5.
 - **2.3.4:** Implementation and review of mentoring enhancement period.
Update: Various mentoring models from several different states are being studied to inform Michigan’s Training and Mentoring redesign. The state continues to recommend that 2.3.4 be combined with 2.2.2, as these are both elements of the training redesign.

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 has implemented several efforts focused on trauma-informed practice and intervention. Efforts addressing trauma continue in various capacities across the state. Major efforts include:

- Statewide Secondary Traumatic Stress training for child welfare staff began in January 2018 as part of a contract with Western Michigan University’s Children’s Trauma Assessment Center (CTAC). The training included role-specific information for county directors and program managers, supervisors and caseworkers, and established local secondary traumatic stress teams. Training in the final region was completed in March

2020. Secondary trauma information within the pre-service training was recently updated.

- Secondary Traumatic Stress Teams have been implemented in county offices to respond to secondary trauma on a peer-to-peer level. Training was based on the success of a 2015 pilot training that occurred in eight counties and was a component of the statewide Secondary Trauma/Culture and Climate contract with CTAC.
- Culture/Climate Assessment and Development began in January 2018 as part of a contract with CTAC. Assessments included a survey for local office staff, individual county/agency plan development based on survey results, and a reassessment to gauge progress. Reassessment for the final BSC was scheduled to take place in March 2020 but was postponed due to the COVID-19 health crisis. Strategies based on survey results were developed by local office leadership to create physically and psychologically safe working environments that are necessary to achieve performance outcomes. Strategies were previously tracked in the Employee Engagement tracking system. A new system is now in place and a plan for continued tracking is under development. A toolkit addressing secondary trauma and culture and climate enhancement is in final stages of development and will be available to county and agency leadership and staff.
- Statewide Trauma Screening Training began in January 2018 through a contract with CTAC and was completed in late 2019. Use of the Trauma Screening Checklist developed by CTAC will be required when children enter care and at various points throughout the duration of the case. Training provided guidance for case planning and intervention based on the results of the screening tool. Training is currently being implemented into pre-service training for new workers.
- Trauma Screening is now a statewide practice for children who are part of an ongoing CPS or foster care case. Initial screening is required within 30 days of case opening and at least one follow-up screening is required to occur within 180 days but can occur sooner based on case circumstances and caseworker/supervisor discretion.
- Residential Transformation is being addressed by a workgroup focusing on effective community-based behavioral health interventions and the inclusion of trauma-informed practices, principles, and environments in contracts for residential treatment providers to be compliant with federal Qualified Residential Treatment Provider standards.
- Comprehensive Trauma Assessment Services contracts were implemented in June 2017. These contracts ensure that quality comprehensive trauma assessments are available and provided statewide to foster children as needed. Providers are available across the state.
- Psychological Assessment Contracts for adults are in development and include a trauma component to ensure that adult trauma is appropriately recognized and addressed via recommendations by the service provider. Contracts for child psychological assessments are also being explored.
- The Trauma and Toxic Stress Website was developed as part of the Defending Childhood State Policy Initiative that concluded in September 2016. The website includes information on trauma screening, assessment, intervention, training, and resources for caregivers and building trauma-informed communities and organizations. This site is

reviewed at least bi-annually for necessary updates.

- Guiding NEAR Collaborative addresses neuroscience, epigenetics, adverse childhood experiences (ACEs) and resiliency. This workgroup was created as an extension of the Defending Childhood Initiative that took place in 2015 and 2016. The group is focused on engaging state-level leadership and building state and community level strategies to educate and integrate knowledge of NEAR science into applicable policies and programs. A scan of state agency work related to ACEs and trauma was recently conducted by students from the University of Michigan using the expertise of members from this group and their colleagues. The final report was completed in April 2020.
- Intensive Crisis Stabilization Services were established statewide in January 2018. The mobile teams are intended to proactively address crisis situations. The service is available for children/youth ages 0-21 with Serious Emotional Disturbance (SED) and/or Intellectual and Development Disability and their parents/caregivers. This service assists with maintaining a child or youth in their home and community environment.
- The Children's Trauma Initiative includes training/coaching in trauma screening, trauma assessment, Caregiver Education and Learning Collaboratives for Community Mental Health Service Provider (CMHSP) networks to prevent and address trauma. Training cohorts are provided on a regular basis, and CMHSPs involvement is solicited via communication with CMHSP and prepaid inpatient health program directors. The initiative is focused on the use of evidence-based practices and programs in the provision of mental health services to children and their families.
- MDHHS Trauma Policies have been developed for various service providers, including the Behavioral Health and Developmental Disabilities Administration and the Medical Services Administration. A Trauma Protocol for child welfare was disseminated to the field in April 2018 and was revised based on practice in June 2019.
- Family First Prevention Services Act (FFPSA), focused in part on the integration of trauma-informed evidence-based programs to mitigate the risk of removal of children from their families, is a current priority for the Department. Implementation of FFPSA components are planned for late 2020 and early 2021.

Statewide Services to Prevent Abuse and Neglect

- Prevention services are provided by MDHHS Family Independence Specialists to families receiving financial and other assistance statewide. In addition, Wayne County has four prevention specialists providing services to families in that county.
- Community Resource Centers based in schools with high numbers of families receiving financial assistance, offer assistance and referrals for food, housing and other needs. Please see the Pathways to Potential section for more information.
- Child Protection/Community Partners funding is provided to all MDHHS offices for services to families at low to moderate risk of child abuse or neglect. Services are determined locally, focused on needs identified in each community. The purpose is to:
 - 1) Develop services targeted to the specific needs identified in the community.
 - 2) Reduce the number of referrals for substantiated abuse and neglect.
 - 3) Improve the safety and well-being of children.

- 4) Improve family functioning.
- The Children’s Trust Fund supports a statewide network of 73 local councils that fill the critical role of prevention in a full array of services for children and families. The Children’s Trust Fund provides resources to over 20 community direct service programs, which target the needs of the most vulnerable and challenged families. The Children’s Trust Fund is leading or collaborating on critical policy and education efforts on research and innovative approaches to serving families. The Children’s Trust Fund serves as the Citizen Review Panel on Prevention, providing ongoing feedback and information about preventive services to families.
 - Children’s Trust Fund Direct Service Grants are awarded to provide prevention services to meet community needs. Services are provided to families that have risk factors for child maltreatment but do not have active CPS cases. The following are some examples of how the direct services grants are used:
 - Parent/guardian skills training and support programs designed to educate and/or provide peer support in child development, childcare skills, stress management and general advocacy and support
 - Services that include respite care, parent education programs and support groups, fatherhood programs, home visitation programs, family resource and support centers, early care and education, evidence-based practice, and positive youth development to prevent child abuse
 - Programs that adhere to culturally competent guiding values and principles.
 - Projects that serve special populations
 - MDHHS has 22 home visiting programs with an estimated capacity of 1,740 families annually. MDHHS funds home visiting programs to support families with children 0-5. These include: Healthy Families America, Nurse Family Partnership, Early Head Start, and Parents as Teachers. Children’s Trust Fund provides grants to support three home visiting programs including Healthy Families America, Parents as Teachers and Nurturing Parenting. The Children’s Trust Fund home visiting programs serve approximately 665 families annually. Eighty-three Medicaid-supported Maternal Infant Health Program providers served approximately 21,605 families in FY 2019.
 - Families Together Building Solutions is an evidence-based service that provides long-term in-home services to support vulnerable families and prevent abuse and neglect. FTBS provides counseling, parenting coaching, housing and budgeting assistance and other services in the family home for up to four months.
 - Early On is Michigan’s system of early intervention services that assists families with infants and toddlers from birth to 36 months that display developmental delays or have a diagnosed disability. Early On provides assessment, care coordination, in-home therapy and other services to families and young children. Referral to Early On is a requirement for all substantiated CPS cases of children under 3 years.

Statewide Services to Protect Children from Abuse and Neglect

- CPS investigation and ongoing services are provided statewide by MDHHS. MDHHS operates a statewide Centralized Intake hotline, which is available 24 hours each day,

seven days a week. Centralized Intake is responsible for receiving reports of abuse and neglect of children statewide and assigning them for investigation by CPS investigators in each county office. Ongoing CPS services to children in the home are provided through local CPS staff, who are responsible for assisting the family to alleviate the conditions that are endangering the safety of children in the home.

- The maltreatment in care unit investigates and provides services to children who have experienced abuse or neglect while in out-of-home placements.
- Mandated reporter training is delivered by MDHHS local offices in their communities upon request and is available online.
- Children’s advocacy centers are child-focused programs in which representatives from law enforcement, child protection, prosecution, mental health, victim advocacy and child advocacy conduct multi-disciplinary interviews and make team decisions about investigation, treatment, management and prosecution of child sexual abuse cases. Services include forensic interviewing, crisis counseling, advocacy, medical evaluation, service coordination, support groups, and child and family therapy.
- Averhealth is a statewide contract for drug testing of clients affected by substance use that provides prompt, accurate results that allow for consistency among counties in addressing substance abuse needs.

Statewide Services to Preserve Families

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

- Families First of Michigan is a home-based, intensive (up to 10 hours a week in the family home) crisis intervention model designed to keep children safe and prevent foster care placement or to provide intervention to return children to their homes. Designated domestic violence shelter programs may refer families with children at risk of homelessness due to domestic violence. The program also accepts referrals from Michigan’s 12 federally recognized Native American tribes. Families First is available in all 83 Michigan counties. Examples of individualized intervention services the model provides include family and child assessment, safety planning and parenting skill modeling and coaching.
- The Substance Use Disorder Family Support Program (SUDFSP) provides intensive home-based services for substance affected families that are at risk of experiencing a removal due to child abuse and/or neglect. SUDFSP provides skill-based interventions and support for families when a parent is alcohol or drug affected or has been found to have a co-occurring disorder. Participating families are assigned a family support specialist who works with them in their home for at least 90 days. In FY 2019, the SUDFSP served 76 families in four counties. In FY 2020, the SUDFSP expanded to five additional counties.
- Families Together/Building Solutions provides intensive home-based therapy and support services to help preserve families and improve family functioning. FTBS serves families for up to four months.
- Strong Families/Safe Children is a funding resource for enhanced family preservation

and support services. Funds are provided for service needs determined in collaboration with local stakeholders and contracted with private agencies and individuals.

Statewide Services to Reunify Families

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

Statewide Services to Promote Permanency other than Reunification

- Adoption services are provided by county MDHHS and private agencies, with adoption services being the sole responsibility of private agencies. Adoption services also include child evaluations and family assessments that identify immediate and potential needs that the child and family may have as they transition to creating a permanent family.
- The Adoption Assistance Program provides adoption financial subsidy, medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.
- Post Adoption Resource Centers support families who have finalized adoptions of children from the Michigan child welfare system, children who were adopted in Michigan through an international or a direct consent/direct placement adoption and children who have a Michigan subsidized guardianship agreement. Family participation is voluntary and free of charge. Adoption Resource Centers offer the following services:
 - Case management, including short-term and emergency in-home intervention
 - Coordination of community services
 - Information dissemination
 - Education
 - Training
 - Advocacy

- Family recreational activities and support
 - Website and newsletter on topics relevant to adoptive families
- Adoption resource consultant services are available statewide and provide services to young people who have a permanency goal of adoption and have been legally free for adoption for one year or more without an identified family. Consultants:
 - Utilize a solution-focused model.
 - Develop, review and amend the Individualized Adoption Plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.
 - Assist with problem solving to eliminate barriers and enhance the specificity of each Individualized Adoption Plan.
- The statewide Parent-to-Parent Program contracts with the Adoptive Family Support Network and provides support, education, information and referral services to adoptive parents through:
 - Adoption support groups
 - Adoptive parent seminars/trainings/workshops
 - Adoptive family fun events
 - Parent-to-parent hotline
- Regional Resource Teams focus on recruiting, supporting and developing foster families to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, appropriately prepare families for the challenges associated with fostering and develop existing foster family skills to enable them to foster children with challenging behaviors. Regional Resource Team contracts went into effect in December 2017/January 2018. The six Regional Resource Teams are located across the state and provide regional recruitment, retention and training for foster and adoptive parents.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships. The purpose of the Guardianship Assistance Program is to provide financial support to ensure permanency to children who may otherwise remain in foster care until reaching the age of majority.
- Permanency resource managers lead individualized efforts to establish permanency for children who have been out of the home for over 24 months. Efforts include targeted recruitment and assistance with relative searches to identify potential placements.
- Michigan Adoption Resource Exchange operates a registry of children available for adoption and employs many strategies to increase awareness of the need for adoptive families. These efforts include operating the Heart Gallery, a traveling exhibit of photos of waiting children, and a photo-listing online catalogue which provides information and descriptions of waiting children.

Statewide Services for Youth Transitioning to Adulthood

- Foster care specialists provide assistance to older youth to transition to independence. After age 14, quarterly meetings are held with the youth to identify supports, assess their independent living needs, and assist in learning budgeting and home management skills and to provide information about resources available in the community.
- Michigan's John H. Chafee Foster Care Program offers assistance to current and former

foster youth between ages 14 and 21 statewide to achieve self-sufficiency, including juvenile justice youth, tribal youth and unaccompanied refugee minors. Services include supervised independent living and independent living stipends, an opportunity to join the Michigan Youth Opportunities Initiative (MYOI), local and state-level groups for mutual support and leadership skills. In 2019, eligibility extended to age 23.

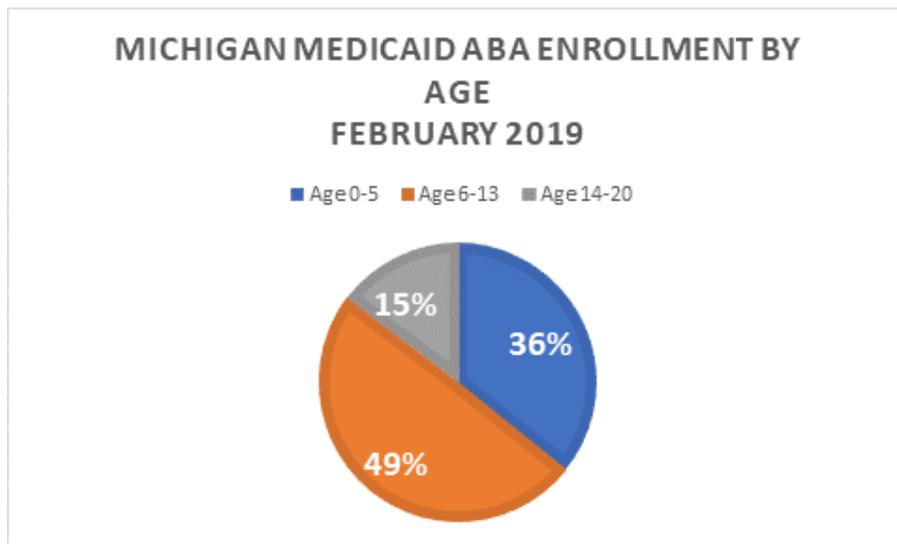
- The Tuition Incentive Program and Education and Training Vouchers are available to foster youth to help them attend college. MDHHS also collaborates with the public universities in Michigan to provide scholarship funds and support to foster and former foster youth attending college.
- Young Adult Voluntary Foster Care was implemented in 2012 and allows youth who are in foster care at age 18 either to remain voluntarily in foster care when their abuse and neglect case is dismissed, or to return later up to age 21. This program offers case management services and financial supports if the youth meets eligibility criteria.
- Education and Training Voucher Program provides resources to meet the education and training needs of youth transitioning out of foster care. The program provides vouchers of up to \$5,000 per fiscal year to eligible youth attending post-secondary educational and vocational programs.
- The Michigan Youth Re-Entry Initiative operates through a contract for care coordination, with an emphasis on assisting young people with medical, mental health or other functional life impairments that may impede success when re-entering the community. Juvenile Justice Programs also provides reentry services to youth with disabilities who are adjudicated through an Interagency Agreement with Michigan Rehabilitation Services.
- Homeless and Runaway Youth Services include crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, case management, counseling, skill building and placement. Homeless and Runaway Youth Services are also provided to young people ages 16 to 17 who require support for longer periods. Services are available statewide and include crisis management, community education, counseling, placement and teaching of life skills.
- Unaccompanied Minor Program provides living expenses and assistance to more than 200 unaccompanied minors each year.

Behavioral Health Services for Children and Youth

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

- Applied Behavior Analysis (ABA) is a behavioral health service for eligible Medicaid enrolled children, youth and young adults with Autism Spectrum Disorder birth to age

21. Applied Behavior Analysis is recognized as the most effective treatment for individuals with Autism Spectrum Disorder, with over 40 years of scientific research and evidence demonstrating its effectiveness. Applied Behavioral Analysis services are individually tailored to address social behaviors, improve communication, socialization and teach daily living skills, as well as increase inclusion in general educational and community settings by addressing or averting aggressive or self-injurious behaviors that pose a threat to an individuals’ development and to families remaining together. As of January 2020, Medicaid has authorized services for 6,956 youth for Applied Behavior Analysis as of January 2020.



- Wraparound is a Medicaid-covered service that assists children with serious emotional disturbance. Wraparound offers a team planning process and is one of the few mental health services that can be used when a child in residential care is transitioning to the community. Outcomes for Wraparound consistently show clinically significant (over 70 percent of children served) improvement in functioning. The Division of Mental Health Services expanded the timeframe for provision of Wraparound for transitioning from a residential facility or the children’s state psychiatric hospital from 90 to 180 days. In FY 2019, 2,036 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 guidance, shares information about resources and helps in skill development. Youth Peer Support Specialists are available in 18 Community Mental Health service areas, with 40 working in the state in 2020. Since 2015, 84 Youth Peer Support Specialists have been trained.
- Parent Support Partners (PSP) is a statewide initiative that provides peer-to-peer support to eligible families as part of Michigan’s Early Periodic Screening Diagnosis and Treatment State Plan. PSP increases family involvement and engagement in the mental health treatment process and equips parents with the skills to address the challenges of

raising a youth with special needs. There are 115 Parent Support Partners currently providing services throughout Michigan within 37 Community Mental Health agencies. Since 2010, 236 parents have completed the five-day training, 275 have completed the three-day training, and 181 have been certified. As of April 15, 2020, an additional 27 parents are currently in the process of becoming certified.

- The Family Support Subsidy Program provides financial assistance to families with a child who has a diagnosis of severe developmental disabilities. The goal is to provide essential services for children with developmental disabilities so they can safely remain with or return to their birth or adoptive families. The program provides a monthly payment, which families can use for special expenses incurred while caring for their child. In 2019, the program served 5,884 children and only 13 children (0.5 percent) within these families served were placed out-of-home. In 2019, one child returned to their family from out-of-home placement.
- Parent Management Training is an evidence-based service for parents and caregivers of children with serious emotional disturbance. Parent Management Training provides individual, group and home-based services. Michigan currently has 154 clinicians delivering services through local Community Mental Health agencies. Seventy-four of the clinicians trained in Parent Management Training are also trained in Parenting Through Change (group model).
- Parenting Through Change - Reunification is training for parents of children who are currently in foster care. Parenting Through Change – Reunification is available in nine counties. The goal is to expand the number of trained clinicians across the state.
- Intensive Crisis Stabilization for Children Services (ICSS) is a Community Mental Health service for children and youth ages 0 to 21 with Serious Emotional Disturbance (SED) and/or Intellectual and Developmental Disability, including autism or co-occurring SED and substance use disorders, and their parents/caregivers. ICSS provides structured treatment and support delivered by a mobile intensive crisis stabilization team that travels to the child or youth in crisis for a face-to-face contact in one hour or less in urban counties, and in two hours or less in rural counties. For FY 2019, 9,300 total calls were received, for an average of 25 calls per day.
- Crisis Residential Services provide a short-term alternative to inpatient psychiatric services for children experiencing an acute psychiatric crisis. Services are designed for children who meet psychiatric inpatient or substance use disorder residential criteria or are at risk of admission to a more restrictive setting. Services may be used to avert an inpatient admission or to shorten the length of an inpatient stay. In 2018, the most recent year for which data is available, 633 children received services. There are currently six MDHHS-enrolled programs statewide.
- Infant Mental Health Services provide home-based support and intervention services to families in which the parent's condition and life circumstances or the characteristics of their infant threaten the parent-infant attachment. Therapeutic interventions support attachment and the consequent social, emotional, behavioral and cognitive development of the infant. The infant mental health specialist provides weekly visits to enrolled families during pregnancy and around the time of birth up to 47 months. In FY

2018, over 1,700 infants, toddlers and young children and their parents were provided this individualized, intensive service.

- The Serious Emotional Disturbance Children’s Waiver (SEDW) provides intensive home and community-based services for children up to age 21 with serious emotional disturbance who meet current MDHHS admission criteria for state psychiatric hospital for children and/or who are at risk for hospitalization without waiver services. The SEDW serves two priority populations; traditional (non-child welfare involved) and MDHHS-Project (children with open foster care cases through MDHHS and children adopted from the child welfare system). The SEDW is a managed care program administered by the Pre-paid Inpatient Health Plans in partnership with Community Mental Health service providers and other community agencies. Wraparound is a mandatory component of the SEDW service array.
- Early On, Michigan's Part C service, supports families with infants and toddlers, birth to age 3 who have developmental delays or are at risk for delays due to certain health conditions. It is designed to help families find the social, health, and educational services that will promote the development of their infants and toddlers with special needs. In 2019, MDHHS referred 7,929 children to Early On. Of these:
 - Approximately 56 percent (4,476) of infants born were substance affected.
 - Approximately 69 percent (5,487) were infants less than 12 months old.As of March 31, 2020, 4,658 children were referred for an Early On assessment or services. Of these, 2,763 (approximately 59 percent) were substance exposed at birth and 3,445 (approximately 74 percent) were less than 1-year-old at the time of referral to Early On.
- The Michigan Child Collaborative Care (MC3) program, developed as a collaboration between University of Michigan and MDHHS, MC3 targets child/adolescent populations through supporting local primary care providers who treat behavioral health issues in their clinics. MC3 offers same-day telephone consultation to primary care providers on children/youth from birth through 26 years and pregnant/peripartum women by Child, Adolescent and Perinatal Psychiatrists, telehealth evaluation for complex patients, and behavioral health consultants to coordinate care. The goal of MC3 CONNECT is to expand and enhance the MC3 program to all 83 Michigan counties and to 70 school-based child and adolescent health centers, including the Upper Peninsula, the thumb region and tribal populations, educate providers by developing a series of culturally sensitive webinars based on requested topics, link children/youth to evidence-based intervention programs and integrate screening and referral within primary care processes.
- The Treatment Foster Care Oregon Initiative in Michigan - MDHHS and Wayne State University are collaborating to provide implementation oversight for the Treatment Foster Care Oregon (TFCO) initiative in Michigan. The second year of the initiative focused on clinical implementation of the evidence-based practice as an alternative to psychiatric hospitalization for children enrolled in the Waiver for Serious Emotional Disturbance (SEDW). The Initiative currently has one Community Mental Health site that has completed the pre-planning and readiness stages for clinical services using the TFCO

model for children ages 7-11 years and two that are moving through the readiness stage. Treatment Foster Care consultants provide fidelity monitoring and clinical consultation for all sites. As of April 15, 2020, seven youth have completed treatment and four are receiving treatment. The current operational Community Mental Health site has a 100 percent success rate with the children/youth served in their TFCO program.

PERFORMANCE-BASED CHILD WELFARE SERVICES

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

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

Defining Consistent Performance Measures for Child Welfare Agencies

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

Performance-Based Funding Pilot Progress in 2018 and 2019

The Kent County performance-based funding pilot consists of a consortium of five private child-placing agencies with the goal to achieve better outcomes for children and families through a prospective funding model. Year three of the pilot began on October 1, 2019.

Performance-Based Funding Pilot Progress - Data Overview

During September and October 2019, the consortium, along with state and local MDHHS leadership revised the contract performance measures for FY 2020 and beyond. While the consortium will still be held accountable for all the state key performance indicators and federal CFSR measures, the following indicators were determined to be the most crucial in measuring the collective impact on producing better outcomes for children and families:

- Reducing the rate of maltreatment in care
- Increasing relative licensure
- Worker-parent visits
- Parent-child visits

- Permanency in 12 months
- Reduced days in care in emergency shelter
- Reduced percentage of children first placed in shelter
- Reduced days in residential care

According to the third-party evaluation, from FY 2018 to FY 2019:

- Congregate care days decreased by 18 percent.
- Emergency shelter care days decreased by nine percent.
- Relative placement care days increased by 15 percent.

According to a third-party evaluation, for the children that entered care after the implementation on Oct. 1, 2017, 15.1 percent achieved permanency within six months and 22.7 percent achieved permanency within 12 months. A higher percentage of children in Kent County achieve permanency sooner than those in the comparison counties. The CFSR measure of Permanency in 12 months has not been met, as the national standard is 42.7 percent. Maltreatment in Care in Kent was at a rate of 13.41 in 2018 and 11.88 in 2019. The CFSR measure of maltreatment in care has not been met, as the national standard is 9.67.

Key Performance Indicators	FY18	FY19
Worker Child Contacts	89%	94%
Worker Parent Contacts	63%	67%
Supervision	96%	98%
Parent Child Contacts	50%	48%
Medical Timeliness	83%	85%
Dental Timeliness	80%	83%
Service Plan Timeliness	87%	91%
Service Plan Approvals	84%	88%

Source: Infoview Report 4/13/2020

Key Innovations

- Enhanced Foster Care has been instrumental in stabilizing current foster youth, diverting youth from being placed out of the community, and returning youth from institutional care back to into the community.
- In 2019, the planning and implementation of a Utilization Management model occurred to ensure youth receive the right service, at the right time, for the right amount of time, as well as to maximize available clinical services. The Utilization Management model focused on achieving permanency in 12 months, reducing residential care, and Enhanced Foster Care services.
- To increase relative placements, family finder positions were created within each partner agency. A Family Finding/Relative Search training was held for partner agencies in May 2019.
- A grant was received through the Michigan Health Endowment Fund to support implementation of a trauma-informed practice, and in 2019, planning began for its system-wide launch of the Sanctuary Model.

- In 2019, the Performance Quality Improvement (PQI) team implemented a robust and hands-on approach to continuous quality improvement. The PQI team tracked and reported on performance indicators monthly with individual foster care agencies. The PQI team provided technical assistance to each foster care agency on a weekly basis through the Utilization Management framework and performance improvement planning process.

Planned Activities for 2021

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

PROGRAM SUPPORT

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

- The MiTEAM Quality Assurance staff provides training and technical assistance for the enhanced MiTEAM practice model to local child welfare staff. Statewide utilization of the MiTEAM Fidelity Tool continues to assist local child welfare managers to monitor their staffs' skill using the MiTEAM practice model in providing services.
- DCQI provides feedback and technical assistance for current child welfare cases through Quality Service Reviews, intensive reviews of current cases in local offices and agencies through interviews with case members, local courts and community service providers.
- DCQI staff works with local CQI teams and provides ongoing technical assistance relative to the integration of the teaming structure to guide data informed decision making and service provision. Technical assistance methods are specific to the needs of each community.
- Local CQI teams use data from Monthly Management Reports, the CFSR dashboard, relative case review dashboard, MIC calculator and other sources to track progress on key performance indicators. The reports provide county service data that can be drilled down to the frontline worker level to track timeliness and performance of necessary functions. Report data helps counties identify barriers that may be affecting outcomes and can guide decision-making through the CQI process. The monthly report data demonstrates whether efforts are reflected in improved scores and whether other strategies or changes are needed. Such feedback loops facilitate the development of innovative efforts to target specific areas and needs.
- Trauma-informed caregiver training is being provided in 12 counties, with plans for expansion. This training assists foster parents' understanding of the underlying issues

related to children's behaviors and may increase empathy toward foster children based on improved awareness of the effects of trauma.

- CSA created a Trauma Protocol to guide MDHHS and private agency staff in:
 - Identifying children who have experienced trauma and understanding and engaging with families about the impact of childhood trauma on their child's growth, emotions, and behavior.
 - Effectively responding to children impacted by trauma to help them cope, heal and build resiliency.
 - Preventing re-traumatization for children and families.
 - Using effective tools, strategies and resources to advocate for the best interests of the children being served.
 - Building relationships and collaborating with caregivers and community service providers/organizations to support the education of and development of a trauma-informed community.
 - Recognizing the impact of secondary trauma on staff and implement a safe, supportive, trauma-informed office culture and climate.
- The Foster Care Psychotropic Medication Oversight Unit addresses persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- Training for mandated child abuse and neglect reporters is provided by local MDHHS staff in their communities. Mandated reporter training was enhanced to include training for specific professional roles in child welfare.
- DCQI is providing training for CFSR reviewers as needed through the CFSR PIP period.
- MiSACWIS project support staff are continuing MiSACWIS Academy training. The academy includes end-user classroom workshops, webinars, web-based trainings and new worker training. MiSACWIS project staff also conducts new worker juvenile justice residential training.
- The Office of Child Welfare Policy and Programs provides materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans and to track whether county goals are met.
- The Office of Workforce Development and Training provides Michigan tribes access to child welfare training through Title IV-E and Chafee funding. Tribes have access to the learning management system to view training schedules, track staff training, access computer-based training and register for training sessions.
- The training office and Native American Affairs provide Indian Child Welfare Act/Michigan Indian Family Preservation Act training in Pre-Service and New Supervisor Institutes, as well as a refresher course.
- Education planners provide resource information to public and private child welfare staff and refer young people to employment and educational programs.
- MDHHS includes information about Youth in Transition and Education and Training Vouchers services at each quarterly Tribal-State Partnership meeting as a standing agenda item. Services are described, as well as how tribal youth can access them. Tribal leaders have an opportunity to ask questions and request presentations. Technical

assistance is provided to individual tribes as requested.

- To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in initial and ongoing training. Technical assistance is provided as requested. Information is shared with child welfare management and staff through communication issuances and monthly supervisory phone calls.
- The Office of the Family Advocate investigates child welfare-related complaints and all fatalities of children and wards who have had recent contact with CPS or are under the care and supervision of the department.

EVALUATION AND RESEARCH ACTIVITIES

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

- **Chapin Hall and Casey Family Programs.** MDHHS engaged Chapin Hall and Casey Family Programs to conduct a survey on the array of evidence-based programs that can be used to prevent children from entering foster care. Objectives include facilitating the alignment of the service array with the needs of children at risk of entering out-of-home care and pregnant/parenting youth, as well as to engage and inform providers in assessing service needs and opportunities to build capacity to meet those needs.
- **National Council on Crime and Delinquency.** MDHHS is continuing the evaluation of the structured decision-making safety and risk assessment tools through a contract with the National Council on Crime and Delinquency. Evaluating the efficacy of the tools will help elucidate whether ineffective safety and risk assessments are possible factors in maltreatment in care and repeat maltreatment. Findings of the evaluation will determine whether the tools should be updated or replaced.
- **Evaluation of contracted comprehensive trauma assessments.** A team composed of field and central office staff read 42 non-identified cases from the six contractors who conduct trauma assessments and rated them on contract compliance and quality of the assessment. The results are being used to strengthen the contracts to better serve the child welfare population.
- **National Youth in Transition Database.** Since 2011, Michigan has gathered demographic and outcome information on young people receiving independent living services and entered the data into the National Youth in Transition Database. The state uses this data to improve understanding of the needs of young people and identify areas for improvement.

MDHHS TARGETED PLANS STATUS

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

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

Retention Plan was assessed in 2020, and it was determined that no substantive changes were necessary.

2. **Health Care Oversight and Coordination Plan, Attachment L:** The Health Care oversight and Coordination Plan was assessed in 2020 and updated to include protocols to prevent inappropriate diagnoses.
3. **Child Welfare Disaster Plan, Attachment M:** MDHHS county offices, BSCs, Child Welfare Services and Support and Centralized Intake reviewed Michigan’s Child Welfare Disaster Plan in 2020 and determined that changes were necessary to local and state-level procedures, the role of Centralized Intake and processes for making face-to-face contacts during the COVID-19 pandemic.
4. **Staff and Provider Training Plan, Attachment N:** The MDHHS Staff and Provider Training Plan was reviewed in 2020 and it was determined that changes were necessary to describe changes to training procedures due to the COVID-19 pandemic.

SAFETY

Michigan remains focused on improving child safety. Significant policy and systemic changes, as well as increased supervisory oversight, provide CPS investigators and supervisors greater confidence in investigations and their outcomes. In 2019, MDHHS implemented the Supervisory Control Protocol (SCP). The SCP was developed to address findings from the 2018 CPS Investigation Audit, conducted by the Office of the Auditor General. The SCP addresses many of the concerns identified in the audit, focusing on critical child safety assessment points. The SCP also requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.

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

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment Assessment of Current Performance

Michigan’s CFSR PIP Case Reviews scored at 94.1 percent for Item 1, setting the baseline for improvement. The goal for PIP completion in this area is 94.2 percent by Oct. 31, 2022.

Monthly Management Reports provide reliable data via MiSACWIS for timely commencement, and completion of reports. Data from the reports show a progression of improvement in rates of investigation initiation and face-to face contacts from 2015 to 2019.

Monthly Management Reports

Requirement	Item 1 – Timeliness of Initiating Investigations – Statewide				
	2015	2016	2017	2018	2019
12-hour	86%	94%	94%	96%	96%
24-hour	86%	95%	95%	96%	96%

	Timeliness of Face-to-Face Contacts – Statewide				
24-hour	82%	89%	90%	92%	93%
72-hour	83%	91%	92%	93%	93%

Progress in 2019 and 2020

Ongoing improvements were made to child welfare programs and policies include:

- MDHHS continues its efforts toward focusing on child and family safety through the continued training and appropriate utilization of effective safety plans. In 2019, those efforts included:
 - Continued training of Safety by Design for all new child welfare staff.
 - Ongoing Safety by Design training staff for child welfare staff.
 - Providing continuous safety planning policy and practice guidance to the field.
- 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 funded the 22nd annual Child Abuse and Neglect conference, providing child welfare training to hundreds of child welfare practitioners.
- MiTEAM reestablished focus on fundamental social work practice skills of working collaboratively with families. The model guides Michigan’s child welfare system on case management activities to ensure that children remain safe, raised by their families whenever possible and provided support and guidance to ensure their well-being.
- In 2019, supervisors used the MiTEAM Fidelity Tool to rate MiTEAM skills at least twice a year for each of the workers they supervised. Results from the tool show local leadership where additional training and support may be needed.

Safety 1 Plan for Continued Improvement – CFSR PIP Goal

The following goal was modified to include the goal for PIP completion and incorporates the baseline established in 2019 and 2020.

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

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

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

Measure: CFSR PIP Case Review

Baseline:

- 82%; Area needing improvement, CFSR Round 3; 2018.
- 94.1%; CFSR PIP Baseline; 2019.
- 96 percent; Monthly Management Report.

Benchmarks 2020-2024:

- **2020:** 94.1% **2020 Performance:** 94.1%; PIP Baseline

- **2021:** 94.1%
- **2022:** 94.2% - PIP Completion
- **2023:** Maintain at 94.2% or better.
- **2024:** Maintain at 94.2% or better.

Safety 1 Planned Activities for 2021

- The Supervisory Control Protocol was created to ensure supervisors check the status of policy requirements at three checkpoints during the investigation phase of CPS complaints. The protocol focuses on critical child safety assessment points and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.
- The Mobile Investigator Application was created to allow workers the ability to enter contacts quickly and accurately from the field and to upload documents directly into MiSACWIS. The application provides workers with the questions for each interview as required by policy and enhances worker safety by allowing workers to “check in” and “check out” to ensure their safety. Should a worker not check out timely, their supervisor will receive alerts.
- In 2019 and currently, MDHHS continues to utilize the Peer Review Team to review CPS cases. This team provides training to local offices regarding best practices occurring across the state and encourages supervisors to engage with frontline staff to determine how policy is applied in the field. The workshops enhance supervisory skill and oversight and strengthen child welfare practice.
- MDHHS is working with Casey Family Programs to assess current child protection practice and policy and make improvements to better protect children and support families. The project will focus on Centralized Intake, CPS investigation and connections to community-based prevention and early intervention services.
- In 2020, CSA began conducting a quality assurance case review process for all relative placements, including rapid return of results to local office directors.
- To reduce incidents of maltreatment in care and ensure child safety, the Placement Collaboration Unit (PCU) was piloted in Oakland County and implemented statewide in April 2019. The unit focuses on screened out CPS complaints involving any court wards placed in their home or in out-of-home care to address any concerns before they rise to the level of child abuse and neglect. Every complaint transferred to the PCU is reviewed by a PCU supervisor to ensure it has been appropriately transferred and does not meet criteria for CPS-MIC assignment. When it is determined that a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

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

Item 2: Services to the Family to Protect Children in the Home Assessment of Current Performance

Michigan’s CFSR PIP Case Reviews scored at 82.8 percent for Item 2, setting the baseline for improvement. The goal for PIP completion in this area is 86 percent by Oct. 31, 2022.

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

- Families First of Michigan, available in all 83 Michigan counties, is a home-based, intensive (up to 10 hours a week in the family home) crisis intervention model designed to keep children safe and prevent foster care placement. Families First also provides intervention to assist in the reunification process when children return to their homes. Families First interventions last four weeks and can be extended for up to six weeks. Families First is available in all 83 Michigan counties. Examples of individualized intervention services the model provides include:
 - Family and child needs assessment
 - Safety planning
 - Parenting skills modeling and coaching
 - Budgeting
 - Housekeeping
 - Counseling
 - Connecting families with community resources
- Families Together Building Solutions provides services for lower-risk families that need support. The program consists of in-home counseling utilizing a strength-based, solution-focused model. Workers spend an average of three hours in the home each week and are available to families 24 hours a day, seven days a week. Families Together Building Solutions is a 90-day program which can be extended to four months.
- Parent Partners is a mentoring program for parents who currently have children in care. The program utilizes parents who have successfully worked with the foster care system to mentor parents who are currently working with the foster care system. The mentoring process is provided for up to six months. Parent Partners is available in the metro Detroit area.
- Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. The program provides skill-based interventions and support for families when a parent is alcohol or drug affected or has been found to have a co-occurring disorder. This program is available in nine counties.
- 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 or when children are placed with a non-respondent parent who has not had physical custody. The Family Reunification Program provides weekly individual and family counseling in addition to two to four hours of in-home family support in areas identified as having placed the children at risk. The program serves families for up to four months. The Family Reunification Program serves 73 counties.

- Michigan's 22 Early Childhood Home Visiting programs provide voluntary, prevention focused family support services in the homes of pregnant women and families with children ages 0-5. The programs connect professionals with vulnerable and at-risk families to nurture, support, coach, educate, connect them with community resources and offer encouragement so their children may grow and develop in a safe and stimulating environment. The program may serve 1,740 families annually.

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

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

Some of the services funded by local funding include:

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

Item 3: Risk and Safety Assessment and Management Assessment of Current Performance

Michigan's CFSR PIP Case Reviews scored at 68 percent for Item 3, setting the baseline for improvement. The goal for PIP completion in this area is 71 percent by Oct. 31, 2022.

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

During each CPS investigation, the specialist completes a safety assessment in MiSACWIS prior to case disposition. Where a preponderance of evidence of child abuse or neglect is found, a Child Assessment of Needs and Strengths (CANS) is completed by the CPS caseworker with family input. The assessment identifies areas that the family needs to focus on to reduce risk of

future child abuse or neglect. CANS are used to:

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

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

Other Assessment Tools

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

- **Trauma Screening Checklist (ages 0-5 and 6-18)**, developed by the Southwest Michigan Children's Trauma Assessment Center, the checklist is administered to all children within 30 days of placement into foster care and is a requirement for all CPS and foster care cases.
- **Safety Assessment and Plan - DHS-1232** identifies safety factors and protective strategies and documents a plan to be used if a crisis occurs. Safety is assessed each time staff visits the family and the plan is updated as often as necessary.
- **Risk Assessment - DHS-257** identifies risk factors which indicate future risk of abuse or neglect to a child. Future risk levels are assessed prior to the disposition of a case, as well as during the completion of the updated service plan.

Program Improvement Plan Update

- **Assessment and Services 3.1.1:** MDHHS will develop valid and reliable CPS risk and safety assessment tools by:
 - Evaluating the current CPS risk and safety assessment tools and data.
 - Assessing other factors in the case record that may identify risk.
 - Gathering input from the field on the current tools.
 - Drafting the new tools.
 - Developing a policy, training and communication plan for use of the new tools.

Use by caseworkers of new or revalidated tools will promote consistent, accurate risk assessments.

Update: 3.1.1b: The National Council on Crime and Delinquency (NCCD) has evaluated the CPS Risk Assessment Tool. Evaluation findings and recommendations were completed in 2020.

3.1.1c: Field feedback on the current tool was gathered in May 2018.

- **Assessment and Services 3.1.2:** MDHHS will revalidate the CPS safety assessment tool

and develop a safety assessment policy.

- Collaborating with the National Council on Crime and Delinquency to revalidate the current safety assessment tool.
- Piloting the draft safety assessment tool.

Use by caseworkers of a new or revalidated tool will promote consistent, accurate safety assessment.

Update: 3.1.2c: Development of a revalidated tool is currently underway via contract with NCCD. Phase 1 evaluation is complete. The target date requires modification.

- **Assessment and Services 3.2.1:** MDHHS will evaluate current training needs regarding safety and risk assessment.

Update: Training needs will be evaluated as part of the contract to develop a foster care safety assessment and FANS and CANS. Foster care program office will work with the Office of Workforce Development and Training to address identified training needs.

- **Assessment and Services 3.2.2:** MDHHS will develop a comprehensive training curriculum to support supervisory oversight of the assessment of risk and safety.
 - Enhancing supervisory skills will increase engagement in supervisory relationships and improve mentoring, promoting consistent and accurate safety and risk assessments.

Target completion is Q4.

- **Assessment and Services 3.3.1 and 3.3.2:** With implementation of the Supervisory Control Protocol for CPS investigations, a Compliance Review Team will track and assess accuracy of safety and risk assessments. Counties with accuracy rates below 90 percent will develop and implement local CQI efforts targeted to improve compliance.

Update: The database for tracking accuracy of safety and risk assessments is functional. The Compliance Review Team has met with BSC directors and is sending individualized reports to each BSC director quarterly to track progress. The first report was released in January 2020.

- **Assessment and Services 3.5.1:** MDHHS will create a workgroup of CPS field and policy experts to develop a Supervisory Control Protocol for ongoing CPS cases and to review policy requirements.

Update: Michigan created a workgroup of CPS field and policy experts to develop a Supervisory Control Protocol for tracking ongoing cases and to review policy. As a result of feedback, changes have been made to the initial policy. Technical changes will follow.

- **Assessment and Services 3.5.6:** MDHHS will pilot the ongoing CPS Supervisory Control Protocol in three counties.

Target completion is Q6.

Safety Item 2 is measured through the results of the self-reporting surveys showing whether children remained with their families for 12 months following the conclusion of services. Based on the families that participated in follow-up surveys, success rates for 2019 are below:

Family Preservation Service	Number of families served	Intact 12 mos. following service
Families First of Michigan	2,960	86%
Family Reunification Program	750	87%
Families Together Building Solutions	1,472	86%
Total families served	5,182	

Quality Service Review Results

Performance Indicator	2016 Percent Acceptable	2017 Percent Acceptable	2018 Percent Acceptable	2019 Percent Acceptable
Safety – Exposure to Threat	95.4%	97.7%	94.1%	95%
Safety – Behavioral Risk	88%	93.5%	100%	88%

Safety 2 Progress in 2019

- In 2019, MDHHS piloted ChildStat meetings to discuss case decisions related to maltreatment in care (MIC). Meetings brought together agency leaders, field managers, and continuous quality improvement staff to engage in discussion of data to identify successes and opportunities for reducing MIC. ChildStat meetings featuring the work of 15 local offices and all of the Wayne County districts are scheduled through 2020.
- MDHHS reduced the standard for foster care caseloads from 15:1 to 13:1 in 2017. The state is continuing work to reduce caseloads to meet that goal.
- The Office of Workforce Development and Training continued to provide Safety by Design training for new child welfare workers and supervisors to improve safety assessment skills, develop effective safety plans and ensure an awareness of threatened harm.
- MDHHS developed a Safety by Design 2.0 training for foster care caseworkers to assess and improve the safety of children in foster care.
- The QIC Placement and Safety sub-teams continued to lead efforts to improve placement assessment and decision-making.
- A workgroup continues to consider modifications to the MDHHS threatened harm policy to assist assessment of how past and current factors contribute to child safety and child abuse/neglect.
 - Threatened harm training was offered to CPS workers on an as-needed basis, or as policy modifications occurred.
 - Threatened harm policy is under review with the goal of reducing recurrence.
- Use of the Safe and Together model for assessment and planning case response. This model is aimed at improving workers' understanding of complaints when domestic violence is a factor. The goal is to improve worker assessment of risk and reduce recurrence of abuse/neglect in families affected by domestic violence. Ongoing support

includes engagement of child welfare partners throughout the state to address domestic violence.

- CPS took the following steps to enhance mandated reporter training:
 - Maintained and distributed an updated list of staff in each county that provide mandated reporter training.
 - Creation of an online training video to describe the responsibilities of mandated reporters, guidance for reporting abuse and neglect and resources available.
 - Revision of mandated reporter brochures for 10 types of reporters.
 - Revision of mandated reporter guide for general information regarding mandated reporting.
 - Ensured follow-up with mandated reporters who needed assistance or clarification during the reporting of child abuse and neglect. Local offices will contact mandated reporters to determine if mandated reporter training is needed.
 - CPS program office began logging training results for local mandated reporter trainings. When needed, local offices can contact CPS program office to determine their point of contact for various stakeholders.
 - Completion of the Michigan Online Reporting System (MORS) which allows for reporting child abuse and neglect online by any internet enabled device (phone, computer, tablet, etc.)

Safety 2 Plan for Continued Improvement – CFSR PIP Goals

The following goals were modified to include the goals for PIP completion and incorporate the baselines established in 2019 and 2020.

Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care

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

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

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

Measure: CFSR PIP Case Review

Baseline:

- 55%; Area Needing Improvement; CFSR 2018
- 82.8%; CFSR PIP Baseline, 2019-2020.

Benchmarks:

- **2020:** 82.8% **2020 Performance:** 82.8%; PIP Baseline
- **2021:** 82.8%
- **2022:** 86% - PIP Completion
- **2023:** Maintain at 86% or better.
- **2024:** Maintain at 86% or better.

Item 3: Risk and Safety Assessment and Management

- **Objective:** MDHHS will assess and address risk and safety concerns relating to the children in their own homes or in foster care.
Outcome: Effective assessment of risk and safety will enhance child safety and improve targeting of services.
Measure: CFSR PIP Case Review
Baseline:
 - 55%; Area Needing Improvement; CFSR 2018
 - Safety – Exposure to threats at home: 97.4%; QSR 2018
 - 68% - CFSR PIP Baseline**Benchmarks:**
 - **2020:** 68% **2020 Performance:** 87.5%; CFSR PIP Q2
 - **2021:** 68%
 - **2022:** 71.0% - PIP Completion
 - **2023:** Maintain at 71% or better
 - **2024:** Maintain at 71% or better

Other Safety 2 Goals

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

Benchmarks for this objective were adjusted for years 2021-2024 based on 2020 performance.

- **Objective:** MDHHS will decrease maltreatment of children in foster care.
Outcome: Decreasing maltreatment of children in foster care will enhance child safety and improve permanency outcomes.
Measure: CB Data Profile; DMU Report: CFSR Monthly Scores
Baseline: 14.68; Area Needing Improvement; CFSR 2018
National Performance: 9.67
Benchmarks 2020-2024:
Original benchmarks: **Updated benchmarks:**
 - **2020:** 14.0 **2020:** 14.0 **2020 Performance:** 13.83; CB Data Profile
 - **2021:** 13.0 **2021:** 11.0
 - **2022:** 12.0 **2022:** 10.5
 - **2023:** 11.0 **2023:** 10.0
 - **2024:** 9.67 **2024:** 9.67

Benchmarks for this objective were adjusted for years 2021-2024 based on 2020 performance.

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

Original benchmarks:	Updated benchmarks:	
○ 2020: 13.5%	2020: 13.5%	2020 Performance: 14.7; CFSR Scores
○ 2021: 12.5%	2021: 13%	
○ 2022: 11.5%	2022: 11.5%	
○ 2023: 10.5%	2023: 10.5%	
○ 2024: 9.5%	2024: 9.5%	

Safety 2 Planned Activities for 2021 and 2022

Program Improvement Plan Update

- **Engagement 1.5.2:** MDHHS will determine a pilot site to utilize community representatives to attend family team meetings to help prevent removal or increase timeliness to permanency.
Target completion is Q4-Q6.
- **Engagement 1.5.3:** MDHHS will assess funding streams to develop and test a model of prevention that pairs resource families with high-risk families or families with children at risk of removal due to abuse/neglect. Providing families with mentoring will improve engagement with services with the potential for longer term support.
Target completion is Q5.

Other projects addressing engagement include:

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

Maltreatment in Care

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

Work Group

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

Maltreatment in Care Continuous Quality Improvement Activities:

- CPS-MIC Management Meetings - Quarterly CPS-MIC management meetings are held with all programs involved in MIC investigations to discuss barriers, best practices and need for policy clarification/revision.
- CPS-MIC Multiple Complaint Case Reviews - On a monthly basis, the CPS-MIC management team reviews an investigation where multiple complaints have been assigned on the same placement (other than CCIs) in order to identify best practices and assess gaps and areas where enhanced efforts are needed to help prevent repeat child abuse or neglect.
- CPS-MIC Secondary Case Reviews - All CPS-MIC investigations where a preponderance of evidence has been found with a victim that has an open foster care case is reviewed by a secondary team to ensure policy and procedures were followed and no gaps in services were identified.
- MIC Case Reading Tool - A MIC case review tool was developed and is managed by DCQI. The case review tool is completed by the county management team who has court responsibility over the foster child who has been identified as a victim of repeat maltreatment. The purpose of the review is to identify any prior gaps, best practices and/or ongoing needs to assess and help prevent repeat maltreatment.
- CPS-MIC Case Reviews - DCQI reviews 10 percent of CPS-MIC cases monthly.
- Monthly Visit Review - Private agency analysts conduct monthly reviews of visit contacts to ensure caseworkers are visiting children each month. They identify the reasons for missed visits with the goal of reducing barriers leading to missed visits.
- Case Conferences - CPS program office and CPS-MIC unit staff meet as needed to discuss issues that arise involving CPS-MIC cases.
- Relative Safety Screen and Home Study Review Pilot – DCQI reviews 100 percent of Relative Safety Screens and Relative Home Studies. Results will allow local office CQI teams to develop a plan and potential solutions/strategies to ensure relative homes are visited prior to placement, ensure all central registry and criminal history clearances are completed as required and that the home study is completed within 30 days of placement.
- Compliance Review Team - The CPS Compliance Review Team is a unit within the Office of the Family Advocate that reviews a random sample of CPS cases disposed the previous month to ensure compliance with policy and applicable laws.

Data and Reporting

- Monthly Data Analysis - CPS-MIC analysts validate data on a monthly basis and roll up an annual data report of patterns and trends for out-of-home placement investigations.

These reports are provided to the field to assess trends in their areas monthly.

- Federal Reporting - DCQI is continuously improving reporting on MIC cases for AFCARS and NCANDS submissions to the Children's Bureau.
- MiSACWIS Fixes - MiSACWIS staff are working to assess requested changes and fix any existing defects related to MIC cases.

Policy and Practice

- Pre-Dispositional Conferences - Case conferences must be convened for all CPS-MIC dispositions that require cross-program participation.
- Revision of Assessments for Relative Placement - The Initial Relative Safety Assessment (DHS-588) and the Relative Placement Home Study (DHS-3130A) are under revision to focus more clearly on verification and resolution of safety factors. Training for staff who are assessing relatives was provided in 2019 to all counties.
- Supportive Visitation - Supportive visitation contracts offer coaching to biological parents during visits, which helps improve safety for children and provides strategies to reduce maltreatment during unsupervised visits.
- Safety Planning - Safety plans are required for:
 - Any child with a history of being the aggressor in sexual acting out. The plan should be realistic and developed with the provider at the time of placement.
 - Any household where a 30-day notice of a placement change has been provided. The plan must be developed and implemented during the transition to the new placement and requires more frequent contact with the provider to assess safety and risk until a replacement foster home is located.
- Payment for Unlicensed Relative Providers - Beginning April 1, 2019, unlicensed, approved relative providers are now paid the same as licensed providers, allowing the same financial supports for children in unlicensed relative care as those in licensed provider care.
- Foster Care Policy - Policy was updated to require case action by the assigned foster care worker and supervisor when a CPS case is received regarding a child with an active foster care case. The urgency of action is determined by assignment decision and ability for the perpetrator to access the child(ren).
- Placement Collaboration Unit (PCU) - To reduce incidents of maltreatment in care and ensure child safety, the PCU was piloted in Oakland County and was implemented statewide in April 2019. The unit focuses on screened out CPS complaints involving any court wards placed in their home or in out-of-home care to address any concerns before they rise to the level of child abuse and neglect. Every complaint transferred to the PCU is reviewed by a PCU supervisor to ensure it has been appropriately transferred and does not meet criteria for CPS-MIC assignment. When it is determined that a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.
- Safety Assurance Facilitation Experts (SAFE) will be established in five counties to complete family team meetings prior to or within five days of placement with a relative and upon return to the parental home. The facilitators will work directly with relative

caregivers to create safety plans and visitation plans that will ensure the well-being of the children in their care. They will also work with parents when children are being returned home to implement safety plans and help support the family in the reunification process.

- ChildStat - ChildStat convenes collaborative weekly data analysis and review sessions in rotation with each of the 15 Michigan counties with foster care populations over 200 to examine the factors and performance indicators that may affect the counties rate of MIC.

Licensing and Contractual Corrective Action

The Division of Child Welfare Licensing is responsible for:

- Conducting special evaluations of homes and institutions when a rule violation is identified or suspected.

Training

- **Training by CPS-MIC and PCU Staff.** CPS-MIC and PCU staff are engaging with private agencies, Regional Resource Teams and child-caring institutions to provide training on mandated reporting, safety planning and roles and responsibilities during a CPS investigation and/or when complaints are not assigned for an investigation.
- **Certification and Complaint Training.** Licensing workers and supervisors are required to attend certification and complaint training. The curriculum focuses on thorough assessment of the applicants' history of criminal activity, CPS involvement as a victim or perpetrator, trauma, overall social history and the ability to effectively parent children with trauma and challenging behaviors.

Planned Activities for 2021

CPS Redesign Project

The CPS Redesign Project provides a unique opportunity to assess MDHHS' current processes and make improvements to better protect children and support families. The project focuses on Centralized Intake (CI) and CPS investigation policies and procedures. The project is based on the belief that a well-designed and efficient response to CPS complaints will help staff protect children and support families by:

- Accurately assessing risk and safety.
- Facilitating timely response to complaints of abuse and neglect.
- Ensuring complaints are assigned within the scope of the law.
- Reducing trauma experienced by children and families.
- Delivering timely and effective services.
- Ensuring manageable caseloads.

Casey Family Programs is providing support to the redesign project which includes participation of staff and field policy experts. Six CPS redesign accountability teams are focusing on the following specific areas of redesign:

1. Preliminary investigation and field assignment decisions

2. Decision for CI to receive an intake
3. Commencement definition
4. Decision-making to determine a preponderance of abuse/neglect
5. Decision-making for disposition category
6. Use of Category V dispositions

In March 2020, Casey Family Programs issued recommendations to CSA following a comprehensive review of intake policy. Following this review, Casey Family Programs initiated a review of CPS investigative policy.

Moving Forward

In partnership with Casey Family Programs, MDHHS will facilitate a series of virtual town halls and listening circles with key stakeholders, beginning summer 2020, to amplify the vision of CSA around CPS redesign and challenge participants to partner with the department to become a part of the solution.

CPS Redesign Action Steps

- Restructure current intake and investigative policies to streamline, clarify and align with the Child Protection Law.
- Develop a structured decision-making tool for Centralized Intake to support screening decisions.
- Leverage updated policy and practice to inform technology changes.
- Prepare and facilitate robust training for staff and other stakeholders to ensure accurate and consistent application of policy and refined practice.
- Develop a reporting mechanism to evaluate the impact of changes on children and families, staff and other stakeholders to track and adjust, assess for unintended consequences and highlight success.

Other Planned Activities for 2021

- A workgroup that assesses and responds to recurrence of maltreatment on a statewide level. The workgroup is continuing ongoing efforts in collaboration with the QIC and local CQI teams.
- Data on recurrence of maltreatment is used to evaluate trends and develop pilot programs, system changes, policy development, statewide initiatives and training, the results of which demonstrate the level of effectiveness in key performance areas.
 - Updates to CPS policy reflecting revised child maltreatment types.
 - Local office development of CQI teams continues. Each team uses data from Monthly Management Reports, the CFSR dashboard and MIC calculator as well as other sources to identify barriers that may affect outcomes.
- MDHHS is implementing Kinship Connections, a pilot program in Wayne County South Central District and Oakland County. Kinship Connections teams will provide relative search and engagement services, relative support, and relative licensing. The kinship connection teams are designed to increase timely permanency, placement stability,

- child safety and wellbeing, and relative licensure.
- Trauma screening of children in CPS and foster care continues as a case management practice.
 - Trauma 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 BSC directors to identify areas needing attention.
 - Evaluating the effectiveness of services provided to children and families to ensure appropriate focus on their needs.
 - The Safety Quality Improvement Team will assess investigation policies and procedures in licensed provider settings. To enhance the investigation process, MIC workers are required to coordinate pre-dispositional case conferences with their supervisors, foster care workers and licensing consultants.
 - MDHHS will continue evaluation of and updates to the MDHHS structured decision-making tools through a contract with the National Council on Crime and Delinquency. These assessment tools provide workers with guidance for proper safety and risk assessment and provision of appropriate services. The safety assessment helps workers assess current safety concerns, and the risk assessment helps workers assess future risk of harm to the child(ren).
 - The Supervisory Control Protocol (SCP) will focus on critical child safety assessment points and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation. Enhancements to the SCP for 2020 include adding tribal functionality into the SCP, as well as creating a SCP for ongoing cases.
 - The SCP Dashboard allows local and state administration to review investigation status and policy compliance.
 - In 2019, MDHHS, along with various child welfare stakeholders created the Michigan Child Welfare Professionals Safety Protocol to address worker safety. The protocol focuses on uniform response to incidents at the local and state level, and available resources for child welfare staff. The protocol is being distributed in 2020.
 - MDHHS will complete revisions to the DHS-588 and DHS-3130A. The revised forms will be implemented in 2020.

Implementation Support

- MDHHS will utilize the CAPTA state grant fund increase resulting from the Consolidated Appropriations Act of 2019 to enhance collaboration with health care systems on implementing infant Plans of Safe Care.

- MDHHS’ participation in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation resulted in the following activities:
 - The Quality Improvement Council (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 continue to develop a cross-system plan to address the needs of infants affected by opioids and their caregivers, as well as ensure the development of Plans of Safe Care for substance-affected newborns.

Program Support

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

Technical Assistance and Capacity Building

- MDHHS will continue to participate in the Consortium for 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

Policy enhancements and services described previously are applicable and available to all children regardless of their age, except where specific populations are noted. Factors included in identifying the population of children at greatest risk of maltreatment include vulnerability

due to their age and stressors on parents because of the children's dependent status. The policies and services directed toward children under the age of 5 remained in place in 2019 and are described below.

- **Multiple Complaint Policy.** The multiple complaint policy requires that whenever Centralized Intake receives a third complaint in a home with a child under 3 years, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and their service needs.
- **Safe Sleep Policy.** The Safe Sleep policy requires that workers include in their assessments of children under 1 year (for any investigation type) the factors that place a child at risk of suffocation in his or her sleep environment.
- **Birth Match System.** This screening system identifies when a parent who previously lost rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This service includes automatic case assignment and requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each year, this system identifies nearly 1,000 matches, leading to investigation and services for many children at elevated risk of maltreatment.
- **Early On.** All child victims ages birth to 36 months in substantiated cases of CPS Categories I or II are referred to Michigan's Part C-funded early intervention service, Early On. Early On assists families with infants and toddlers that display developmental delays or have a diagnosed disability.
- **Infant Mental Health Services.** Infant mental health services provide home-based parent-infant support and intervention to families when the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Infant mental health specialists provide home visits to families who are enrolled during pregnancy, around the time of birth or during the infant's first year. Specialists provides weekly home visits, or more frequently if families are in crisis.
- **Infant Plans of Safe Care.** In accordance with the 2016 federal Comprehensive Addiction Recovery Act, Michigan modified policies to address the needs of infants exposed to medications or substances.
- **Safety Planning.** In February 2019, PSM 713-01, CPS Investigation – General Instructions and Checklist was updated to include guidance regarding safety planning. The policy outlines the requirements of safety plans as well as how to document them in the record. The following requirements were added to policy:
 - Safety plans should address immediate concerns.
 - Safety plans should be developed with the input of parents.
 - Safety plans should include formal and informal supports.
 - Safety plans should be realistic, achievable and understood, as well as specific, modifiable, and based on parent strengths.

Planned Activities for 2021

In 2020 and 2021, MDHHS is continuing to focus on the following activities related to the needs of infants:

- Service coordination between MDHHS staff and Early On to enhance and maintain a comprehensive early intervention system of services, referring children who are eligible for Early On services.
- Training for MDHHS field staff regarding the Early On referral process and providing information regarding the services Early On provides.
- Resources provided to MDHHS field staff through the Early On link in MiSACWIS, so MDHHS staff can readily access information related to the 0 to 3 aged population.
- Collaboration with Early On partners and remaining abreast of projects and policies.

PERMANENCY

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

The provision of foster care services in Michigan is a joint undertaking between the public and private sectors. As of April 6, 2020, approximately 52 percent of foster care case management services were contracted with private agencies. The goal of the foster care program is to ensure the safety, permanence and well-being of children through reunification with the birth family, permanent adoptive home, permanent placement with a suitable relative, legal guardianship or another permanent planned living arrangement. Permanency goals are developed through federal CFSR outcomes.

Permanency 1 – Assessment of Current Performance

Item 4: Stability of Foster Care Placement

Michigan's CFSR PIP Case Reviews scored at 89.1 percent for Item 4, setting the baseline for improvement. The goal for PIP completion in this area is 90 percent by Oct. 31, 2022.

As can be seen in the table below, Michigan exceeds the national performance standard of 4.44 moves per 1,000 days of foster care, with a score of 3.64 moves in 2018 and 3.44 moves in 2019. For this item, a lower score is preferred.

Permanency Outcome 1 Data Indicators					
	2015	2016	2017	2018	2019
Placement Stability – Children’s Bureau state data profile	3.58	3.51	3.64	3.64	3.44
Placement Stability – CFSR PIP Case Review, Q2					91%
Placement Stability – Quality Service Review, cases rated satisfactory	78.3%	81.5%	86.3%	86.6%	87%

Blended Service Review/Quality Service Review Results¹

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

Item 5: Permanency Goal for the Child

Michigan’s CFSR PIP Case Reviews scored at 84.4 percent for Item 5, setting the baseline for improvement. The goal for PIP completion in this area is 87 percent by Oct. 31, 2022.

Quality Service Review Results

In BSR/QSRs, Permanency measures the degree to which a child experiences a high-quality placement, demonstration over time of the child’s capacity to interact successfully, security of positive relationships likely to sustain to adulthood and whether conditions necessary for timely legal permanency have been achieved. CFSR Item 5 focuses on whether the permanency goal is established with the child’s best interest for permanency in mind, whether it was established timely and based on the needs of the child and the case circumstances.

Permanency Outcome 1 Data Indicators					
	2015	2016	2017	2018	2019
Permanency goal for the child – Quality Service Review	77.4%	89.7%	89.7%	75.4%	78%
Permanency goal for the child – CFSR PIP Case Review, Q2					91%

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

Michigan’s CFSR PIP Case Reviews scored at 60.9 percent for Item 6, setting the baseline for improvement. The goal for PIP completion in this area is 65 percent by Oct. 31, 2022.

¹ In 2020, Michigan is transitioning from the Quality Service Review (QSR) to the Blended Service Review (BSR), which combines qualitative and compliance review of randomly selected cases. The BSR is described in the Quality Assurance System section of this report.

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

Quality Service Review Permanency Outcome 1 Data Indicators					
	2015	2016	2017	2018	2019
Living arrangement– QSR	89.2%	95.3%	97.8%	97.4%	96%
Permanency Goal – CFSR PIP Case Review, Q2					62.5%

Permanency 1 Data Indicators

Permanency 1 data indicators are tracked through the Michigan data profile provided by the Children’s Bureau.

MDHHS has taken several approaches aimed at ensuring timely permanence for children in out of home care:

- Absent Parent Protocol provides guidance for identifying and locating absent parents of children involved in the child welfare system. The protocol was developed in response to a broad-based consensus that failure to identify and involve absent parents is a barrier to timely, permanent placement for children. The protocol provides information on the need for, and methods of, locating an absent parent to ensure that all viable placement options for children in foster care are considered. Locating an absent parent may provide valuable information about the parent’s health history. Children may also benefit from their parent’s Social Security benefits and inheritance. The protocol was updated in 2018 to include new means of locating and engaging absent parents.
- Systems Transformation on Reducing Residential Placements. In 2016, MDHHS convened a workgroup consisting of representatives from child welfare, community mental health, courts and residential treatment providers to analyze Michigan’s continuum of mental health and behavioral health services. With the passage of the Family First Prevention Services Act, in 2018 and 2019 the group worked on implementation of the provisions of the act that focus on reduction of use of congregate care. This aligns with previous efforts, shifting the focus to outcomes beyond a specific intervention episode and ensuring practices address long-term outcomes for youth.

Residential programs will provide treatment and support services to youth and their families under the requirements of Qualified Residential Treatment Programs with newly defined goals. Providers and MDHHS are working collaboratively to establish community resources, screening and assessment standards and intervention goals that

meet the needs of Michigan's youth.

Efforts to ensure an array of placements are available for youth who may not need the intensity of a residential intervention is a primary area of focus, including enhanced supports to foster parents and relative providers, shelter home services, and placement stability support services such as Wraparound.

- **Rapid Reunification Review.** In 2020, MDHHS developed an initiative to quickly review and when possible reunify children who are in out-of-home care. MDHHS identified foster care cases with a goal of reunification in which at least one parent has unsupervised parenting time, and asked local offices and private agencies to coordinate a review of the cases to determine if it would be safe to return the children home within the next 30 days. MDHHS established the following assessment criteria:
 - Length of time having unsupervised visits
 - Impact of unsupervised visits on the child and parent
 - Placement of siblings
 - Whether the parent(s) have been engaged in treatment plan(s)
 - Remediation of removal reason(s)
 - Services needed in the home and the community to support safe unsupervised visits or discharge

Each case identified for rapid reunification has a child-specific safety plan that includes regular reviews of in-home services, post-reunification contacts with the family, and coordination with service providers.

Progress in 2019

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

innovative practices and disseminate information for distribution statewide.

Progress in 2020

- MDHHS worked with the Building Bridges Initiative to provide training opportunities for residential providers on engaging families in treatment as well as aftercare services to increase successful community placement for youth with mental and behavioral health needs.
- Permanency resource monitors (PRM) are completing time restricted cohort reviews. Each cohort will be reviewed for six-month time periods and include the array of activities that PRMs utilize in working with foster care staff to identify and overcome barriers that can delay achievement of permanence. The first cohort in 2020 was comprised of children who were available for adoption with identified families for longer than six months. The second cohort for 2020 is comprised of children with reunification goals that have been experiencing out-of-home placement for four to nine months and have supervised parenting time.
- Two hundred children were reunified through the first round of rapid permanency reviews in April 2020.

Permanency 1 Plan for Continued Improvement – CFSR PIP Goals

The following goals were modified to include the goals for PIP completion and incorporate the baselines established in 2019 and 2020.

Item 4: Stability of Foster Care Placement

- **Goal:** MDHHS will ensure that when children are placed in foster care, the placements will be stable.
Outcome: Stable foster care placements will assist in achieving permanency for children.
Measure: CFSR PIP Case Review
Baseline: 89.1%; CFSR PIP Case Review
Benchmarks:
 - **2020:** 89.1% **2020 Performance:** 89.1%
 - **2021:** 89.1%
 - **2022:** 90% - PIP Completion
 - **2023:** Maintain at 90% or better
 - **2024:** Maintain at 90% or better

Item 5: Permanency Goal for the Child

- **Goal:** Children in foster care will have permanency goals that are in the best interest of the child’s permanency, are selected timely and are based on the needs of the child and case circumstances.
Outcome: An appropriate permanency goal will assist in achieving timely permanency for the child.
Measure: CFSR PIP Case Review

Baseline: 84.4%; CFSR PIP Case Review

Benchmarks:

- **2020:** 84.4% **2020 Performance:** 84.4%
- **2021:** 84.4%
- **2022:** 87% - PIP Completion
- **2023:** Maintain at 87% or better
- **2024:** Maintain at 87% or better

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

- **Goal:** Children in foster care will achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

Outcome: Achieving permanency will provide children with stability and continuity.

Measure: CFSR PIP Case Review

Baseline: 60.9% CFSR PIP Case Review

Benchmarks:

- **2020:** 60.9% **2020 Performance:** 60.9%
- **2021:** 60.9%
- **2022:** 65% - PIP Completion
- **2023:** Maintain at 65% or better
- **2024:** Maintain at 65% or better

Other Permanency Goals

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

Benchmarks for this objective were adjusted for years 2021-2024 based on 2020 performance. Note: Performance for this objective is expected to be impacted by the COVID-19 pandemic, and benchmarks for 2022 through 2024 were adjusted accordingly.

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

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

Measure: CFSR Round 3; DMU Monthly CFSR Data Report

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

National Performance: 42.7%

Benchmarks 2020-2024:

Original benchmarks:

Updated benchmarks:

- | | |
|----------------------|--------------------------------|
| ○ 2020: 33.3% | 2020 Performance: 27.6% |
| ○ 2021: 34.3% | 2021: 28% |
| ○ 2022: 35.3% | 2022: 31% |
| ○ 2023: 36.3% | 2023: 36% |
| ○ 2024: 37.3% | 2024: 38% |

Benchmarks for this objective were adjusted for years 2021-2024 based on 2020 performance.

- **Objective:** MDHHS will increase the percentage of children in care for 12 to 23 months discharged from foster care to permanency within 12 months.
Outcome: Decreasing time to permanency will enhance stability for children and preserve or create permanent family connections.
Measure: CFSR Round 3, Children’s Bureau Data Profile; DMU Monthly CFSR Data Report
Baseline: 47.4%, RSP; 17A-17B
National Performance: 45.9%
Benchmarks 2020-2024:

Original benchmarks:	Updated benchmarks:
○ 2020: 47.5%	2020 Performance: 46.4%
○ 2021: 47.5%	2021: 46.5%
○ 2022: 47.5%	2022: 46.8%
○ 2023: 47.5%	2023: 47.1%
○ 2024: 47.5%	2024: 47.5%

- **Objective:** MDHHS will increase the percentage of children in care for 24 months or more discharged to permanency within 12 months.
Outcome: Decreasing time to permanency will enhance stability for children and preserve or create permanent family connections.
Measure: CFSR Round 3; DMU Monthly CFSR Data Report
Baseline: 36.6%, RSP, 17A-17B
National Performance: 31.8%
Benchmarks 2020-2024:

○ 2020: Maintain at 36.6%	2020 Performance: 36.0%
○ 2021: Maintain at 36.6%	
○ 2022: Maintain at 36.6%	
○ 2023: Maintain at 36.6%	
○ 2024: Maintain at 36.6%	

- **Objective:** MDHHS will decrease the percentage of children who re-enter foster care within 12 months of discharge to relative care or guardianship.
Outcome: Decreasing re-entry of children into foster care will enhance child safety and reduce traumatization.
Measure: CFSR Round 3; DMU Monthly CFSR Data Report
Baseline: 7%, RSP; 15A-17B
National Performance: 8.1%
Benchmarks 2020-2024:

○ 2020: 7%	2020 Performance: 7.1%
○ 2021: 6.8%	
○ 2022: 6.6%	
○ 2023: 6.4%	
○ 2024: 6.2%	

- **Objective:** MDHHS will decrease the rate of placement moves per 1,000 days of foster care.
Outcome: Decreasing the rate of placement moves will increase placement stability and shorten time to permanency for children.
Measure: CFSR Round 3; Children’s Bureau Data Profile; DMU Monthly CFSR Data Report
Baseline: 3.64, RSP; 17A-17B; Area needing improvement.
National Performance: 4.44
2020 Performance: 3.44
Benchmarks 2020-2024:
 - **2020:** 3.64 **2020 Performance:** 3.44
 - **2021:** 3.62
 - **2022:** 3.6
 - **2023:** 3.58
 - **2024:** 3.56

Permanency 1 Planned Activities for 2021

- A change was made in the contract between MDHHS and Community Mental Health (CMH) service providers related to the county of fiscal responsibility for mental and behavioral health services for children in foster care. The change enables a child to be served by the CMH located in the county where the child is placed, regardless of whether the child came from another county or the child’s parents reside in another county or court of jurisdiction. Delaying service provision to negotiate payment for services with other counties was a longstanding barrier to providing timely services to children placed in foster care. This change eliminates that barrier.
- Implementation of the Regional Placement Unit in Wayne, Oakland, Macomb and Genesee counties allows for streamlined initial placement of youth in these counties with a goal of keeping children in their communities and improving placement stability.
- Six contracted Regional Resource Teams provide consistent regional foster parent training, assistance with local recruitment and retention, foster parent navigator services and caregiver training opportunities.
- Permanency resource monitors assist with timely progress toward permanency goals. Permanency resource monitors provide assistance to first line staff and supervisors to assess the need for residential treatment and provide facility recommendations based on the needs of the child.
- The QIC Permanency sub-team is working to increase the percentage of children discharged from foster care to permanency within 12 months through targeted case review in the use of structured decision-making tools and improving the foster care worker-to-worker transfer process.
- The SCAO Court Improvement Program works collaboratively with MDHHS to provide county-specific placement data to courts and assists judges to pinpoint challenging areas to improve performance.

Implementation Support

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

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

- Eleven train-the-trainer MiTEAM Fidelity local office expert sessions were held across the state from January through March.
- MiTEAM Fidelity local office experts trained their supervisors within one month of their train-the-trainer sessions from February through April.
- MDHHS is developing training and enhanced MiTEAM materials to address the use of family team meetings for the engagement of parents, caregivers and other case members in the development of parenting time plans.

Technical Assistance and Capacity Building

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

Permanency 2 Assessment of Current Performance

For years 2015-2018, scores were derived from the Quality Assurance Compliance Review, which is no longer being utilized. For Items 7-10, 2019 scores were derived from CFSR PIP case reviews.

Permanency Outcome 2 – Continuity of Family Relationships and Connections					
	2015	2016	2017	2018	2019
Item 7: Placement with siblings – CFSR PIP Case Review, Q2		43.1%	41%	43%	86%
Item 8: Visiting with Parents in Foster Care – CFSR PIP Case Review, Q2	Mother: 84%	83%	100%	88%	75%
Mother	Father: 65%	60.9%	94%	84%	53%
Father					
Item 8: Visiting with Siblings in Foster Care – CFSR PIP Case Review, Q2	62%	62.9%	83%	66%	67%
Item 9: Preserving Connections with community – CFSR PIP Case Review, Q2	74%	80.8%	94%	84%	69%
Item 10: Relative Placement– CFSR PIP Case Review, Q2	46%	55.8%	56%	49%	81%
Item 11: Relationship of Child in Care with Parents – Quality Service Review Family Connections	54.6%	79.6%	62.3%	Mother: 48.4%	QSR: 59%
				Father: 53.3%	Mother: 52%
					Father: 43%

Item 11 – Relationship of Child in Care with Parents is measured through the BSR/QSR Family Connections status indicator. This indicator measures the degree to which family connections are maintained through visits and other means when the focus child/youth lives separately from siblings and/or parents unless compelling reasons exist for keeping them apart. The variability and overall BSR scores in this item suggest further exploration of areas for improvement is needed.

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

- MiTEAM Case Practice Model. The MiTEAM case practice model is built on maintaining family connections and family involvement in case planning. Central to the model are family team meetings, family-centered planning sessions that guide decisions concerning a child’s safety, placement and permanency. In family team meetings, information is shared to locate absent parents and mobilize supportive adults. Family team meetings are held at each decision point in a foster care case and ensure that:
 - Family members are actively involved in decision-making and service participation from the time of removal through achievement of permanent homes for children.
 - Family members are viewed as a valuable resource for ensuring safety for children.

- Family members are the first placement considered if removal is necessary.
- The MiTEAM Fidelity Tool measures the extent to which the MiTEAM skills are practiced in case management as designed. To aid in tracking fidelity to the model, supervisors complete MiTEAM fidelity worksheets for each of their staff and a fidelity tally worksheet for their unit.
- Supportive Visitation/In-Home Parent Education contracts were implemented. This program facilitates parent-child visits and provides parents with support before and after visits. The Bavolek Nurturing Parent Program is an evidence-based model that teaches skills to prevent and treat abuse and neglect. To date, 80 of the state's 83 counties have Supportive Visitation services.
- The Kent County Race Equity Workgroup was initiated and includes partners across the continuum of care coming together to identify and address issues of overrepresentation of minorities coming into care. The workgroup includes representatives from K-12 and higher education, law enforcement, faith-based leaders, former foster youth, MDHHS staff, attorneys, local judges and private agency staff.

Permanency 2 Performance

MDHHS is reporting based on CFSR PIP Q2 statewide data. Findings from the review revealed:

- Sixty-four percent of children and parents had visits as directed by policy, at a frequency to promote parent-child relationship.
- Visits with mothers continue to be of greater frequency, 75 percent, than visits with fathers, 53 percent.
- In 43 percent of cases, documentation showed concerted efforts were made to place children with a relative. This is an increase from thirty-six percent in 2018.
- In 86 percent of cases, siblings placed apart had sufficient visits with each other.

Permanency 2 Plan for Continued Improvement – CFSR PIP Goals

The following goals were modified to include the goals for PIP completion and incorporate the baselines established in 2019 and 2020.

Item 12: Needs and Services of Child, Parents and Foster Parents

Michigan's CFSR PIP Case Reviews scored at 48 percent for Item 12, setting the baseline for improvement. The goal for PIP completion in this area is 51 percent by Oct. 31, 2022.

- **Goal:** The needs of children in foster care, their parents and foster parents will be assessed and identified needs will be addressed through services.
Outcome: Assessing the needs of children in foster care, their parents and foster parents and providing services to address identified needs will assist in achieving permanency.
Measure: CFSR PIP Case Review
Baseline: 48%; CFSR PIP Case Review
Benchmarks:

- **2020:** 48% **2020 Performance:** 48%
- **2021:** 48%
- **2022:** 51% - PIP Completion
- **2023:** Maintain at 51% or better
- **2024:** Maintain at 51% or better

Item 13: Child and Family Involvement in Case Planning

Michigan’s CFSR PIP Case Reviews scored at 56.5 percent for Item 13, setting the baseline for improvement. The goal for PIP completion in this area is 60 percent by Oct. 31, 2022.

- **Goal:** Children in foster care and their families will be involved in case planning.
Outcome: Children’s and family involvement with case planning will ensure plans are created that address their needs and case circumstances.
Measure: CFSR PIP Case Review
Baseline: 56.5%; CFSR PIP Case Review
Benchmarks:
 - **2020:** 56.5% **2020 Performance:** 56.5%
 - **2021:** 56.5%
 - **2022:** 60% - PIP Completion
 - **2023:** Maintain at 60% or better
 - **2024:** Maintain at 60% or better

Item 14: Caseworker Visits with Child

Michigan’s CFSR PIP Case Reviews scored at 79 percent for Item 14, setting the baseline for improvement. The goal for PIP completion in this area is 82 percent by Oct. 31, 2022.

- **Goal:** Caseworkers will visit with children in foster care with the frequency and quality necessary to ensure the child’s safety and address the child’s needs.
Outcome: Caseworker visits of sufficient frequency and quality will assist in achieving timely permanency for the child.
Measure: CFSR PIP Case Review
Baseline: 79%; CFSR PIIP Case Review
Benchmarks:
 - **2020:** 79% **2020 Performance:** 79%
 - **2021:** 79%
 - **2022:** 82% - PIP Completion
 - **2023:** Maintain at 82% or better
 - **2024:** Maintain at 82% or better

Item 15: Caseworker Visits with Parents

Michigan’s CFSR PIP Case Reviews scored at 48.2 percent for Item 15, setting the baseline for improvement. The goal for PIP completion in this area is 52 percent by Oct. 31, 2022.

- Goal:** Caseworkers will visit with parents with the frequency and quality necessary to address the parent’s needs and promote reunification or other permanency goal.
Outcome: Caseworker visits of sufficient frequency and quality will assist in achieving permanency for the child.
Measure: CFSR PIP Case Review
Baseline: 48.2%; CFSR PIP Case Review
Benchmarks:
 - **2020:** 48.2% **2020 Performance:** 48.2%
 - **2021:** 48.2%
 - **2022:** 52% - PIP Completion
 - **2023:** Maintain at 52% or better
 - **2024:** Maintain at 52% or better

Other Permanency 2 Goals

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

- Objective:** Children will have visits of sufficient frequency with their mother and father to maintain and promote the continuity of the relationships.
Outcome: Sufficient frequency of visits with children and their parents will enhance parent/child relationships and shorten time to permanency.
Measure: CFSR Round 3
Baseline:
 - 69%, CFSR 2018
 - Mother: 88%, Father: 84%; QACR 2018**Benchmarks 2020-2024 – CFSR PIP Case Review, Q2:**
 - **2020:** 69.5% **2020 Performance:** Mother: 75% Father: 53%
 - **2021:** 70%
 - **2022:** 71%
 - **2023:** 72%
 - **2024:** 75%

Benchmarks for this objective were adjusted for years 2021-2024 based on 2020 performance.

- Objective:** MDHHS will make concerted efforts to place siblings together unless a separation is necessary to meet the needs of one of the siblings.
Outcome: Placing children together safely will preserve and enhance sibling relationships.
Measures: CFSR Round 3
Baseline:
 - 89%; CFSR 2018
 - 43%; QACR 2018; Child living with all siblings.**Benchmarks 2020-2024**
Original benchmarks: Updated benchmarks:
 - **2020:** 89% **2020:** 89% **2020 Performance:** 86%; CFSR PIP Q2

- **2021:** 89.5% **2021:** 89%
 - **2022:** 89.5% **2022:** 89.5%
 - **2023:** 90% **2023:** 89.5%
 - **2024:** 90% **2024:** 90%
- **Objective:** Children in foster care will have visits of sufficient frequency with siblings to maintain and promote sibling relationships.
Outcome: Sufficient frequency of visits among siblings will preserve and enhance sibling relationships.
Measure: CFSR Round 3
Baseline:
 - 83%; CFSR 2018
 - 66%; QACR 2018.**Benchmarks 2020-2024**
 - **2020:** 83% **2020 Performance:** 67%
 - **2021:** 83.5%
 - **2022:** 84%
 - **2023:** 84.5%
 - **2024:** 85%
 - **Objective:** MDHHS will track and report the number of children in foster care who are placed with relatives.
Outcome: Placement of children with relatives will reduce traumatization and promote family support for parents and children.
Measure: CFSR Round 3; Data Warehouse Monthly Fact Sheet.
Baseline:
 - 79%; CFSR 2018
 - 35%; Monthly Fact Sheet**Benchmarks 2020-2024:**
 - **2020 Monthly Fact Sheet:** 36% **2020 Performance:** 43%; Monthly Fact Sheet
 - **2020 CFSR PIP:** 79% **2020 Performance:** 81%; CFSR PIP Q3
 - **2021:** 43%
 - **2022:** 44%
 - **2023:** 45%
 - **2024:** 46%
 - **Objective:** MDHHS will make concerted efforts to promote, support and/or maintain relationships between the child in foster care and his or her mother and father.
Outcome: Promoting, supporting and maintaining relationships between children and parents will enhance child safety and shorten time to reunification or permanency.
Measure: CFSR Round 3
Baseline:
 - Mother: 68%, Father: 86 percent, CFSR 2018
 - Mother: 88%; Father: 84%, QACR 2018

Benchmarks 2020-2024:

- **2020:** Mother: 68% Father: 86%
- **2020 Performance** - Mother: 52% Father: 43%; CFSR PIP Q2
- **2021:** Mother: 69% Father: 86.2%
- **2022:** Mother: 70% Father: 86.5%
- **2023:** Mother: 71% Father: 86.6%
- **2024:** Mother: 72% Father: 86.8%

Progress in 2019

- Enhanced MiTEAM training and support efforts were completed statewide to enhance practice skills at all levels.
- Permanency Forums were held in Wayne County.
- The highlight of the Permanency sub-team's work was the successful rollout of the statewide Connect, Strengthen and Achieve Summits, focusing on social work contact policy and documentation in MiSACWIS, as well as effective case planning and best practices. Over 400 staff attended the events.
- A Visits sub-team was developed as a subset of the QIC Permanency sub-team, focused on improving social work contact performance statewide, including worker-child, worker-parent, parent-child and worker-supervisor contacts. This team is tasked with improving overall performance with an emphasis on quality and purpose of the visits.
- Training on engagement of relatives and assessment of relatives for placement was conducted statewide.

Permanency 2 Planned Activities for 2021

- Enhancements to family team meeting policy are planned that will provide improved guidance regarding facilitation responsibilities and recruiting participants in an effort to ensure engagement of parents and supports in case planning.
- MDHHS developed the SAFE family team meeting pilot.
- MDHHS is working with congregate care providers to reduce length of stay and return children to a less restrictive, more family-like setting at the soonest point possible, while ensuring that a high level of mental and behavioral health interventions are available to the child and family.
- MDHHS is working on development of a placement array that will ensure that children not assessed as needing congregate level of care services can receive the services in the community to address their identified needs.
- BSC quality assurance analysts are engaging in quality assurance activities targeted at assessing practice skills, identifying gaps in skills and creating plans for addressing gaps regarding relative placement and assessment.
- MDHHS has worked with the Building Bridges Initiative to provide training opportunities for residential providers on engaging family in treatment as well as aftercare services to increase successful community placement for youth with mental and behavioral health needs.

Implementation Support

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

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

Program Support

- MDHHS provides training for utilization of family team meetings effectively as a resource for developing and revising parenting time plans.
- DCQI staff assists county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.
- MiTEAM materials are being enhanced to reinforce the use of family team meetings to engage parents, caregivers and others in the development of parenting time plans.

Technical Assistance and Capacity Building

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

SERVICES FOR CHILDREN UNDER THE AGE OF 5

- In 2019, 4,565 children under age 5 were in foster care. This is 36 percent of the total foster care population.
- At the conclusion of FY 2019, one child under age 5 did not have an identified permanent family upon termination of parental rights. That child has not been adopted but does have an identified family.

- As of October 2019, five children under 5 did not have an identified permanent family but by March 2020, all five of those children had an identified family.

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 or photo listing the child on state and national websites, as well as distribution of information about a specific child. Quarterly reviews of the plan continue until the child is placed with a family that plans to permanently care for the child.

Permanency Resource Monitors

Permanency resource monitors (PRMs) are permanency experts for local child-placing agencies and consult on complex cases that are experiencing barriers or a delay in achieving permanency. The PRMs raise awareness of the importance of establishing permanency for each child and youth in the child welfare system. The PRMs conduct trainings for the private agencies, MDHHS staff, residential staff, foster parents, and other stakeholders in the areas of diligent relative search, case file mining, how to determine an appropriate permanency goal, permanency goal approval procedures, and the guardianship approval process. The PRMs have knowledge of community resources and practice new approaches to planning for children who have been in care for extended periods of time. PRMs team with the case managers to identify strategies to achieve permanency goals for children and youth. The PRMs are responsible for conducting special reviews regarding each child or youth awaiting reunification for over nine months who have a goal of adoption without an identified family at three months post termination, or older youth who are working toward achieving specific permanency goals.

- During FY 2019, PRMs made over 20,000 contacts with supervisors, specialists, caregivers, youth, and others who assisted more than 5,000 of Michigan's youth in foster care.

Adoption Resource Consultants

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

Michigan Adoption Resource Exchange Match Support Program

The Match Support program is a statewide service for families who have been matched with a child from the Michigan Adoption Resource Exchange website and who are in the process of

moving forward with an adoption. The match support specialists engage with the family throughout the adoption process. The match support specialists provide up to 90 days of services to families by providing referrals to support groups, training opportunities, and community resources.

Michigan Adoption Resource Exchange Waiting Family Forums

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

Family First Prevention Services Act

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

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

Progress in 2019

- Trauma-informed practice continued to be promoted statewide.
- Child welfare staff were trained statewide to perform trauma screening for all children entering out-of-home care.
- MDHHS continued to pursue additional funding to expand the number of families served through the foster care supportive visitation program.
- MDHHS submitted a funding request to assist with transportation and observation of parent-child visitation and other services that support visitation.
- Development of a pilot program is beginning in Ingham County for parenting support groups that focus on appropriate play for parents with young children. Parents and children will attend together.
- MDHHS piloted trauma-informed parenting training for caseworkers, foster/adoptive parents and birth parents.

Progress in 2020

- MDHHS received increased funding and was able to expand foster care supportive visitation services in the 73 counties with current contracts beginning in early 2020. Services will be available to all eligible families statewide beginning in October 2020.
- MDHHS received additional funding to support visitation efforts between children and parents. This funding can be used for local services to ensure transportation and visit observation.
- With the move to video conferencing during the state executive order to shelter in place, MDHHS used supportive visitation funding to provide cell phones and data packages to parents who do not already have them to promote continued face-to-face video contact while in-person visits cannot occur.
- MDHHS will pilot the use of the Child and Adolescent Needs and Strengths functional assessment.
- MDHHS is working with the Dave Thomas Foundation for Adoption to explore the possibility of expanding Wendy's Wonderful Kids services in Michigan. This would include incorporating the Wendy's Wonderful Kids child-focused model into adoption resource consultant contracts.
- Based on opportunities offered through the Family First Prevention Services Act, MDHHS will develop additional programming for young children with the goal of reducing time to permanence, increasing placement stability and assessing and addressing trauma and developmental needs.

WELL-BEING

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

Well-Being 1 Assessment of Current Performance

Well-Being 1 achievements are tracked through CFSR case reviews and blended CFSR/Quality Service Review case reviews.

Michigan recognizes the importance of assisting families to provide for their children's needs. MDHHS policy includes the following requirements for CPS and foster care case management:

- Workers are required to conduct family team meetings at specific case points to involve youth, families and caregivers in case planning through a facilitated meeting of family and their identified supports.
- For foster care cases, caseworkers must engage the family in creation of the parenting time plan, including the frequency, duration and location of parenting time and specific behaviors expected of the parents during parenting time.

- Parents should continually be involved in activities and planning for their children in foster care, unless documented as harmful to the child. These activities may be used to supplement additional visits, above the minimum number of required visits and include involvement in medical and dental appointments and attendance at school conferences, sporting events and other activities.
- Unless there is documented evidence that parenting time or contact would be harmful to the child or there is a no-contact order in place, the caseworker must arrange for regular visits or contact between an incarcerated parent and the child.
- Siblings in foster care who are not placed together must have regular visitation. Siblings placed apart must have one visit within the first 30 days of the placement that results in separation and one visit per calendar month thereafter.

Item 12: Needs and Services of Child, Parents and Foster Parents

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

- Families First of Michigan
- Families Together Building Solutions
- Family Reunification Program
- Strong Families/Safe Children
- Family Group Decision-Making
- Parent Partners
- Training and Supervision of Caseworkers and Caregivers of Young Children

Item 13: Child and Family Involvement in Case Planning

CPS and foster care policy require the use of family team meetings (FTM) as a method to gather formal and informal supports around families and to collaborate with families to assess their needs and strengths across all life domains. FTMs include safety planning and the creation of action plans to address each identified need. For CPS, FTMs must take place at the following times:

- CPS case opening
- Court intervention
- Case closure
- Case plan reassessment

For foster care, FTMs must take place at the following times:

- Prior to the Initial Service Plan
- Prior to each Updated Service Plan
- After the child has been in care for six months
- At the time of a permanency goal change
- For placement preservation or to prevent placement disruption
- For youth 14 and older, for each semi-annual transition meeting

- 90-day discharge meeting
- Case closing
- At the request of the family

The Foster Care Review Board collects data on the number of cases reviewed by the boards that indicate the family was not involved in the development of the case service plan. In calendar year 2019, only two cases out of 325 cases reviewed were identified as the parents not having involvement in the development of the case service plan.

Items 14 – 15: Caseworker Visits with Child and Parents

CPS policy for caseworker visits with children and parents includes:

- Requirement to see parents at least once every 30 days following disposition.
- A requirement to see the child at least once every 30 days following disposition.

Foster care policy requires:

- For children in out-of-home placement, the caseworker must see the child twice in the first month. The first visit must be within five days of placement.
- For subsequent months, the child must be seen once each calendar month.
- For children being reunified or placed with a respondent parent, the caseworker must see the parent and child weekly for the first month, then twice each month for subsequent months.

2019 Monthly Management Report on Face-to-Face Contacts²

Category	2019 Performance
CPS Ongoing Visits with Child	79%
CPS Ongoing Visits with Parent	74%
Foster Care Visits with Child	89%
Foster Care Visits with Parent	58%

Well-Being 1 Progress in 2019

- Policy requiring family team meetings at regular and frequent intervals and at critical points ensures that all family members and supporters are involved in case planning and support of the family.
- The QIC and the Child Welfare Policy and Programs Division work continuously to identify statewide and regional service needs, resulting in expansion of services to additional areas, including Supportive Visitation, the Family Reunification Program and Families Together Building Solutions and other services.
- A statewide focus on trauma-informed services has led to an awareness of the results of Adverse Childhood Experiences (ACE) and the need to build resiliency in children and

² Face-to-face contact scores are based on the scores posted on the last month of the 2019 fiscal year.

families. The state continues to explore how this knowledge can be used to create a more effective and responsive service array.

- An increasingly mobile child welfare workforce with access to MiSACWIS in the field has enhanced staff members' ability to document contacts quickly and accurately, ensuring all contacts are documented in the case record.
- Caregiver training classes were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- The Reasonable and Prudent Parent Standard in policy and case management provides guidance to foster parents when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities while maintaining a child's health, safety and best interests. Training was provided to staff, child-caring institution providers and foster parents.

Well-Being 1 Planned Activities for 2021

- Continuation of piloting of SAFE FTMs at critical decision points such as removal and reunification.
- Community Mental Health Mobil Crisis Services became available across the state.
- Video conferencing options are being utilized during the Executive Order to shelter in place due to COVID-19.
- Update to contact policy allowing for greater flexibility in meeting requirements while still ensuring child safety and well-being.
- Providing training resources to child caring institutions on engagement of families in treatment for the youth receiving services through their programs.
- Contracting with the John Praed Foundation to develop a Michigan child welfare specific Comprehensive Assessment of Needs and Strengths (CANS) tool.
- Implementing independent assessment contracts to review all youth recommended for residential treatment and determine whether their needs can be met in the community.
- Developing partnerships between local CMH and MDHHS agencies.

Well-Being 1 Plan for Continued Improvement

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

Item 12: Needs and Services of Child, Parents and Foster Parents

Benchmarks for this item were adjusted for years 2021-2024 based on 2020 performance.

- **Objective:** Caseworkers will assess the needs of parents, children and foster parents initially and on an ongoing basis to identify the services necessary to achieve case goals.
Outcome: Effective and timely assessment will improve the targeting and timely provision of services to children and families.
Measure: CFSR Round 3; CFSR PIP
Baseline - 2017:
 - Children: 66%; Mother: 39%; Father: 33%; Foster Parent: 63%; Area needing improvement; CFSR 2018

Original Benchmarks 2020-2024:

- **2020:** Children: 66% Mother: 39% Father: 33% Foster Parent: 63%
- **2020 Performance:**
 Children: 88% Mother: 73% Father: 47% Foster Parent: 90%
- **2021:** Children: 66.5% Mother: 39.5% Father: 33.5% Foster Parent: 63.5%
- **2022:** Children: 67% Mother: 40% Father: 34% Foster Parent: 64%
- **2023:** Children: 67.5% Mother: 40.5% Father: 34.5% Foster Parent: 64.5%
- **2024:** Children: 68% Mother: 41% Father: 35% Foster Parent: 65%

Updated Benchmarks 2020-2024:

- **2020:** Children: 66% Mother: 39% Father: 33% Foster Parent: 63%
- **2020 Performance:**
 Children: 88% Mother: 73% Father: 47% Foster Parent: 90%
- **2021:** Children: 66.5% Mother: 64% Father: 43% Foster Parent: 70%
- **2022:** Children: 67% Mother: 65% Father: 43.5% Foster Parent: 71%
- **2023:** Children: 67.5% Mother: 67% Father: 44% Foster Parent: 71.5%
- **2024:** Children: 68% Mother: 68% Father: 44.5% Foster Parent: 72%

Item 13: Child and Family Involvement in Case Planning

Benchmarks for this item were adjusted for years 2021-2024 based on 2020 performance.

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

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

Measure: CFSR Round 3; CFSR PIP

Baseline:

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

Original Benchmarks 2020-2024:

- **2020:** Children: 65.5% Mother: 58% Father: 55%
- **2020 Performance:**
 Children: 71% Mother: 72% Father: 53%
- **2021:** Children: 65.5% Mother: 58.5% Father: 55.5%
- **2022:** Children: 66% Mother: 59% Father: 56%
- **2023:** Children: 66% Mother: 59.5% Father: 56.5%
- **2024:** Children: 66.5% Mother: 60% Father: 57%

Updated Benchmarks 2020-2024:

- **2020:** Children: 65.5% Mother: 58% Father: 55%
- **2020 Performance:**

- | | | | |
|---|------------------------------|---------------|---------------|
| | Children: 71% | Mother: 72% | Father: 53% |
| ○ | 2021: Children: 71% | Mother: 72% | Father: 55.5% |
| ○ | 2022: Children: 71.5% | Mother: 72.5% | Father: 55.5% |
| ○ | 2023: Children: 71.5% | Mother: 72.5% | Father: 56% |
| ○ | 2024: Children: 72% | Mother: 73% | Father: 57% |

Item 14: Caseworker Visits with Child

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

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

Measure: CFSR Round 3; MiSACWIS.

Baseline:

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

Benchmarks 2020-2024:

- **2020:** 72%
- **2020 Performance**
 - **CFSR PIP:** 97.9%
 - **MiSACWIS:** 97.4%

Benchmarks 2020-2024:

- **2020:** 72% **2020 Performance:** 97.9%; CFSR PIP Q2
- **2021:** 97.5%
- **2022:** 97.6%
- **2023:** 97.7%
- **2024:** 97.8%

Item 15: Caseworker Visits with Parents

Benchmarks for this item were adjusted for years 2021-2024 based on 2020 performance.

- **Objective:** Caseworkers will have visits with mothers and fathers with sufficient frequency and quality to ensure the safety, permanency and well-being of children and promote achievement of case goals.

Outcome: Sufficient frequency of quality visits with mothers and fathers will enhance caseworkers' assessment of parents' needs and progress and provide support for parents.

Measure: CFSR Round 3

Baseline:

- Mother: 46%; Father: 50%; CFSR 2018
- Mother: 87%; Father: 71%; QACR 2018

Original Benchmarks 2020-2024:

- **2020:** Mother: 47% Father: 50%

- **2020 Performance:**
Mother: 68% Father: 53%
- **2021:** Mother: 48% Father: 50.5%
- **2022:** Mother: 49% Father: 51%
- **2023:** Mother: 50% Father: 51.5%
- **2024:** Mother: 51% Father: 52%

Updated Benchmarks 2020-2024:

- **2020:** Mother: 47% Father: 50%
- **2020 Performance:** Mother: 68% Father: 53%
- **2021:** Mother: 70% Father: 50.5%
- **2022:** Mother: 70.5% Father: 51%
- **2023:** Mother: 71% Father: 51.5%
- **2024:** Mother: 71.5% Father: 52%

Program Improvement Plan Update

Engagement Strategy Two: Review and improve MiTEAM fidelity and measurement.

- **Engagement 1.2.1:** Determine the need for additional fidelity tool guides or training for MDHHS and private agency staff.
Update: Michigan assessed and determined the needs for additional case practice model fidelity tool guides and/or training. Michigan completed focus groups and compiled the feedback. The practice tool was implemented in 2017. There has been a statewide expectation since 2018 that the tool will be utilized. The supervisor needs to complete one tool per worker per quarter.
- **Engagement 1.2.2:** Revise the fidelity tool based on first and second quarter feedback concentrating on coaching by supervisors and usability of the fidelity tool.
Update: The fidelity tool workgroup proposed updates to the fidelity tool incorporating feedback from the field focus groups. Fidelity tool changes will require technology changes and approval through executive leadership. The training proposal incorporates feedback from the focus groups. There is collaboration with the Office of Workforce Development and Training on the training proposal. Training development and execution will begin once direction on the fidelity tool is determined. This activity will be ongoing until training is deployed.
- **Engagement 1.2.3:** Implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems.
Update: Quality Improvement Activity #4 MiTEAM sustainability continues to be underway. Data collection has been a significant undertaking and required more time than originally expected. Local CQI teams are in the process of reviewing data collected and developing interventions for inclusion in the CQI plan.
- **Engagement 1.2.4:** Develop and pilot family team meeting facilitation and coaching program.
Update: On Dec. 16, 2019, MDHHS implemented the Safety and Facilitation Expert (SAFE) pilot in Ingham, Kalamazoo, Genesee, Macomb and North Central Wayne

counties. The SAFE pilot utilizes an objective, specially trained facilitator at designated Family Team Meetings.

- **Engagement Strategy Five:** Create mechanisms for parents to have formal supports.
 - **PIP 1.5.2:** Determine a pilot site, to utilize community representatives to attend Family Team Meetings.
Target for completion is Q4-Q6.

Assessment and Services Strategy One: Michigan will use valid and reliable assessment tools.

- **Assessment and Services 3.1.4:** Develop a valid and reliable Family Assessment of Needs and Strengths (FANS) and Child Assessment of Needs and Strengths (CANS).
Target for completion is Q8.
- **Assessment and Services 3.1.4a:** Procure a contract for the development of a valid and reliable FANS and CANS by a nationally recognized expert.
Update: Funding to procure a contract was approved in October 2019. The foster care program office will move forward with establishing the contract.
- **Assessment and Services 3.1.4b:** Gather feedback from the field on the current tool.
Update: Funding was approved to proceed with development of a contract to implement the CANS Comprehensive. The contract is in place as of April 2020.
- **Assessment and Services 3.1.4c:** Draft policy to align with FANS and CANS changes.
Update: Funding was approved to proceed with development of a contract to implement the CANS Comprehensive. The contract is in place as of April 2020. No data has been transmitted.

Implementation Support

- MiTEAM enhancement training for individual counties continues through collaborative efforts between MiTEAM staff and DCQI.
- Policy was updated in the following areas:
 - A requirement that young people in foster care ages 14 and older assist in the development of their case plan and may select two individuals to advocate on their behalf.
 - A requirement that young people ages 18 years and older or those leaving foster care are provided with a driver's license or state-issued identification card, educational documents and proof that they were in foster care.
 - Limiting the age to 16 years or older that a permanency goal of Another Planned Permanency Arrangement can be assigned to a youth.

Program Support

- Caregiver training courses were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- DCQI assists county CQI teams to implement the MiTEAM Fidelity Tool to track utilization of the MiTEAM practice model in case management. The MiTEAM practice model requires coordination of a family team for service planning and implementation.
- In the BSR/QSR, DCQI provides feedback to caseworkers and supervisors on current case

practice in local offices and agencies.

Technical Assistance and Capacity Building

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

Well-Being 2 Assessment of Current Performance

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

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

MDHHS education planners provide educational support to referred youth to address specific educational needs. Although predominantly working with youth who are 14 and older, education planners can assist youth at any age with the following:

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

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

As a requirement of the federal Every Student Succeeds Act, all school districts must designate a foster care liaison. MDHHS also has designated education points-of-contact in every county office. In counties with a full-time education planner, the planner is the point-of-contact; in counties that do not have an allocation for an education planner, the county director

designates a staff member to be the point-of-contact with the school district. When a new point-of-contact is assigned, Education and Youth Services staff provide a training webinar, which offers guidance on education policy and practices, including education best interest determinations, transportation plans and payments.

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

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

Progress in 2019

- Multiple trainings were held throughout the state to provide information and guidance to meet the education needs of students experiencing foster care:
 - Regional training sessions covering the provisions of the ‘Every Student Succeeds Act’ for foster care and school district staff, presented by the Education and Youth Services analyst and the Michigan Department of Education foster care consultant, were held at five locations in spring 2019.
 - An education breakout session was offered at the statewide caseworker conference in April 2019.
 - In collaboration with Fostering Success Michigan and the Michigan Department of Education foster care consultant, a track of workshop sessions was developed for the two-day Department of Education Special Populations conference. Seven workshops were offered that addressed the educational needs of youth in foster care, current policy and procedures and resources available.
- MDHHS sent a representative to the 2019 Blueprint for Success Conference, a two-day conference organized by the California Pathways and sponsored by John Burton Advocates for Youth. The Blueprint Conference offers workshops and keynotes dedicated to teaching professionals how to best serve youth who have experienced foster care with obtaining higher education certificates or degrees. The Jim Casey Initiative hosted a gathering at the conference and invited Jim Casey Youth Initiative sites, including Michigan, as well as several national stakeholders.
- In FY 2019, education planners worked with 618 youth during the first six-month period and 651 youth during the second six-month period.
 - Education planners were most often contacted to assist with school enrollment/record transfer and transportation.
 - For the first six months of FY 2019, of the 618 youth assisted by education

planners:

- Three hundred-two were reported as having a foster home placement change either immediately prior to the referral or soon after the referral.
- Of those, 128 (42.4 percent) required a school move.
- Of the 128 school moves, 80 (62.5 percent) were reported as being enrolled within the required five days.
- For the second six-month period of FY 2019 covering April through September, of the 651 youth assisted by education planners:
 - Two hundred seventy-five (42 percent) were reported as having a placement change either immediately prior to or soon after the referral.
 - Of those, 114 (41.5 percent) required a school move.
 - Of the 114 school moves, 82 (72 percent) were reported as being enrolled within the required five days.

Well-Being 2 Plan for Continued Improvement

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

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

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

Measure: CFSR Round 3

Baseline:

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

Benchmarks 2020-2024:

- **2020 performance:** 86%; CFSR PIP Q2

Original Benchmarks:

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

Updated Benchmarks:

- **2020:** 70% **2020 Performance:** 86%; CFSR PIP Q2
- **2021:** 87%
- **2022:** 88%
- **2023:** 89%
- **2024:** 90%

- **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.

Outcome: Maintaining children in their school of origin will minimize disruption caused by placement in foster care.

Measure: QACR

Baseline:

- 93% QACR 2018

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

- **2019 Update:** For the baseline year, this measure was completed by the Quality Assurance Compliance Review, which has since been discontinued.
- Although a data warehouse report was developed that provides school enrollment information and allows local MDHHS staff and management to monitor education enrollment data, it is only pulling correct data at a child level. The report is still in testing for an accurate statewide report.
- The Education and Youth Services Unit will continue to work with the MISACWIS and DTMB team to test the statewide report until it can show accurate data.

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

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

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

Baseline:

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

Benchmarks: 2020 - 2024: Demonstrate improvement each year.

- **2019:**
 - 26.17% dropout rate for four-year cohort of 2018-2019 Graduation Dropout Cohort.
 - 28.96% dropout rate for five-year cohort of 2018-2019 Graduation Dropout Cohort.

Well-Being 2 Planned Activities for 2021

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

Implementation Support

- An education point-of-contact is 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. When new point-of-contacts are identified, they are offered an online training webinar and provided ongoing technical assistance.

- In 2017, Michigan Department of Education hired a state foster care consultant, as required by the federal Every Student Succeeds Act of 2015. The MDHHS education analyst and the consultant collaborate to train child welfare and school district staff.
- A data warehouse report available in MiSACWIS provides school enrollment information and allows local MDHHS staff and management to monitor education enrollment data.

Program Support

- The MDHHS education analyst provides technical assistance and training to child welfare staff, education planners and the education points-of-contact on education policy and school transportation procedures.
- MDHHS will improve educational assessment of children through training in assessment skills in the enhanced MiTEAM practice model through coaching and mentoring.

Technical Assistance and Capacity Building

- The Education and Youth Services Unit collaborates with the Michigan Department of Education to ensure the requirements of the foster care provisions in the “Every Student Succeeds Act” are messaged and implemented.
- As a requirement of the “Every Student Succeeds Act,” state education agencies must report on students who are in foster care. The Education and Youth Services Unit collaborates with the Michigan Department of Education and the Center for Education Performance and Information as needed to ensure this requirement is met. This information was reported on for the first time for the 2017-2018 school year.

Well-Being 3 Assessment of Current Performance

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 1 year of age and older entering foster care must receive a dental examination within 90 calendar days if one was not completed within the three months

- prior to foster care entry and must receive a dental exam every six months thereafter.
- Every child under 3-years-old listed as a victim in a confirmed abuse or neglect report will be referred to Early On for assessment and services. Children with pre-existing medical conditions must be referred to Early On regardless of CPS case status.
- Every child who re-enters foster care after case closure must receive a comprehensive medical examination within 30 days of placement and ongoing comprehensive examinations thereafter.
- Every child in foster care must have a “medical home,” a care delivery model whereby treatment is coordinated through the primary care physician. Whenever possible, the child’s existing medical provider will remain the medical home.
- Foster care workers are required to complete each child’s medical passport that documents medical, dental and mental health care and share the passport with all health providers at or before the first appointment. Medical passports must also be shared with foster parents, parents and youth exiting foster care.
- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for physical health and emotional and behavioral needs.

Initial Physical Examination

Progress in 2019

- Fostering Health Partnerships Learning Collaborative events were held at the local and regional level in more than 30 counties to engage child welfare, medical, dental and mental health providers to discuss the needs of children in foster care. Stakeholders identified and addressed barriers that prevent them from meeting children’s needs. Project closure and final update meeting is scheduled for early 2020.
- Webinars for MiSACWIS health screen completion continue to be accessible to CPS and foster care staff in the MDHHS learning management system.
- MDHHS continues to partner with the University of Michigan to maintain a foster care clinic and added capacity to provide bridging service for youth taking psychotropic medication.
- All foster care/juvenile justice staff, public and private, continue to have access to CareConnect360. This application provides workers with Medicaid claims information for children under MDHHS supervision.
- Child welfare medical unit staff provided data and technical assistance information to improve compliance with medical and dental examination timeliness to the Michigan Federation for Children and Families quality improvement interest group.
- MDHHS foster care policy was revised to align with recommendations from the American Dental Association and the American Academy of Pediatric Dentistry.
- The project to integrate Medicaid claims information into the medical passport generated by MiSACWIS ended due to the information system redesign.

Mental Health

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

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

Impact of Protocols on the Use and Monitoring of Psychotropic Medications

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

Progress in 2019

- Statewide training on using the Trauma Screening Checklist was completed for CPS, foster care and juvenile justice workers, supervisors and managers.
- The CSA trauma protocol was updated.
- Fostering Health Partnerships Learning Collaborative events were held at the local and regional level in more than 30 counties to engage child welfare, medical, dental and mental health providers to discuss the needs of children in foster care. Stakeholders identified and addressed barriers that prevent them from meeting children's needs.
- Mandatory foster care worker training held at 10 sites on Behavioral Health and Wellness: Case Practice. The training educated workers on mental health disorders, autism, and intellectual and developmental disabilities, when to seek treatment, and available interventions. Information about psychotropic medication and supplemental security income was also provided. Child welfare medical unit staff recorded training webinars on key segments of the in-person training that are available on the MDHHS learning management system.
- Child welfare medical unit staff staffed exhibit tables with information about psychotropic medication informed consent when children are in foster care at three physician group annual conferences and at the Michigan Federation for Children and Families annual residential services conference.
- MDHHS mental health core team identified three priority areas to improve behavioral health services for children in foster care. The Mental Health Core Team is working with MDHHS leadership to address these priority areas in 2020.
- The Child Welfare Medical Unit led a workgroup with representation from the field and the MDHHS mental health core team to identify and address challenges related to

- access to inpatient psychiatric admission for children in foster care.
- The Harvard Government Performance Lab, in consultation with the Child Welfare Medical Unit and the Division of Mental Health Services to children and families conducted a lean process improvement protocol in two counties to identify and address barriers to behavioral health services access.
- The medical consultant developed a protocol to improve coordination of health information for children during transitions into and out of residential services, including admissions/discharges from inpatient psychiatric treatment. This protocol will be integrated into contracts for qualified residential treatment programs.
- The Child Welfare Medical Unit collaborated with residential treatment providers to conduct a survey and case review intended to profile current practices for conducting and documenting psychiatric assessments in residential settings. The data from this project will inform ongoing quality improvement efforts in residential settings and expand to community-based settings.
- Health liaison officers received specific health-related training pertaining to:
 - Psychotropic medication reporting and early prescription refill policy and procedure
 - Disability determination services
 - Children’s special health care services
 - My Community dental centers
 - Open enrollment and disenrollment for special cause in Medicaid Health Plans
 - Fostering health partnerships
 - Lead education and lead level blood testing
 - New dental policy

Well-Being 3 Plan for Continued Improvement

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

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

- **Objective:** MDHHS will address the physical and dental health needs of children.
Outcome: Addressing the physical and dental health of children in foster care will maintain and may improve their health status.

Measure: CFSR Round 3

Baseline - 2017: 62%; CFSR 2018

Benchmarks 2020-2024:

- **2020:** 62.5%
- **2021:** 63%
- **2022:** 63.5%
- **2023:** 64%
- **2024:** 64.5%

- **Objective:** MDHHS will address the mental/behavioral health of children.
Outcome: Addressing the mental/behavioral health of children in foster care will maintain and may improve their mental health status.
Measure: CFSR Round 3
Baseline - 2017: 51%; CFSR 2018
Benchmarks 2020-2024:

 - **2020:** 51.5%
 - **2021:** 52%
 - **2022:** 52.5%
 - **2023:** 53%
 - **2024:** 53.5%

- **Objective:** Children entering foster care will receive an initial comprehensive physical examination within 30 days of entry.
Outcome: Providing an initial comprehensive physical examination timely will screen for health needs and enable appropriate follow-up care for children.
Measure: Monthly Management Report
Baseline: 83% (average March 2018-January 2019)
Benchmarks 2020-2024: 95% or higher.

 - **2019 performance:** 82%
 - **2020 YTD performance:** 69%

- **Objective:** Children entering foster care will receive a mental health screening within 30 days of entry.
Outcome: Providing a mental health screening timely will screen for mental health, identify mental health needs and enable appropriate follow-up care for children.
Measure: Monthly Management Report – initial medical examinations³).
Baseline: 83% (average March 2018-January 2019)
Benchmarks 2020-2024: 95% or higher

 - **2019 performance:** 82%
 - **2020 YTD performance:** 69%

- **Objective:** Children entering foster care age 3 or older will have a dental examination within 90 days of foster care entry if the child had no exam within 6 months prior to foster care entry.
Policy changed on 11/1/19 resulting in new objective:
Objective: Children entering foster care age 1 or older will have a dental examination within 90 days of foster care entry in the child had no exam within 3 months prior to

³ 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.

foster care entry.

Outcome: Providing a timely dental examination will screen for dental health concerns and enable appropriate follow-up care for children.

Measure: Monthly Management Report

Baseline: 82% (average March 2018-January 2019)

Benchmarks 2020-2024: 95% or higher

- **2019 performance:** 82%
- **2020 YTD performance:** 65%

Well-Being 3 Planned Activities for 2021

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

- Statewide rollout of community mental health intensive crisis stabilization services for children and youth, ages 0-21 years.
- Producing a new monthly report for the field to track compliance with informed consent documentation when children in foster care are prescribed psychotropic medication.
- Completing case reviews for a sample of children receiving psychotropic medications and ensuring the results of these reviews were communicated to the county of origin to improve overall practice and provision of services in this area.

Well-Being 3 Plan for Continued Improvement

- **Objective:** Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.
Outcome: Engaging parents, caseworkers and children in an informed consent process for psychotropic medications will ensure all parties understand the effects of the medication on children.
Measure: Medicaid claims and Foster Care Psychotropic Medication Oversight Unit database.
Baseline: 87% informed consent documentation for each prescribed psychotropic medication prior to medication fill (average January 2018-April 2019)
Benchmarks 2020-2024: Increase by 5% each year.
 - **2019 performance:** 84%
 - **2020 YTD performance:** 86%

Planned Activities for 2021

- Foster care and juvenile justice caseworkers will have access to CareConnect360 to view Medicaid claims data to monitor health needs of children on caseloads.
- Follow-up with residential treatment providers will continue to address challenges in achieving care coordination and parent/guardian/caseworker engagement in informed consent.
- Mandatory caseworker training will be developed and delivered annually with content for a variety of health care-related topics.
- The Child Welfare Medical Unit will conduct evaluation of trauma assessment contracts.
- The Child Welfare Medical Unit will implement a project recommended by the physician leadership team to improve the quality of mental health documentation and its transfer to new providers during transitions of care.
- The Child Welfare Medical Unit will complete contracting for psychological and psychiatric assessments.
- Michigan has a grant from the Michigan Health Endowment Fund to implement Learning Collaboratives to achieve the following goals:
 - The Learning Collaboratives bring together partners in the various systems of care for children in foster care (primary care, dental, mental health, child welfare, schools, courts, etc.) to identify and address challenges/barriers to achieving timely and quality care. These meetings will occur across the state.

- In pilot counties (Ingham, Saginaw, Muskegon), the collaboratives will discuss barriers to birth/legal parent engagement in health/mental health care and pilot activities to improve engagement.
- The Child Welfare Medical Unit will update, rename and expand content in the www.michigan.gov/fosteringmentalhealth website.
- MDHHS will amend treatment foster care contracts to expand beds and improve services.
- MDHHS will explore other community-based models to support caregivers of children in foster care who have high behavioral needs.

Implementation Support

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

Program Support

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

- assist workers in achieving health requirements for children on their caseload.
- The Child Welfare Medical Unit conducted an evaluation of the contracted comprehensive trauma assessments. A team composed of field and central office staff read 42 non-identified cases from the six contractors and rated contract compliance and quality of assessments. The results are being used to amend and strengthen the contracts to better serve the child welfare population.

Technical Assistance and Capacity Building

- Michigan has a grant from the Michigan Health Endowment Fund to implement Learning Collaboratives. Learning Collaboratives bring together partners in the various systems of care for children in foster care to identify and address challenges/barriers to achieving timely and quality care. These meetings occur across the state. In pilot counties (Ingham, Saginaw, Muskegon), the collaboratives will discuss barriers to birth/legal parent engagement in health/mental health care and pilot activities to improve engagement.
- The Harvard Government Performance Lab, in consultation with the Child Welfare Medical Unit and the Division of Mental Health Services to children and families conducted a lean process improvement protocol in two counties to identify and address barriers to behavioral health services access.
- As a deliverable from the Defending Childhood Initiative, MDHHS developed a cross-systems website on trauma that launched in the fall of 2016.

SYSTEMIC FACTORS

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

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

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

INFORMATION SYSTEM

Item 19: Statewide Information System Assessment of Current Performance

Michigan is committed to maintaining compliance with federal requirements for a statewide

automated child welfare information system. Michigan submits the data files for the Automated Foster Care and Adoption Reporting System (AFCARS) to the Children's Bureau semi-annually and the National Child Abuse and Neglect Data System (NCANDS) annually. Monthly meetings are held to discuss data improvement, trends and gaps. Participants include the Dept. of Technology, Management and Budget, the MiSACWIS team, CSA, the Data Management Unit (DMU) and the CPS, foster care and adoption program offices.

Automated Foster Care and Adoption Reporting System (AFCARS)

Michigan completed the AFCARS onsite review in July 2015. The review found Michigan to be non-compliant in areas the state had anticipated from the newly implemented MiSACWIS system. Since the MiSACWIS launch in 2014 and onsite review in 2015, operational enhancements and system defects have been prioritized in efforts to support the workforce's ability to record child welfare related data. Targeted training has been provided statewide to public and private agency users of MiSACWIS. As a result, Michigan has improved the accuracy of data collection.

Michigan implemented an AFCARS Improvement Plan in April 2016, prioritizing system and reporting improvements. Michigan successfully addressed all elements needing improvement within the general requirements in early 2019. In the summer of 2019, Michigan's foster care elements were found to be in compliance. Likewise, significant work has been done in adoption elements, adding system functions to address data collection for the remaining elements.

- Adoption: reporting whether the child was placed from another country, tribe or state.
- Adoption: reporting whether the child was placed by another private or public agency, tribe, or parent.

Michigan anticipates that the AFCARS Improvement Plan will find all elements in compliance upon submission of the final update in the 2020 calendar year. Michigan AFCARS files 2019A and 2019B passed all elements.

National Child Abuse and Neglect Data System (NCANDS)

Michigan consistently submits the annual NCANDS file timely. The FY 2019 NCANDS file passed the validation and approval process gaining recognition by the technical team as a state capable of reporting CARA requirements including Infant Plans of Safe Care at 89 percent, exceeding reporting in many jurisdictions.

Continued improvements remain a focus in the area of risk factors for both children and caregivers. CPS program office is working with new members on the Governor's Task Force and Citizen Review Panel to finalize recommendations for policy updates and training for front line staff to improve reporting on risk factors.

Information System Review

Michigan's MiSACWIS system ensures the state can readily identify the status, demographic characteristics, location and goals for every child who is, or within the immediately preceding

12 months has been, in foster care. Procedures are in place to reconcile review data and correct data input errors. There is ongoing collaboration and training to improve the functioning of the system and usability.

DCQI utilizes the Information System Review to test the accuracy of child data in MiSACWIS. The Information System Review examines the output of information reported within the AFCARS file from the data entered within the MiSACWIS record of a randomly selected sample of children currently in foster care or who were in foster care within the preceding 12 months for a minimum of seven days. In 2019, 380 cases were pulled for case information to be reviewed with extracted data elements from the AFCARS file and this data was then transmitted to local offices and agencies for review. Case information verified included:

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

Foster care caseworkers in MDHHS local offices and private agencies served as reviewers for the cases they were responsible for during the period under review. Cases selected for review were provided on a spreadsheet to local offices or agencies. Workers were asked to complete an online survey asking whether each data element as listed on the sheet and in the MISACWIS system was correct. Out of a possible 360 surveys that were distributed, 326 were completed, for a completion rate of 90.5 percent. Michigan reviewed 2019 data through two Information System Reviews, following submission of the 2019A and 2019B files.

Information System Review Results

Information System Review Correct Responses				
Required Data element in MiSACWIS		2019A	2019B	2019 Total
Number of surveys completed		157/180 for 87%	169/180 = 94%	326/360 = 90%
1.	Gender	157/157 = 100%	169/169 = 100%	326/326 = 100%
2.	Date of birth	157/157 = 100%	169/169 = 100%	326/326 = 100%
3.	Race/ethnicity	154/157 = 98%	168/169 = 99%	322/326 = 99%
4.	Address during Period Under Review (PUR) or at case closure	155/157 = 99%	163/168 = 97%	318/325 = 98%
5.	Placement type during PUR or at case closure	152/156 = 97%	159/165 = 96%	311/321 = 97%
6.	Disability during PUR or at case closure	151/154 = 98%	165/168 = 98%	316/322 = 98%
7.	Legal status during PUR or at case closure	154/156 = 99%	160/165 = 97%	314/321 = 98%
8.	Permanency goal during PUR or at case closure	155/156 = 99%	164/165 = 99%	319/321 = 99%

The Information System Review results are communicated to stakeholders including the Children's Bureau, CSA management, BSC and local office directors, Child Welfare Services and Support, which shares information with Michigan's private agency partners, and local continuous quality improvement teams. The next Information System Review will confirm data accuracy of 180 randomly selected children from the AFCARS 2020 A file submission.

MiSACWIS Academy Training

Michigan has committed to support field staff understanding and development of skills and developed the MiSACWIS Academy training. The academy includes end-user classroom workshops, webinars, web-based trainings and new worker training. A detailed description of MiSACWIS training and the number of trainees can be found in the Ongoing Staff Training section of this report.

Progress in 2019

- Michigan's Information System Review demonstrated consistently high accuracy of demographic data for children under state jurisdiction and those who in the previous 12 months were under state jurisdiction.
- The CPS program office is finalizing policy updates and instructions for the front-line staff that will provide improved reporting on risk factors for children and caregivers.
- Michigan made improvements in the ability to report for the first time the number of children and families served through Title IV-B(2) funding. The state anticipates continued improvement in reporting within the agency file the number of children and families served by specific funding sources.
- Michigan created the Missing/Outlier Value (MOV) report, which displays missing values to prompt caseworkers to add missing information and for supervisors to track completion of data entry in open and closed cases.
- The MiSACWIS application was enhanced to include reporting functionality for the Comprehensive Assessment and Recovery Act requirements. Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding meets the requirements.

Information System Plan for Continued Improvement

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

- **Objective:** MDHHS will ensure that the state can identify the status, demographic characteristics, location and permanency goal for every child who is in foster care, or who has been in foster care in the preceding 12 months.

Outcome: Verifying that MDHHS has correct data on children in foster care in the information system will ensure child characteristics and case management activities can be tracked and monitored.

Measure: Information System Review

Baseline - 2018: 97% error free

Benchmarks:

2020-2022: 97% error-free

2020 Performance: 98.6% error-free

- **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.
Outcome: Verifying that the information system has correct data on children in foster care in the information system will ensure children and case management activities can be tracked and monitored.
Measure: MiSACWIS federal reporting data
Baseline - 2018: The AFCARS FY 2017A and FY 2017B files were submitted timely. One area remained out of compliance in both files as expected, timeliness to discharge. The rate of error was 11 percent, nearing the compliance threshold.
Benchmarks 2020-2024: Submission of file with less than a 10 percent error rate.
2020 Performance: Michigan AFCARS files 2019A and 2019B passed all elements.
- **Objective:** MDHHS will submit the NCANDS file to the Children’s Bureau annually and ensure the file is within the allowable threshold for each area in the Enhanced Validation Analysis Application tool, under the Supplemental Validation Tests.
Outcome: Verifying that the information system has correct data on children with child welfare cases will ensure children and case management activities can be tracked and monitored.
Measure: MiSACWIS federal reporting data
Baseline - 2018: The NCANDS file was submitted timely and accepted with a continued recommendation to improve reporting of risk factors.
Benchmarks 2020-2024: Submission of the file within the threshold as reported in the Supplemental Validation report.
2020 Performance: The NCANDS file was submitted within the required threshold.

Information System Planned Activities for 2021

- The monthly AFCARS and NCANDS workgroups will continue to address accuracy in data collection and reporting.
- Findings from the Information System Review will be used to devise plans for ensuring accurate data collection and maintenance on an ongoing basis.
- Michigan reported MiSACWIS data on identified victims of human trafficking with the NCANDS file beginning in 2019.

Implementation Support

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

- MiSACWIS development and support teams
- The QIC, which identifies business needs and resources
- The University of Michigan Child and Adolescent Data Lab

Program Support

- Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding meets the requirements of the Comprehensive Assessment and Recovery Act. The MiSACWIS application was enhanced to include reporting functionality.
- CPS program office is working with new members on the Governor’s Task Force and Citizen Review Panel to finalize recommendations for policy updates and training for front line staff to improve reporting on risk factors.
- Child Welfare Services and Support works collaboratively with local and private agency staff to ensure compliance with documentation and to understand documentation requirements.
- DCQI provides service data and reports designed to assist local and BSC leadership to track local compliance with requirements and achievements.

Technical Assistance and Capacity Building

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

CASE REVIEW SYSTEM

Michigan’s case review system functions statewide to ensure that case plans are developed jointly with parents and children and that periodic, permanency and termination of parental rights hearings occur in accordance with federal, state and court requirements. To ensure compliance and improve the functioning of the case review system, MDHHS engages in ongoing collaboration with the Court Improvement Program within the State Court Administrative Office (SCAO), which represents circuit court family divisions on child welfare issues. SCAO tracks timeliness of hearings through data obtained from the Data Management Unit to create the Permanency Indicator Report via the Judicial Data Warehouse. Data indicate the state’s court performance on timeliness in 2018 (the most recent data available):

- Permanency was achieved within 24 months of removal from home: 45 percent.
- Adjudication occurred within 91 days from removal from the home: 74 percent.
- Initial dispositional hearing was completed within 28 days of adjudication: 80 percent.
- Initial and annual permanency planning hearing was completed within 364 days: 99 percent.
- Termination of parental rights hearing was completed within 42 days of filing of supplemental petition: 36 percent.

Case Review System Assessment of Current Performance

Item 20: Written Case Plan

Michigan Foster Care and Native American Affairs Policy. As required by Foster Care Policy

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

- Document information about the family including any Indian ancestry.
- Assess the functioning of the family and child, documenting the specific identified needs and strengths including application of the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA).
- Identify the permanency goal and the services necessary to achieve it, including the time frame.

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

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

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

The Foster Care Review Board collects data on the number of cases reviewed by the boards that indicate the family was not involved in the development of the case service plan. In calendar year 2019, only two cases out of 325 cases reviewed were identified as the parents not having involvement in the development of the case service plan.

The CFSR rated Item 20 as an area needing improvement.

- The CPS service plans were not consistently completed timely.
- Parents were not consistently actively engaged in case planning.

- Stakeholders reported that active involvement of parents in case planning varied by county and by caseworker.

Item 21: Periodic Reviews

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

For a child with a 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 if the child is subject to the jurisdiction, control or supervision of the court, Michigan Children’s Institute Superintendent or other agency.

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

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

The CFSR rated Item 21 as a strength.

- Findings indicated that periodic reviews are held at least quarterly.
- Michigan provided data showing that almost all periodic reviews or hearings occurred timely.

Item 22: Permanency Hearings

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

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

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

Court Improvement Program Data Reports

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

The CFSR rated Item 22 as a strength.

- Data in the statewide assessment demonstrated that Michigan conducts quality permanency hearings at a frequency of every 12 months for almost all children in care.

Item 23: Termination of Parental Rights

Foster Care and Native American Affairs Policy. MDHHS policy requires that, unless mandated or ordered by the court in a written order, a petition to terminate parental rights (TPR) must be filed only when it is clearly in the child's best interest and the health and safety of the child can be ensured in a safe and permanent home.

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

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

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

The CFSR rated Termination of Parental Rights as an area needing improvement.

- Data showed that the filing of termination of parental rights proceedings are not occurring in accordance with required provisions.
- Stakeholders confirmed that there is no statewide tracking system for the filing of such petitions and that timely filing of termination of parental rights petitions varies by county.

A SCAO report shows the percentage of TPR petitions completed within 42 days, by county and as the state as a whole. The courts are aware of the 42 day requirement in state law but busy court dockets (Michigan law requires more frequent review hearings than federal law), the need to secure witnesses for a multi-day trial, and the seriousness of terminating parental rights makes it very difficult to complete within 42 days of the TPR petition being filed. MDHHS and SCAO continue to explore ways to expedite the process of TPR.

Item 24. Notice of Hearings and Reviews to Caregivers

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

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

- The agency responsible for the care and supervision of the child
- Person or institution having court-ordered custody of the child
- Parents of the child, subject to sub-rule (D), and the attorney for the respondent parent, unless parental rights have been terminated
- Guardian or legal custodian of the child, if any
- Lawyer-guardian ad litem for the child
- Attorneys for each party
- Prosecuting attorney if the prosecuting attorney has appeared in the case
- Child, if 11-years-old or older
- If the court knows or has reason to know the child is an Indian child, the child’s tribe, foster parents, pre-adoptive parents and relative caregivers of a child in foster care under the responsibility of the state
- If the court knows or has reason to know the child is an Indian child and the parents, guardian, legal custodian, or tribe are unknown to the Secretary of the Interior
- Any other person the court may direct to be notified

The CFSR rated Item 24 as an area needing improvement.

- Data showed that Michigan does not have a consistent practice across the state for notifying foster parents, pre-adoptive parents and relative caregivers of reviews or hearings held for children in foster care.
- Stakeholders reported that notices are automated in some counties and depend on the worker to send them out in others.
- Stakeholders reported variation across the state in providing caregivers an opportunity to be heard when present at court hearings.

Progress in 2019 and 2020

- Service plan timeliness: In FY 2019, based on Monthly Management Reports, 91 percent of CPS service plans were completed timely, an increase of 7 percent from the previous

12 months. Eighty-eight percent of children's foster care service plans were completed timely, an increase of 2 percent.

- BSR/QSR Practice Performance Indicators considered for parental involvement in developing case plans are Engagement, Teaming and Case Planning.
 - In 2019 QSRs, engagement was rated acceptable in 59.4 percent of cases, an increase of 1.4 percent over 2018.
 - In 2019, teaming was rated acceptable in 35.4 percent of cases, an increase of 10.4 percent over 2018.
- Case planning was rated acceptable in 53.4 percent of cases, a decrease of 4.9 percent over 2018.
- Item 24, Notice of Hearings and Reviews to Caregivers, is now being addressed systemically. The DHS-715, Notice of Hearing, is included in the Central Print Center to be mailed to caregivers from central office, lifting the onus from the caseworker and supervisor and automating the process to improve compliance. The change was released for operations in May 2020. Field staff are now able to select the central print function for court hearing notifications to caregivers.
 - MDHHS is considering ways to track the sending of notifications to caregivers by county, agency and BSC on a quarterly basis.
- To monitor how long children have been in care, staff from both private and public agencies have access to MDHHS InfoView data reports that can aggregate statewide data or drill down to BSC, county, agency, supervisor and caseworker level data. The data can also be broken down by permanency goal.
- MDHHS and the court collaborate to strengthen the efficiency of actions through training and support of judges, attorneys and court staff regarding the required judicial determinations. Through the Court Improvement Program, MDHHS will continue its collaborative efforts to improve the quality of its judicial determinations and court orders.

Case Review System Plan for Continued Improvement

Item 20: Written Case Plan

Note: Progress on items related to the Case Review System are tracked through CFSR PIP reviews. CFSR PIP review items vary from CFSR Case Review System Items. CFSR PIP Quarter 2 (Q2) scores related to the Case Review System are listed below:

- Case plan developed jointly with the child's parents: 57 percent
- Stability of placement: 90.6 percent
- Establishment of the permanency goal: 91 percent
- Achievement of the permanency goal: 62.5 percent

The goal and objectives below, created for the CFSP 2020-2024, are based on CFSR Case Review System items and were formerly tracked through the Quality Assurance Compliance Review (QACR), which was discontinued in 2019.

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

- A case plan that is developed jointly with the child’s parents
 - A case plan that includes the required provisions
 - Period court review hearings that are held timely
 - A permanency hearing that is held no later than 12 months after the child has entered care and every twelve months thereafter
 - For children who have been in care for 15 of the last 22 months, termination of parental rights hearings will be held timely, or compelling reasons documented
 - Notification of hearings to resource parents and that the resource parent has a right to be heard on court
- **Objective:** Michigan will ensure that each child has a case plan that is developed jointly with the child’s parents.
Outcome: Ensuring each child has a case plan developed jointly with their parents will encourage parental investment and allow tracking of case progress through the court system.
Measure: CFSR Round 3 and PIP data
Baseline - 2017:
 - **CFSR 2018:** Area needing improvement.
 - **QACR 2018:** Mothers: 88%; Fathers: 73%**Benchmarks 2020-2024:** Demonstrate improvement each year.
2020 Performance: 57%; CFSR PIP Q2
- **Objective:** Michigan will ensure that each child has a case plan that includes the required provisions.
Outcome: Ensuring each child has a case plan that includes the required provisions will ensure all children receive the required considerations as their cases progress.
Measure: CFSR Round 3 and PIP data
Baseline – 2016, Title IV-E Review: 96% compliance.
 - **CFSR 2018:** Area needing improvement.
 - **QACR 2018:** 99% compliance.**Benchmarks 2020-2024:** Demonstrate improvement each year.
2020 Performance: 100%; Title IV-E Review, 2019
Title IV-E Review, 2019: The judicial determinations examined during the onsite review were timely and included rulings that facilitated timely permanency plans. Judicial determinations also were child-specific and those pertaining to the child’s removal clearly outlined the circumstances under which the child was removed from the home. For all cases reviewed, contrary to the welfare findings were located in the first order sanctioning removal, as were case-specific reasonable efforts to prevent removal findings.

Item 21: Periodic Reviews

- **Objective:** For children in foster care, periodic court review hearings will occur timely (a

minimum of every six months).

Outcome: Timely periodic court hearings will ensure each child's case is monitored through the court.

Measures: CFSR Round 3 and PIP data

Baseline - 2017:

- **CFSR:** Strength
- **QACR 2018:** 77% compliance.

Benchmarks 2020-2024: Demonstrate improvement each year.

2020 Performance: Initial dispositional hearing was completed within 28 days of adjudication: 80%; SCAO, Judicial Data Warehouse

Item 22: Permanency Hearings

- **Objective:** For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Outcome: Timely permanency hearings will ensure each child's case continues to progress and move toward permanency for the child.

Measures: CFSR Round 3 and PIP data

Baseline - 2017:

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

Benchmarks 2020-2024: Demonstrate improvement each year.

2020 Performance: Initial and annual permanency planning hearing was completed within 364 days: 99%; SCAO, Judicial Data Warehouse

Item 23: Termination of Parental Rights

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

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

Measure: CFSR Round 3 and PIP data

Baseline - 2017:

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

Benchmarks 2020-2024: Demonstrate improvement each year.

2020 Performance: Termination of parental rights hearing was completed within 42 days of filing of supplemental petition: 36%; SCAO, Judicial Data Warehouse

Item 24: Notice of Hearings and Reviews to Caregivers

- **Objective:** Caregivers will be notified of court hearings and the notification will include

how they may exercise their right to be heard.

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

Measure: CFSR Round 3

Baseline - 2017:

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

Benchmarks 2020-2024: Demonstrate improvement each year.

2020 Performance: Data not available.

Program Improvement Plan Update

Quality Legal Representation

In drafting Michigan's CFSR Round 3 PIP, quality legal representation was identified as one of the four goals for improvement. To achieve the best outcomes for children and families, Michigan needs high-quality attorneys with child welfare knowledge to work with families beginning at the earliest point possible, who can present agencies and courts with all the information that is available, to offer alternatives to family separation and to keep parents and youth engaged in the process.

Program Improvement Plan Planned Activities for 2021

Quality Legal Representation (QLR) Strategy 1: Develop and pilot a high quality pre- and post-petition parent and child representation program.

- **QLR 4.1.1:** Identify the attributes of a high-quality parent and child representation model that can be implemented in Michigan.

Update: This activity was completed in Q1. MDHHS met with judges and SCAO to discuss and clarify the goals of the project.

- **QLR 4.1.2:** Select a court or courts to implement a high-quality pre-petition representation program. MDHHS will refer certain CPS Category II and III cases to the program to prevent children from entering care.

Update: The three counties chosen for the pilot include Wayne, Van Buren and St. Clair counties. Criteria included Title IV-E penetration rate, population size, MDHHS leadership, court leadership, MDHHS-court relationship, experience with other related contracts and permanency outcome performance. Wayne County met in August 2019 to plan a pre-removal project and prevent a removal. St. Clair is interested in pre-removal legal work to have fewer children in care and a higher rate of permanency.

- **QLR 4.1.3:** Select a court or courts to implement a high-quality post-petition representation program.

Update: Van Buren will focus on post-removal legal work. The attorneys will be assisting with other matters to avoid removal or achieve faster, safe permanency. Van Buren identified substance abuse, domestic violence and mental health as issues of concern.

- **QLR 4.1.4:** Implement the high-quality parent and child representation models.

Update: MDHHS recommended a change to the target completion date from Q4 to Q6. The identified counties are working with the Capacity Building Center for Courts to develop models for their communities.

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

- **QLR 4.2.1:** MDHHS will explore amending the Title IV-E State Plan to claim federal funding for parents' and children's attorney fees in child protective proceedings.
Update: MDHHS developed draft language changes to submit an amendment to Michigan's Public Assistance Cost Allocation Plan for the legal representation of children and parents from Title IV-E funds. MDHHS is pursuing financial support for the ancillary non-attorney costs (such as for a social worker) from state/county match (Child Care Fund) until there is federal clarification about Title IV-E reimbursement eligibility. MDHHS is collecting estimates from pilot counties to create grants with each county court in the pilot.

Child and Parent Legal Representation (CPLR): MDHHS held webinars to explain grant opportunities and all family courts were invited to apply for grants that would allow access to Title IV-E dollars, with a requirement for a county match when they implement quality legal representation activities such as having Lawyer-Guardians ad Litem (LGAL) attend family team meetings, reimbursement of mileage to visit the child in their home and activities consistent with improving representation of parents and youth. Specialized training will be a requirement.

- **QLR 4.2.2:** MDHHS will secure seed money to implement the pilot projects.
Update: The state will act as fiduciary of the available Title IV-E dollars to support the courts' execution of the grant. The goal is to reduce time to permanency through updated attorney contracts, enhanced training for attorneys and required activities, such as attending family team meetings and visiting children in their placements.
- **QLR 4.2.3:** MDHHS will create a grant between pilot counties and MDHHS to allow for Title IV-E reimbursement for legal representation.
Update: Applications for statewide Title IV-E child and parent legal representation grants were sent to all county courts on Sept. 3, 2019, with a response due date of Oct. 15, 2019. MDHHS finalized the grant requests with an effective date of Jan. 1, 2020. The penetration rates used by each county will be calculated on a quarterly basis using previous quarter data provided by the department in accordance with the department's cost allocation plan. All three pilot counties applied for the statewide legal representation grants; amendments will be made to their grants to include more specific quality/innovative activities and requirements during quarter 5.
- **QLR 4.2.4:** Submit Title IV-E reimbursement for legal representation costs in pilot counties.
Update: MDHHS is recommending modifying the target completion date from quarter 5 to quarter 6. The pilot counties have submitted grant requests for Title IV-E reimbursement for legal representation costs. All three pilot counties are working with

the Capacity Building Center for Courts to further develop structure around the pilot county plans.

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

- **QLR 4.3.1:** MDHHS will develop training competencies and learning objectives for attorneys in pilot counties.
Update: MDHHS has developed training competencies and learning objectives for attorneys in the pilot counties and the training has been developed. The training will be offered statewide and is a requirement for the pilots.
- **QLR 4.3.2 and 4.3.3:** MDHHS will implement and evaluate the attorney training program.
Update: The National Association of Counsel for Children will conduct an in-person training using the American Bar Association Standards for Children's and Parent's Attorneys as a curriculum. The training will be offered online, with live training for the pilot counties. Filming occurred for the online training. Training implementation has begun with the offering of LGAL training as well as participation in a national webinar.

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

- **QLR 4.4.3:** Parents' and children's attorneys will participate in out-of-court meetings including family team meetings and mediation.
Update: MDHHS is proposing a modification of the target date to quarter 8 to allow time for pilot counties' implementation following training and contract modifications.
- **QLR 4.4.4:** Children's attorneys will inform the court of the child's expressed wishes at every hearing, in addition to advocating for the child's best interest.
Update: MDHHS is proposing a modification of the target date to quarter 8 to allow time for pilot counties' implementation following training and contract modifications.
- **QLR 4.4.5:** Children's attorneys will inform their clients of their right to attend court hearings and facilitate their attendance if they wish to attend the hearing.
Update: MDHHS is proposing a modification of the target date to quarter 8 to allow time for pilot counties' implementation following training and contract modifications.

Case Review System Planned Activities for 2021

- Through a data sharing agreement, the court obtains data provided by the Data Management Unit to create judicial reports for hearing timeliness and permanency. These reports are available in SCAO's web-based Judicial Data Warehouse.
- The DHS-715, Notice of Hearing, is now included in the Central Print Center to be mailed to caregivers from central office. The change was released for operations in the May 2020 release. Field staff are now able to select the central print function for court hearing notifications to caregivers.
- Family team meetings (FTM), central to the MiTEAM practice model, are structured around family participation in creating case plans. MDHHS is implementing a pilot to

test whether the Safety and Facilitation Expert (SAFE) process results in reduced maltreatment in care and other desired outcomes. The SAFE pilot will use an independent facilitator to conduct specific team meetings in the following counties: Genesee, Ingham, Kalamazoo, Macomb and Wayne – North Central. Key decision points when the SAFE FTMs will occur include:

- Before unsupervised parenting time and return home.
- Considered and emergency removals.
- Before changes of placement.

In addition to the SAFE pilot, four counties have been selected to pilot a similar process utilizing outside service providers. Arenac, Bay, Gladwin and Midland counties are establishing FTM facilitator contracts through an outside service provider. The provider will be responsible for the scheduling and facilitation of certain FTMs with an expanded emphasis on team development and child safety. Outcomes from each of these approaches will be tracked to determine the impact on youth outcomes and inform future maltreatment in care reduction strategies.

- MDHHS will continue to collaborate with SCAO to improve case review data collection and analysis and implementation of court improvement efforts, including sharing Blended Service Review results with SCAO to show where improvement is needed most.
- DCQI will provide technical assistance to local MDHHS offices and agencies on how to use management reports and other data to track case management activities.

Implementation Support

- MDHHS continues to collaborate closely with SCAO to improve case review system data collection and analysis and implementation of improvement efforts.
- 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.

Program Support

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

Technical Assistance and Capacity Building

- SCAO periodically provides training for new child welfare jurists. Training content includes basic legal, procedural and policy requirements to preside over child protective proceedings, best practice recommendations specific to court hearings and an overview of Title IV-E requirements.

- SCAO developed training for attorneys and caseworkers on the phases of child protection proceedings, including applicable statutes, court rules and agency policy, along with advocacy skills for reasonable efforts to preserve and reunify families.
- SCAO collaborated with the Prosecuting Attorneys Advisory Council and the Prosecuting Attorneys Association of Michigan to create a training webinar on Qualified Expert Witness Testimony for Prosecutors.

QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System Assessment of Current Performance

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

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

Quality Assurance in the Jurisdictions where CFSP Services Are Provided

Quality Assurance from the State to the Local Level

CSA leadership and the Quality Improvement Council (QIC), the state-level child welfare decision-making body, provide strategic leadership that ensures communication is shared statewide and resources are available in each county for implementing strategies in the field. Development and refinement of the CSA structure and procedures continues in organizing continuous quality improvement efforts at the state level that funnel into local county and agency levels. State-level child welfare requirements and concerns are conveyed through the QIC, as well as regional BSCs or for private agencies, Child Welfare Services and Support (CWSS). The QIC uses input from the field to develop policies and programs that meet federal and state standards and respond to the needs of children and families.

County directors receive information from the QIC through their BSCs, meetings with the CSA executive director and membership on state-level sub-teams. The BSC and CWSS structure assures that issues are addressed consistently across the state, while ensuring concerns of diverse areas and constituencies are addressed in a manner that matches their needs.

BSC quality assurance analysts assist local analysts to train and reinforce the use of the MiTEAM case practice model with families. Technical assistance with local CQI efforts is provided by DCQI at the state level in developing tools that gather effectiveness data. To assist at the local level, DCQI analysts are each assigned to a county or counties to assist local CQI teams in setting measurable goals and implementing program analysis and improvement strategies.

MiTEAM quality assurance analysts act as local experts and mentors in the MiTEAM model, assisting local staff to demonstrate effective use of the core MiTEAM skills in case management. MiTEAM analysts work in tandem with BSC quality assurance analysts to ensure technical assistance is available where needed.

County Implementation

Each county or local office has a CQI team that guides community efforts, addresses barriers and directs continuous quality improvement processes. Local service data, including that from MDHHS county offices and private agencies provides information on the status of key performance indicators. Effectiveness of local efforts is reflected in state and local monthly data reports which provide feedback that in turn shapes future efforts.

Child Welfare CQI

CFSR Case Reviews

During the PIP period, CFSR case reviews are being used to measure Michigan's progress in improving progress for each of the CFSR Safety, Permanency and Well-Being outcomes. Michigan is utilizing two random samples, one for foster care cases and one for CPS.

- The samples are distributed across Michigan's five BSCs to ensure statewide representation.
- At least 100 cases are reviewed per year: 64 foster care and 36 CPS.
- The rolling quarters' 25 cases have 16 foster care cases distributed among the BSCs based on the percentage they represent in the overall population and nine in-home cases distributed among the BSCs based on the percentage they represent.
- Stratified random sampling ensures that each subgroup (BSC) of a given population is adequately represented within the whole sample population.

The Onsite Review Instrument is used to determine compliance in the baseline and will be used ongoing to report goal achievement. Review data is collected in the Online Monitoring System. The review team consists of DCQI and other analysts, including analysts assigned to the BSCs and involved in the local CQI processes. Inclusion of these analysts in the team performing the PIP case reviews links to local CQI teams in identifying trends, areas for improvement, and ongoing training needs.

The first level QA process is implemented by DCQI, which works to ensure proper implementation of the Onsite Review Instrument and instructions. Second level quality assurance is performed by DCQI analysts and managers on 100 percent of the cases reviewed in a quarter to ensure consistency of the application of ratings across cases. The Children's Bureau Region 5 team reviews 75 percent of the cases. The state is partnering with the Children's Bureau Region 5 team for weekly technical assistance calls on the state's quality assurance process.

Blended Service Review

To meet the requirements of the CFSR PIP reviews while maintaining focus on a qualitative

analysis of services, DCQI is implementing the Blended Service Review (BSR), which combines the CFSR and the QSR into one review. In the BSR, the two reviews are conducted simultaneously but assessed separately using two different tools and measurement systems. The federal Onsite Review Instrument (OSRI) is used to capture safety, permanency and well-being performance factors, while Child and Family Status Indicators and Practice Performance Indicators are used to measure quality of services in the same case. In the BSR, interviews are conducted with key participants, which include key stakeholders, service providers, educators, caseworkers, biological parents if their rights were intact within the period under review, caregivers if the child was in an out-of-home placement during the period under review, and children of school age who are developmentally able. The BSR will be fully implemented later in FY 2020.

Progress in 2019

CFSR Case Reviews

A baseline is being established beginning with PIP implementation and will be completed within the first year. Results will consist of nine months of practice findings for 100 cases, made up of 64 foster care cases and 36 in-home cases. Quarter 2 results are reported in the Safety, Permanency and Well-Being sections of this report.

Quality Service Reviews in 2019

In 2019, Michigan reviewed five Quality Service Reviews in 14 counties:

- BSC 1 – Iron, Gogebic, Ontonagon, Houghton, Keweenaw (May 2019)
- BSC 1 – Crawford, Otsego, Oscoda, Ogemaw, Roscommon (September 2019)
- BSC 2 – Midland, Gladwin (January-February 2019)
- BSC 2 – Calhoun (November 2018)
- BSC 4 – Monroe (March 2019)

Sixty foster care cases and 19 ongoing CPS cases were reviewed, which included 516 case interviews. As of the end of FY 2019, 65 of the state's 83 counties have experienced a QSR.

Standards to Evaluate the Quality of Services

CFSR Standards

CFSR standards are woven into every aspect of child welfare services provided in Michigan. Safety, permanency and well-being outcomes, systemic factors and data indicators are integral to MDHHS' measurement of progress. Aligning programmatic goals with CFSR goals ensures the state is focusing efforts on the most critical elements of safety, permanency and well-being of children and families, and that it has a structure in place that enables the state to demonstrate that the priorities of the child welfare system are in alignment with federal standards and requirements. CFSR standards are the focus of some of the primary systems of measurement used by MDHHS:

- Children's Bureau state data profile
- National standards for data indicators
- CFSR case reviews

- CFSR systemic factors

Blended Service Review Standards

In addition to CFSR safety, permanency and well-being outcomes, Michigan’s BSR protocol includes 12 indicators for measuring child and family status and seven for measuring case practice performance to provide MDHHS with an in-depth analysis of practice implementation while assessing safety, permanency and well-being factors that demonstrate compliance with CFSR standards.

Comparison 2015-2019

QSR metrics over the years demonstrate that new strategies are needed for the state to improve the key performance indicators of Engagement and Teaming:

Case Practice Performance Indicators	2015	2016	2017	2018	2019
Engagement	47.0%	70.5%	65.0%	58.8%	59%
Teaming	23.5%	57.2%	37.4%	25.0%	35%
Assessment and Understanding	57.0%	76.3%	64.4%	55.1%	57%
Long-Term View	38.4%	67.1%	64.4%	50.0%	53%
*Planning Interventions/Case Planning	62.8%	80.4%	80.8%	58.3%	53%
*Implementing Interventions	50.7%	81.2%	74.4%	56.3%	52%
Tracking and Adjustment	43.0%	75.0%	52.2%	43.8%	51%

Progress in 2019

CFSR case review data for PIP Quarter 2 are included for each of the CFSR outcomes in this report.

- BSR results provide high-level information on MDHHS’ progress on federal and state requirements and inform case practice improvement efforts statewide.
- DCQI collaborated with the Office of Native American Affairs to develop a case review of American Indian/Alaska Native cases. The first Indian Child Welfare Case Review was conducted in 2019. Results can be found in the Tribal Consultation and Coordination section of this report.

Identifies the Strengths and Needs of the Child Welfare System

CFSR Round 3 PIP Feedback

Michigan’s CFSR Round 3 results, which revealed that the state did not meet substantial

conformity with any of the federal safety, permanency and well-being outcomes demonstrates that the state has more work to do in fully operationalizing the quality assurance system on all levels. Identifying engagement as a goal for improvement, CSA leadership recognizes that a different approach to coaching and reinforcing the use of the MiTEAM practice model is needed.

The Children’s Bureau targeted Safety Outcomes 1 and 2, Permanency Outcome 1 and Well-Being Outcome 1 as primary outcomes needing improvement. The table below shows Michigan’s Round 3 performance, along with that of PIP quarters 1 and 2.

Outcome	Performance Standard	Round 3 Performance	Quarter 1 Performance	Quarter 2 Performance
Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect.	90%	82%	0 cases Applicable	75%
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate.	90%	54%	77%	64%
Permanency Outcome 1 Children have permanency and stability in their living situations.	90%	13%	50%	25%
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children.	90%	70%	50%	63%
Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs.	90%	28%	39%	37%
Well-Being Outcome 2 Children receive appropriate services to meet their educational needs.	90%	69%	83%	86%

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

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

ChildStat

In 2019, Michigan piloted ChildStat, a quality improvement process that utilizes data analysis

and case dialogue to drive positive outcomes for children and families. ChildStat studies data in the 17 county offices with the highest foster care populations each quarter. In ChildStat, county data on key performance indicators associated with maltreatment in care (MIC) are compared with statewide data, analysis that connects key performance indicators with the level of MIC experienced by a county.

Each ChildStat meeting features one county office, whose key performance data for MIC is presented and discussed with CSA and BSC leadership. A leadership panel asks questions aimed at understanding how each county addresses the performance indicators. The result is a comprehensive picture of the status of each county in relation to MIC. Repeating the ChildStat process with each county each quarter demonstrates progress over time. Early feedback from the counties strongly suggests that they find the ChildStat process valuable in understanding the factors that affect maltreatment in care rates.

Progress in 2019 and 2020

In the PIP, Michigan identified key activities to improve case assessment and identify alternatives to foster care placement (PIP Assessment and Services 3.3.1-3.3.2). These Include:

- **Assessment and Services 3.3.1:** In implementation of the Supervisory Control Protocol (SCP) for CPS investigations, a Compliance Review Team will track by county and assess compliance with SCP Activities 14, accurate completion of the safety assessment, and 15, accurate completion of the risk assessment. Counties with accuracy rates below 90 percent will develop and implement local CQI efforts targeted to improve compliance with this requirement.
Update: A database of data on compliance with SCP Activities 14 and 15 is functional. Individualized reports will be sent to each BSC director quarterly to track progress. BSC directors will meet with the CSA executive director quarterly to review progress.
- **Assessment and Services 3.3.2:** In implementation of SCP, MDHHS will track by county compliance with SCP Activity 19.2 to determine compliance with the requirement that alternatives to removal were sufficiently considered and ruled out. Counties with compliance rates below 90 percent will implement local CQI efforts targeted to improve compliance with this requirement.
Update: The SCP Portal was updated and now includes this information in the SCP Activity Compliance Report.

ChildStat 2020 Update

Beginning in January 2020, quarterly ChildStat sessions were scheduled with 15 county offices and all Wayne County districts that had 200 or more children in care. Examination of MIC incidents through ChildStat has resulted in identification of systemic issues and concerns that affect the quality of service provision in addition to identifying those cases that were incorrectly labeled as MIC so the data could be corrected to show a more accurate picture of the rate for each county. Concerns that have been addressed as a result of ChildStat include:

- Lack of available services for non-respondent parents who receive physical custody of their children as the result of a CPS investigation. The Family Reunification Program

contract eligibility was expanded to include this group.

- Time limits for referral to the Family Reunification Program prevented referrals of families whose children had already been returned home for more than 72 hours. This time span was extended to 30 days following return or placement of the children.
- Delays and difficulties referring children and families to Community Mental Health, Early On, Families First and the Family Reunification Program resulting in delays in service provision were identified. Ongoing meetings were scheduled with CMH to assist in identifying available mental health services. Referral processes were clarified for Early On, Families First and the Family Reunification Program.

Provision of Relevant Reports

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

- Weekly staff caseload reports by county and agency to allow tracking of child welfare caseloads.
- Monthly Management Reports, which report on CPS investigation initiation and face-to-face contacts, standards of promptness for CPS and foster care reports and timely medical and dental exams.
- Infoview data reports, accessible in MiSACWIS, report aggregate statewide data or drill down to BSC, county, agency, supervisor or caseworker level data. Staff can generate this report for specific dates and capture point-in-time data to track their progress before the Monthly Management Report is released.
- Monthly Fact Sheet provides data at the state, county and agency levels on the number of CPS complaints, assigned, confirmed and ongoing cases, children in foster care by placement, adoption data, caseload split and Juvenile Justice information.
- Ad hoc reports requested by counties, agencies and work units of data pulled from the Data Warehouse for a variety of purposes.

In addition to the above reports, to assist leadership, the DCQI Data Management Unit provides:

- Weekly Director's Scorecard
- Monthly Outcomes Report
- BSC Scorecard

Blended Service Review (BSR) Feedback to Counties

Following the BSR, there is a panel process attended by the county, BSC, and private agency leaders along with the worker and supervisor for each case reviewed, where they receive a verbal presentation of the findings in both the BSR protocol and CFSR tool. Participants receive printed copies of the Onsite Review Instrument result and a summary of the case that elucidates strengths and opportunities for practice improvement.

Three weeks following the conclusion of a BSR, the review team returns to the BSC and provides a report of the total ratings from all the cases reviewed for both protocols to the same leadership team and CQI members of the community. The meeting reflects the total data

picture with a review of the county’s current CQI plan and updates the plan for the year ahead. When child welfare staff implement the key behaviors of the practice model and track key performance indicators on a regular basis, the outcomes experienced by children and families as measured by the BSR in the areas of safety, permanency and well-being can be achieved.

MiTEAM Fidelity Tool

Michigan continues to use the MiTEAM Fidelity Tool to monitor the use of MiTEAM skills by caseworkers and to identify the need for additional support. The MiTEAM Fidelity tool emphasizes the connection between the implementation of the MiTEAM case practice model and good outcomes for children and families in the areas of safety, permanency and well-being. MiTEAM Fidelity Tool results from 2018 and 2019 are below.

Statewide MiTEAM Fidelity Tool Scores 2018-2019

MiTEAM Skill	Third Quarter 2018	Fourth Quarter 2018	2019
Teaming	92.6%	94%	94%
Engagement	92.6%	93.5%	94%
Assessment	90.3%	91.9%	93%
Mentoring	88.2%	90.1%	91%

Progress in 2019

In 2019, the Data Management Unit began producing the following new reports:

- ChildStat data reports on key performance indicators for prevention of maltreatment in care for each county. Indicators include:
 - Demographics for each county featured in ChildStat as well as county data on entries into and exits from care and length of stay.
 - Children in Relative Placements shows the percentage of children in relative placements compared with other counties, the state as a whole and trends over time.
 - Children Placed in Parental Homes shows the percentage of children in parental placements compared with other counties, the percentage of children in parental placement for less than three months and trends over time.
 - Monthly Visits with Children Returned Home shows the percentage of visits completed timely for children returned to their parents’ care compared with other counties and trends over time.
- Days to Adoption Report provides an overview statewide, by BSC, county and agency of days to adoption to assist in analyzing areas of "slowdown" or concern during the process to finalization. To further assist agencies, measures are broken down by county of jurisdiction.
- CFSR Data Indicators Report shows safety and permanency performance of the state and by county. This report was completed in the past by the University of Michigan Child and Adolescent Data Lab.
- Relative Assessment and Safety Dashboard demonstrates performance related to all

safety measures for relative placements based on data generated from case reviews involving all relative placements. The report is generated and disseminated monthly.

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

Evaluation of Implemented Quality Improvement Efforts

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

- Reports include an analysis of compliance with policy as well as strengths and opportunities to improve practice.
- Results are used to develop training, track progress and demonstrate to stakeholders the status of service provision.
- BSRs provide an ongoing flow of information on the quality of current case management in county offices and include feedback from parents, foster parents, youth, judges and other court personnel, service providers, child welfare caseworkers and supervisors and others.
- Supervisors utilize the MiTEAM Fidelity Tool to monitor caseworkers' skills in the case practice model, as well as how they are implementing changes based on case feedback.
- ChildStat has established a procedure for counties to examine data related to maltreatment in care and implement strategies to address concerns by addressing key performance indicators. By meeting with each county quarterly, the state as well as the county has an opportunity to analyze data and track progress over time.
- Ongoing feedback from tribes informs MDHHS decisions on training, supervision and mentoring of caseworkers on sufficient inquiry of Indian heritage and provision of active efforts in cases of Indian children.

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 are 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 2019

In 2019, after five years of using the QSR to measure case practice in the field, DCQI made the following recommendations, which echo results of the CFSR.

- Focus is needed on assessment skills. A key component of engagement with families is through the development of a strong assessment and understanding of a family's needs and strengths. A thorough assessment allows team members to develop a case plan and implement appropriate services. Michigan's PIP goal 3, strategy 1 addresses the need for accurate assessment by re-validating risk and safety assessments as well as updating or replacing the Child Assessment of Needs and Strengths (CANS) and Family Assessment of Needs and Strengths (FANS).
- Statewide, child welfare supervisors use the MiTEAM Fidelity Tool to assess staff skills and application of the case practice model. Feedback from child welfare supervisors indicates that CPS and foster care workers have strong skills in teaming, engagement, assessment, and mentoring. However, the BSR consistently reveals that practice within local child welfare communities is lower. BSR/QSR case interviews have shown that an emphasis should be placed on engaging family members in the case planning process. Family members do not feel empowered and child welfare professionals could make better efforts to engage informal family supports.

Update: The PIP includes the following activity:

- **Engagement 1.2.2** Key Activity: Revise fidelity tool based on first and second quarter user feedback, concentrate on coaching by supervisors and usability of the fidelity tool.
Update: A workgroup was formed to identify coaching strategies that will support/reinforce supervisor utilization of the fidelity tool. Strategies identified will be used to guide the types of coaching assistance needed for supervisors.
- The teaming process needs improvement in functioning and coordination. Teams are developed but have limited participants, sometimes not involving the biological or foster parent or relevant professionals such as teachers or therapists. Coordination cannot take place when the entire team is not able to attend the meeting, which requires the caseworker to shoulder the communication burden, resulting in limited case planning, poor service implementation and delays in the achievement of permanency.

Update: MDHHS is enhancing the use of family team meetings through:

- The Safety and Facilitation Expert (SAFE) pilot which will use an independent facilitator to conduct specific family team meetings in five counties to strengthen team development and the decision-making process for case progression.
- Four counties will pilot a similar process using contracted facilitators responsible for scheduling and facilitation of certain family team meetings with an expanded emphasis on team development and child safety.

Outcomes from each of these approaches will be tracked to determine the impact on youth outcomes and inform future maltreatment in care reduction strategies.

Quality Assurance System Plan for Continued Improvement

Goal: MDHHS will maintain an identifiable quality assurance system.

- **Objective:** The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.
Outcome: Ensuring the quality assurance system operates in all jurisdictions statewide will allow all children and families to receive high quality services regardless of their location.
Measure: BSR, local continuous quality improvement activities; MiTEAM Fidelity tool.
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:
 - **2020:** Implement a statewide CFSR program improvement plan (PIP).
 - **2021:** Review statewide samples of cases utilizing the federal On-Site Review Instrument (OSRI).
 - **2022:** PIP completion and continued implementation of commitments.
 - **2023:** Continued implementation of commitments.
 - **2024:** Continue to implement and refine statewide CQI activities.

- **Objective:** The MDHHS quality assurance system will have standards to evaluate the quality of services, including standards to ensure that children in foster care are provided services that protect their health and safety.
Outcome: The existence of standards to evaluate the quality of services provides a framework for assessing whether children and families are served appropriately.
Measure: Ongoing implementation of BSR and ISEP review protocols and processes.
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:
 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Review statewide samples of cases utilizing the OSRI targeting CFSR standards.
 - **2022:** PIP completion and continued implementation of commitments.
 - **2023:** Continued implementation of commitments.
 - **2024:** Continue to implement and refine statewide CQI activities.

- **Objective:** The MDHHS quality assurance system will identify strengths and needs of the service delivery system.
Outcome: Identifying strengths and needs of the child welfare system will provide a map for ongoing improvement activities.
Measure: Completion of BSR feedback to counties; ISEP reports.
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:
 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Review statewide samples of cases utilizing the OSRI to track PIP progress.
 - **2022:** PIP completion and continue implementation of commitments using data to inform goals.

- **2023:** Continue implementation of commitments using data to inform goals.
 - **2024:** Continue to implement and refine statewide CQI activities using data to inform goals.
- **Objective:** The MDHHS quality assurance system will provide relevant reports.
Outcome: The provision of relevant reports will allow all stakeholders to track the quality of services provided to children and families.
Measure: Annual BSR Report; Monthly Management Report; other DMU reports.
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:
 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Review statewide samples of cases utilizing the OSRI. Report results to the Children’s Bureau.
 - **2022:** PIP completion and review statewide samples of cases utilizing the OSRI. Report results to the Children’s Bureau.
 - **2023:** Continued implementation of statewide CQI activities and reporting.
 - **2024:** Continue to implement and refine statewide CQI activities and reporting.
- **Objective:** The MDHHS quality assurance system will evaluate program improvement measures.
Outcome: Evaluation of program improvement measures will allow tracking whether effective strategies for improvement are being utilized.
Measures: BSR feedback process, ISEP monitoring, local continuous quality improvement activities.
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:
 - **2020:** Implement a statewide CFSR PIP.
 - **2021 – 2024:** Utilize feedback from the Children’s Bureau and other stakeholders to develop and implement targeted strategies.

Quality Assurance System Planned Activities for 2021

- DCQI will provide training and technical assistance for the BSCs, local offices and private agencies to assist counties to effectively utilize data to target outcomes specific to each community.
- BSR results will be provided to local directors and staff through on-site meetings and a written case summary. Counties will submit Practice Improvement Plans to respond to needs identified in the review.
- DCQI will develop and refine case review protocols to provide information on the functioning of the child welfare system in Michigan.
- MDHHS will conduct the ChildStat process to assist counties to understand the factors that affect counties’ rates of maltreatment in care.
- MDHHS will engage and train stakeholders as reviewers to ensure reviews are

conducted in a consistent and systematic manner.

- DCQI will provide technical assistance so local offices and agencies can use data from several sources to inform work relative to trends, strengths and opportunities for improvement.
- DCQI will conduct data analyses and report the data in easily readable formats.
- DCQI reports will include an interpretation of the data in a manner consistent with the methodology and that answers the questions posed in the review.
- MDHHS will use data and feedback from stakeholders to implement measures to improve performance in an ongoing continuous quality improvement cycle.

Implementation Support

- CSA implemented ChildStat, a collaborative effort between CSA, DCQI and the field to address maltreatment in care (MIC) by examining a county's key performance indicators, analyze contributing factors and identify best practices. ChildStat includes presentation and discussion of a recent MIC case.
- DCQI collaborates with the BSCs and Child Welfare Services and Support to assist the field to operationalize improvement strategies identified through the QIC and with internal and external stakeholders.
- DCQI is providing data, training and technical assistance to the BSCs, local offices and private agencies to target outcomes specific to each community.

Program Support

- Michigan will continue to use DCQI as a resource through collaborative work with the BSC quality assurance analysts and MiTEAM analysts to improve knowledge of key case management behaviors and how data is used to measure and improve practice ongoing.
- BSC quality assurance analysts will continue to provide ongoing technical assistance to counties relating to continuous quality improvement activities.
- MDHHS engages and trains stakeholders as BSR case reviewers to ensure reviews are conducted in a consistent and systematic manner.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.
- County implementation teams engage in CQI efforts as determined by the data in the Monthly Management Reports, root cause analysis and quality assurance activities.

Technical Assistance and Capacity Building

- Michigan is one of eight jurisdictions that were accepted into the Child Welfare Workforce Analytics Institute through the Quality Improvement Center for Workforce Development. The goal is to better understand how to effectively use workforce data to address child welfare workforce challenges.
- In 2019, lead DCQI analysts for the QSR received specialized training from the Utah Division of Child and Family Services on conducting the Blended Service Review, which combines aspects of the QSR with the CFSR PIP case review process, allowing both

- reviews to be conducted simultaneously while meeting the requirements of each one.
- MDHHS continues to enhance the use of core MiTEAM skills using the MiTEAM Fidelity Tool and local CQI activities.

STAFF AND PROVIDER TRAINING

To prepare child welfare professionals in Michigan to carry out their responsibilities, the Office of Workforce Development and Training (OWDT) collaborates with CSA to:

- Provide input to the training plan for child welfare and assist in monitoring progress.
- Review curricula, learning objectives, training outlines, job aids and other training materials developed by MDHHS, contractors and partners for delivery.
- Identify workforce performance gaps.
- Review, recommend and prioritize training solutions.

The learning management system allows for direct completion of computer-based training, registration for instructor-led training and documentation of all training an individual completes. There is a dedicated learning management system team that quickly responds to individual and system issues. Child welfare staff are identified in the learning management system by their role in MiSACWIS, assuring program-relevant training is available to them.

All child welfare training funded through Title IV-E is included on the Title IV-E Training Matrix, Attachment J. Child welfare courses completed between Jan. 1, 2019 through Dec. 31, 2019, are included, along with the number of trainees who completed each class during the year. Additional information can be found in the attached Staff and Provider Training Plan, Attachment N.

Training Response to COVID-19

Due to the COVID-19 pandemic, the routine in-person delivery methodology for the Pre-Service Institute (PSI) and the New Supervisor Institute (NSI) was modified to accommodate Governor Gretchen Whitmer’s Executive Order 2020-21, “Temporary requirement to suspend activities that are not necessary to sustain or protect life,” which took effect on March 24, 2020.

OWDT staff deliver PSI and NSI in the morning via Skype and conduct conference calls as touch points with trainees. OWDT staff make themselves available throughout the day to answer questions and to provide support to the trainees, and to their supervisors. The class comes back together via Skype at the end of the day to debrief the learning activities and assess for learning transfer. OWDT staff meet weekly to discuss barriers and share successes to enhance training delivery and trainee engagement. The following modalities have been utilized: group discussions, chats, question and answer, white board delivery and written assignments.

Two online trainings, “Safety Assessment and Planning During COVID-19” and “Social Distancing and Successful Video Visits with Young Children” were developed based on resources from the

National Council on Crime and Delinquency. This guidance is for all child welfare staff, in addition to the communication issuances by CSA.

Staff and Provider Training Assessment of Current Performance

Item 26 – Initial Staff Training

Pre-Service Institute

Michigan’s performance in the initial staff training is tracked through learning management system data, levels one and two training evaluations and through collaboration with CSA.

Between Jan. 1, 2019 and Dec. 31, 2019, 904 new caseworkers completed the nine-week Pre-Service Institute (PSI). Caseworkers are required to complete this training within 112 days of hire; 100 percent of caseworkers completed training timely. Breakdown between MDHHS and private agency PSI participants:

- MDHHS: 544
- Private agencies: 360

The collaboration with Michigan schools of social work continues under the Child Welfare Certificate (CWC) program. Students who complete the program can register for and complete a condensed version of the nine-week PSI. In 2019, 22 child welfare workers were hired and trained under the CWC program. Breakdown by program of PSI training participants:

- Adoption: 36
- Adoption CWC: 2
- CPS: 434
- CPS CWC: 10
- Foster care: 434
- Foster care CWC: 10

Program Specific Transfer Training (PSST) is available for child welfare specialists who have completed PSI in one program and are changing programs. The breakdown for completion by program is:

- Adoption: 61
- CPS: 119
- Foster care: 98

Level One Evaluation

A level one evaluation is issued to each trainee after the conclusion of training. Level one evaluations are issued on a weekly basis for PSI, and at the end of the training for all training delivered by OWDT. With the information gained from level one evaluations, changes to the curriculum, trainers and facilities may take place to improve the trainee experience. Level one evaluation summaries are posted on an internal shared drive for training staff and managers to review. Some highlights from the level one data include:

- After six weeks of training:

- Eighty-seven percent of trainees agree or strongly agree that they know their role in the child welfare system and how it interacts with other roles within the system.
- Ninety-two percent of trainees agree or strongly agree that they can identify cultural protective and risk factors related to trauma.
- After nine weeks of training:
 - Ninety-one percent of trainees agree or strongly agree they understand the importance of meeting their social work contact requirements.
 - A weighted average of 4.5 out of 5 is reported by trainees who feel they understand and are confident that they can meet the policy requirements of their position.

Level Two Evaluation

The knowledge gained through training is measured through level two evaluation. The level two evaluation consists of a trainee evaluation completed by the trainer and the field supervisor of the trainee. In addition, trainees are required to pass two written competency exams with a score of 70 percent or higher. Trainees who do not pass the exam on the initial try are given additional support by the trainers, supervisor and mentor, and can retake the exam at their supervisor’s discretion.

Competency Exam Score Data 2019

Exam	Range	Average
General child welfare	70%-99%	87%
Adoption	71%-92%	83%
Children's Protective Services	70%-98%	85%
Foster care	70%-98%	84%

Those who do not pass the competency exams are not assigned a full caseload until the failed exam is passed and the institute is completed. In some situations, this results in a trainee being placed in a non-caseload carrying position or being separated from child welfare service. In 2019, all PSI trainees passed their exams on the first or second attempt.

Level Three Evaluation

To evaluate how well the skills necessary for the job transferred to field work, a level three evaluation is administered three and 12 months after PSI. These evaluations are sent to the trainee’s supervisor who has observed the trainee on the job after initial training was completed. Comments from supervisors confirm that new staff are obtaining adequate policy knowledge during training.

Evaluation feedback helped guide improvements to PSI in 2019. Feedback indicated caseworkers needed:

- Additional training on report writing
- Additional investigation specific training
- Additional MiSACWIS payments training

- Increased trauma training
- Additional training on engagement
- Limited amount of soft skills training
- Reduced number of field activities offered

The collection of this data will continue to inform changes to the training model. In 2020, discussions are taking place on ways to enhance the mentor portion of initial training. Ongoing training is taking place to address MiSACWIS deficiencies and other case management functions.

Initial Staff Training Plan for Continued Improvement

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

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

- **Objective:** MDHHS will ensure that initial training teaches the basic skills and knowledge required for child welfare positions and that the training is completed timely.
Outcome: Providing initial training to all staff on the basic skills and knowledge required for child welfare positions will ensure staff are prepared to provide high quality services to children and families.
Measure: CFSR Round 3; MDHHS learning management system.
Baseline: Area needing improvement; CFSR 2018
Benchmarks 2020-2024: Demonstrate improvement each year.

Progress in 2019

Extensive discussions with internal and external partners including CSA, MDHHS’ Workforce Transformation workgroup and field directors as well as secondary trauma experts with analysis of evaluation results provided a foundation for improvements to the PSI. The child welfare mentoring training was revised based on feedback from stakeholders.

New Supervisor Institute

New supervisors who oversee caseload-carrying staff in CPS, foster care, unaccompanied refugee minor, supervised independent living, adoption, and MDHHS monitor positions must complete the New Supervisor Institute (NSI) within 112 days of hire/promotion. NSI consists of three weeks of instructor led training and one field week involving webinars. Child welfare content is trained during weeks one and two, and both MDHHS and private agency supervisors attend. Weeks three and four include MDHHS specific content (human resources, performance management, labor relations, among others) as well as additional leadership topics not specific to child welfare. The table below includes a week by week breakdown of NSI training topics.

Week	Type of Training/Hours	Supervisors Attending
1 - Child welfare topics	Instructor led/24 hours	Child welfare supervisors

2 - Child welfare program specific	Instructor led/18 hours	Child welfare supervisors
3 - Leadership topics (field week)	Webinars/6 hours	MDHHS supervisors only
4 - Leadership topics	Instructor led/30 hours	MDHHS supervisors only

Between Jan. 1, 2019 and Dec. 31, 2019, 157 new supervisors completed NSI. Sixty-eight percent completed training timely. Breakdown by program:

- Adoption: 12
- CPS: 50
- Foster care: 61
- Licensing: 34

Breakdown between MDHHS and private agency NSI participants:

- MDHHS: 76
- Private agencies: 81

There was a difference in timely completion between MDHHS supervisors (86 percent) and private agency supervisors (54 percent). Steps were taken in 2019 to improve timely completion of NSI training. OWDT collaborated with MDHHS Human Resources and CSA analysts to provide NSI registration forms to MDHHS and private agencies as soon as a supervisor is hired to increase the likelihood of timely NSI registration. Factors that impact the accuracy of NSI data include the self-reported start date for private agency supervisors; there is no single HR system for the multiple contracted private agencies. Also, NSI requirements vary between public and private agencies, and by program specific content. A non-compliant supervisor may have completed portions of NSI timely, but the final piece required for completion happened after the 112 days. OWDT is committed to improving data quality and will continue to take additional steps to improve timely completion of NSI training.

Level One Evaluation

Results indicate that trainees would like less classroom time, as being out of the office is difficult for both supervisors who are caseload carrying and those who are not. Trainees rated their trainers as knowledgeable and thorough.

Level Two Evaluation

New supervisors must pass a multiple-choice exam with a score of at least 70 percent. Scores from the exams are provided to supervisors. The OWDT trainer and supervisor discuss areas trainees demonstrated a need for extra support.

Competency exam score data 2019

Exam	Range	Average
Adoption	75%-100%	90%
Children's Protective Services	70%-100%	91%
Foster care	70%-100%	96%

Level Three Evaluation

Level three evaluations were not implemented in 2019. Content specific information has been developed; however, system barriers prevented implementation. NSI is a four-week training that includes both child welfare and non-child welfare supervisors. Many of the non-child welfare supervisors attending NSI do not utilize or have access to the learning management system, making it difficult to utilize one system for implementation of the evaluation. In addition, MDHHS child welfare supervisors attend additional portions of NSI that private agency child welfare supervisors do not. The content specific information that has been developed must be sorted into several different combinations based on which portions of NSI a trainee attended and whether the trainee is a learning management system user. A consolidated level three evaluation will be implemented for trainees and their supervisors three and 12 months after completion of the NSI in 2020.

Item 27 – Ongoing Staff Training

MDHHS requires child welfare caseworkers and those in supportive positions to complete 32 hours of ongoing, or in-service, training per year. Supervisors must complete 16 hours of training per year.

OWDT accepts training requests from agencies and local offices for delivery of existing training topics or the development of new training topics. In 2019, OWDT fulfilled 39 requests for local training delivery. In addition, 21 field support requests, providing individual support to staff in the field, were fulfilled.

In 2019, OWDT delivered targeted child welfare in-service training sessions in each of the five BSC service areas. In-service training sessions are five-day events where trainers provide support and training to child welfare staff based on their regional needs. OWDT provides the BSC with a list of training topics available, and BSCs choose topics most beneficial to staff in their service area. A total of 62 in-service training sessions were provided to 516 participants across nine locations.

OWDT participates in monthly child welfare supervisor support phone calls with field supervisors to provide support to supervisors. The phone calls assist supervisors with foreknowledge of what to expect from new hires as well as communicating additional training support that is available to field staff.

In addition to training offered by OWDT, ongoing training is offered through a university based in-service training contract, described below, as well as the State Court Administrative Office, the Prosecuting Attorneys Association of Michigan and various local community partners. In 2019:

- Of 3,761 child welfare caseworkers, 98 percent completed the minimum requirement of 32 hours of ongoing training.
- Of 872 supervisors, 99 percent completed the minimum requirement of at least 16 hours of ongoing training.

University-Based In-Service Training

MDHHS collaborates with Michigan universities to deliver ongoing training free of charge to public and private caseworkers, supervisors and foster/adoptive parents. The university training program was developed to promote competence and skill development of child welfare professionals to better serve children and families. Michigan State University administers the child welfare in-service training program, through a contractual partnership with the eight schools 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. In 2019:

- Forty-nine classroom and 21 online trainings were offered free of charge to MDHHS and private agency child welfare staff.
- Eight hundred and eleven trainees attended classroom training in 19 different locations across the state; more than 654 participated in live online trainings.
- Twenty-four trainees attended two classroom trainings and one online training on leadership topics.
- Five online training sessions for caregivers were provided, with more than 62 participants.
- When asked about the extent to which trainings provided participants with the knowledge and/or skills identified in the course objectives, in-person events received an average rating of 9.0 and online events received an average rating of 8.5 from trainees (scale from 1 for strongly disagree to ten for strongly agree).

Training for Residential and Institutional Staff

In January 2019, the Division of Child Welfare Licensing (DCWL) staff began participating in quarterly meetings that are held with contractors for residential programs. These meetings allow for the provision and sharing of updates and other pertinent information with contractors, and allow for questions/answers, and suggestions for future topics.

DCWL area managers have collaborated with licensing consultants and the division director to develop standardized staff interview questions regarding their training experiences. This information is incorporated into exit conferences held during annual inspections with agency administrators, and recommendations are made for future training for agency staff.

Planned Activities for 2021

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 DCWL to identify additional training opportunities for residential and institutional staff.
- DCWL will continue to evaluate the training needs for residential staff as identified in the rule violations during licensing reviews.

2019 Inspections

- The licensing division conducted 92 annual reviews on 84 private contracted child-caring institutions eligible for Title IV-E funding. Of the 92 annual reviews, 20 agencies had violations related to rule R 400.4128 “Initial staff orientation and ongoing staff training.”
- The licensing division conducted 78 annual reviews on 75 institutions ineligible for Title IV-E funding, including court and secured detention facilities, and private non-contracted institutions. Of the 75 annual reviews submitted, 11 institutions had violations of R 400.4128, ‘Initial staff orientation and ongoing staff training.’
- Corrective Action Plans (CAPs) are required as a result of noncompliance/violations to licensing statutes and rules, ISEP, MDHHS policy, contract (if applicable). CAPs are due within 15 calendar days upon receipt of a DCWL inspection report.

Training Updates

- In 2019, the DCWL began to work collaboratively with managers, licensing providers and membership organizations on improving the quality of CAPs submitted by agencies as a result of non-compliance. Template standardization and enhanced quality of CAPs will provide improved tracking methods, acceptance criteria, completion success and a reduction in repeat violations.
- DCWL participated in a collaborative project with the Office of Child Welfare Policy and Programs to develop a best practice guide for working with children and families who identify with diverse sexual orientation, gender identity and expression. The guide was released as a communication issuance to residential child welfare managers and staff.
- During DCWL staff meetings in 2019, technical assistance on licensing rules, policies and procedures was provided to area managers and licensing consultants.

Licensing Planned Activities for 2021

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

- MDHHS will continue to collaborate with DCWL to identify additional training opportunities for residential and institutional staff.
- DCWL will provide training opportunities related to variance requests for transgendered and non-conforming youth to child caring institution providers.
- DCWL will provide training to staff in residential facilities related to Corrective Action Plan standardization and data tracking methods.
- DCWL will continue to evaluate the training needs for residential staff as identified in rule violations during licensing reviews.
- DCWL staff will continue to provide feedback and answer any questions from administrators related to training during annual inspections.

MiTEAM Training

MiTEAM principles and modules continue to be provided to new hires through the PSI. Fidelity tool training continues to be provided to new supervisors in NSI. Supervisors complete two fidelity tools per worker per year. Practice model fidelity data is captured in a web application

to allow supervisors to document completion of the tool and reports are available to assess practice areas of strength and opportunities for improvement.

In August 2019, a MiTEAM continuous quality improvement conference was held, “Leading Change, Looking Beyond the Numbers.” The objective was to enhance best practice techniques and continuous quality improvement processes by building knowledge, skills and resources for child welfare leaders at all levels. Over 200 child welfare leaders participated in the conference.

Planned Activities for 2021

- The local continuous quality improvement teams will conduct ongoing activities to assess MiTEAM implementation and develop plans for MiTEAM sustainability.
- PSI content will undergo review to update MiTEAM content.

Family Preservation Training

Family preservation training and technical assistance provides initial core trainings and ongoing special topics trainings designed to increase permanency by providing services aimed at reducing the risk for out-of-home placement and increase child safety. The training is anchored in research-based service delivery using strength-based, solution-focused techniques. Private agency child welfare caseworkers must complete core training for the program for which they are hired before assuming solo casework.

In light of the COVID-19 pandemic, the routine in-person delivery methodology for the family preservation trainings was modified to accommodate Governor Gretchen Whitmer’s Executive Order 2020-21 which took effect on March 24, 2020. OWDT staff delivered training via Skype and self-directed instruction. OWDT staff also made themselves available throughout the day to answer questions and provide additional support. OWDT staff met weekly to discuss barriers and share successes to enhance training delivery and participant engagement. The following modalities were utilized:

- Group discussions
- Chats
- Question and answer
- White board delivery
- Written assignments

In 2020, family preservation staff will be included in the collaboration with Michigan universities to attend in-service training courses reserved previously for child welfare workers and foster and adoptive caregivers. Identified training courses will provide relevant, timely topics in a variety of methods and modalities.

Families First of Michigan

Families First training is comprised of seven days in which the training is broken down into a three-part training series over an eight-week period.

Family Reunification Program

Family Reunification Program training consists of five days in which the training is broken down into a two-part series over a six-week period.

Families Together Building Solutions

Families Together Building Solutions training is a two-day training which focuses on contract requirements, understanding the foster care and court system, program values and characteristics, solution-focused interviewing techniques, skill teaching, goal setting, safety planning, documentation and engagement.

Progress In 2019

- One hundred ninety individuals were trained in the family preservation core trainings:
 - Families First of Michigan: 70
 - Family Reunification Program: 42
 - Families Together Building Solutions: 78

Family Preservation Ongoing Training

Training and program specific supportive services were provided to private family preservation workers in special topics, including:

- Domestic violence
- Working with substance affected families
- Assisting families with mental illness
- Personal safety.

Attendance at ongoing training in 2019:

- Ongoing training: 502
- Supervisor training: 55

Family preservation training and technical assistance has continued with additional collaboration with the Community Support Division. Bi-monthly meetings have been coordinated with the program office to maintain consistent communication regarding program requirements. A work group convened to streamline the program's core trainings.

Diversity, Equity and Inclusion

MDHHS Office of Workforce Development and Training is leading and supporting multiple efforts and training opportunities to support child welfare management, staff and trainers on providing culturally sensitive services. In 2019, the following key areas were highlighted:

- **Introduction to Health Equity.** A computer-based training in which staff learn to define health equity, health inequities, and health disparities as well as identify factors that contribute to health inequities.
- **Understanding Systemic Racism.** A computer-based training in which staff learn to define key terms, explain how national-level systems produce inequities and how

Michigan/MDHHS may perpetuate inequitable outcomes and how to provide services in a non-biased manner.

- **Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth.** A computer-based training in which staff learn about LGBTQ youth, the unique risks that LGBTQ youth in the child welfare system face, and specific actions staff can take to advocate for them.
- **Inside Our Mind: Hidden Bias Training.** An instructor-led training that helps staff develop the ability to recognize and reduce the impact of biased decision making to provide more inclusive and equitable services and programs to Michigan families.
- **Anti-Racist, Multi-Cultural Training and Development.** OWDT has a race equity team that meets regularly to create strategies to disrupt and eliminate racism. OWDT continues to mandate the completion of the “Understanding and Analyzing Systemic Racism” workshop for all staff.

CSA Antiracism Team

OWDT is an integral part of the group established to lay the foundation for building an antiracism team in Michigan’s child welfare system. The CSA Antiracism Team was established to implement system-wide race-informed child welfare practice that will eliminate disproportionality and produce equitable outcomes for all children served by the child welfare system.

MiSACWIS Training

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

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

MiSACWIS Training Academy

MiSACWIS field support staff conducts training workshops. Identifying the training needs for workshops requires analysis of help desk trends, system updates, site support feedback and input from program and policy offices. Each workshop has a focus area based on analysis and feedback. A new curriculum of workshops was developed in late 2017 with a statewide rollout

beginning in February 2018. This included training in foster care placement and payment, service plans and assessment, intakes and investigations and provider management.

A training request form was implemented in June 2018 to solicit requests for training or support to further engage and meet end users' needs. There were four requests in 2019 for onsite training specific to CPS service plans and assessment, provider, assignments, foster care service plans, payment, and data warehouse. In 2019, 10 requests were received for onsite training.

MiSACWIS Training Academy In-Classroom Training

CPS and Foster Care Worker Payment Training

MiSACWIS field support staff delivers payment training to new CPS and foster care workers each month as part of the Pre-Service Institute. In 2019, there were 57 classes with 948 new workers receiving MiSACWIS payment training.

Juvenile Justice Residential Worker Case Management Training

New juvenile justice residential workers receive a two-day MiSACWIS case management training quarterly. In 2019, two sessions were held with 16 participants.

The field support team implemented a series of ongoing in-classroom workshops based on field feedback and help desk trends in February 2018. The areas targeted for ongoing training were placement, payment, service plans, assessment, managing providers, intakes and investigation. The following workshops were provided in 2019 with the number of participants:

- Placement and Payment for Foster Care: eight sessions, 58 participants
- Provider 101 for Children's Services Staff: five sessions, 26 participants
- Managing Providers for Licensing Workers: four sessions, 24 participants
- CPS Intake, Investigation, and Case Management: six sessions, 31 participants
- Foster Care Service Plans and Assessment: seven sessions, 51 participants
- Adoption Case Management: four sessions, 34 participants

The total number of sessions for the 2019 MiSACWIS workshops was 34 sessions, reaching 224 MiSACWIS field users.

Additional MiSACWIS Training Academy Support

- MiSACWIS Site Support. During 2019, the MiSACWIS field support team assisted with MiSACWIS site support. MiSACWIS staff provided demonstrations on requested topics such as:
 - Assignments
 - Case services and reviews
 - Placements and placements exception requests
 - Assessments
 - Case service plans
 - Payments

- Case closures
- Data warehouse
- Provider management
- BSC In-Service Support. MiSACWIS trained 10 workshops throughout 2019, assisting 33 field staff during the in-service trainings.
- Juvenile Justice Specialist Support. In 2019, MiSACWIS staff supported two sessions with 17 participants.
- Supervisory Control Protocol (SCP). With the SCP application rolling out in the beginning of 2019, MiSACWIS field support conducted trainings for supervisors with OWDT on how to use the SCP. There were 27 sessions with 450 participants. There was also one webinar with 12 participants.
- New Supervisor Institute. In 2019, MiSACWIS staff supported 10 sessions with 79 participants.
- Genesee County Case Services Training. In response to a training request, the field support team conducted a training that had 18 participants.
- Paying Unlicensed Relatives Webinar. With the change in business practice for foster care and juvenile justice that unlicensed relatives would be paid for foster care services, the MiSACWIS field support team conducted six webinars with 553 participants.
- Centralized Intake Person Search Overview Webinar. MiSACWIS field support team conducted one webinar regarding person search functionality with 37 participants.
- Incident Report Training. In response to a training request, the MiSACWIS field support team conducted a training at a child caring institution on how to correctly enter incident reports in MiSACWIS with two participants.
- Chargeback Webinar. MiSACWIS field support staff partnered with Federal Compliance Division staff to conduct six webinars with 251 participants about the changes to the chargeback process.
- Child Welfare Funding Specialist (CWFS) Support. Training is conducted for CWFS users by the Federal Compliance Division. Field support staff provided training data in the MiSACWIS training environment to assist the division to train funding specialists.

In 2019, the MiSACWIS field support team supported 65 support activities impacting approximately 1,452 MiSACWIS field users.

Ongoing MiSACWIS Release Support

In 2019, there were six MiSACWIS releases. The MiSACWIS field support team supports the MiSACWIS project's release schedule by completing the following activities for each production release.

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

Ongoing Training Plan for Continued Improvement

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

- **Goal:** MDHHS will ensure ongoing training is provided that includes the basic skills and knowledge required for child welfare positions.
Outcome: Providing ongoing training to all staff on the basic skills and knowledge required for child welfare positions will ensure staff are prepared to provide high quality services to children and families.
Measure: CFSR Round 3; Learning management system.
Baseline: Strength; CFSR 2018
Benchmarks 2020-2024: Demonstrate improvement each year.

Item 28: Provider Training

Parent Resources for Information, Development, and Education (PRIDE) Training

In 2019, MDHHS trained 33 people using the Foster and Adoptive Parent Resources for Information, Development and Education (PRIDE) using the train-the-trainer model. The train-the-trainer provides training of the PRIDE model to prospective foster and adoptive parents along with private agency staff who wish to train the model. The PRIDE model allows for a standardized, consistent and structured framework for the competency-based recruitment, preparation, assessment and selection of foster and adoptive resource parents. The aim of the competency-based team approach is to assure that resource families are able and have the resources to meet the needs of children who have experienced trauma and their families. The PRIDE model is used for all resource parent trainings which are built upon five core competency categories:

1. Protecting and nurturing children
2. Meeting children's developmental needs and addressing their delays
3. Supporting relationships with birth families
4. Connecting children to safe, nurturing relationships intended to last a lifetime
5. Working as a member of a professional team

In FY 2019, the Regional Resource Teams trained over 3,000 prospective foster and adoptive parents statewide. Persons seeking approval as adoptive parents must participate in a minimum of 12 hours of training prior to the legal adoptive placement of a child. OWDT has continued to collaborate with the Regional Resource Teams by providing support during the review of potential contracts and meeting to ensure training content is consistent among the training teams.

Foster and Adoptive Parent Training During COVID-19

When the decision was made to discontinue in person, pre-licensure training, a plan was devised to provide pre-licensure training online. These trainings started immediately and without a gap in service delivery.

Measuring Foster and Adoptive Parent Training

Foster and adoptive parent training needs, with the exception of the required pre-service training, are determined through a training plan developed by the individual parent and the assigned worker and can be obtained from a multitude of sources. All trainings completed by foster and adoptive parents are entered into MiSACWIS. MDHHS will conduct an annual survey that will be emailed to all foster and adoptive parents to determine parent satisfaction and availability of needed trainings.

Provider Training Plan for Continued Improvement

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

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

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

Measure: CFSR Round 3; Learning Management System

Baseline: Area needing improvement; CFSR 2018

Benchmarks 2020-2024: Demonstrate improvement each year.

New Foster and Adoptive Parent Training Curriculum

In response to the limitations of the currently used PRIDE training, focus groups with field staff and foster/adoptive families and research conducted by MDHHS with assistance from the National Resource Center for Diligent Recruitment, it was decided that a new training curriculum was needed to prepare foster and adoptive families for their roles. Although a few training programs exist, states that were most satisfied with their pre-licensure training curriculum had unique curricula developed for them.

A contract was executed in May 2019 with Eastern Michigan University to research, develop and pilot a new foster and adoptive parent training curriculum. The goal of this contract is to create a research based, trauma informed, validated training curriculum for prospective foster and adoptive parents and relative caregivers. An additional goal is to help MDHHS rebrand foster parents as resource parents who work collaboratively with children's families and actively support reunification efforts.

The goal of this pre-service training curriculum is to prepare foster, adoptive, and kinship parents to establish culturally responsive relationships with infants, children, and youth in foster care, with attention to the impacts of trauma exposure and developmental needs, and to develop co-parenting relationships with birth families that support the future relational health of all infants, children, and youth.

Training Curriculum Objectives

Following training, participants will be able to:

- Describe the relationship-based, developmental needs of infants, children, and youth in foster care and identify ways to support these needs.
- Identify ways to support their co-parenting relationships with birth parents with attention to self-awareness, empathy, cultural humility, and safety.
- Identify ways to support the cultural values and traditions of the infants, children, and youth in their care.
- Describe the ways in which trauma impacts behaviors and relationship-based strategies for responding to such behaviors.
- Be informed about relevant MDHHS policies that are designed to ensure the safety and well-being of infants, children, and youth in foster care.
- Identify resources, services, and strategies that can be used to support the mental, developmental, and physical health and well-being of infants, children, and youth.
- Develop strategies and identify resources to support their role as foster, adoptive, and kinship parents and ensure their own health and well-being.

Implementation Timeline: May 2019 to December 2019

The contractor:

- Conducted a literature review of existing training programs.
- Compiled feedback from all relevant partners to inform the curriculum.
- Developed the curriculum.
- Oversaw statewide program implementation.
- Conducted train-the-trainer sessions throughout the state.

Foster, Adoptive and Kinship Training Conference

MDHHS and the Statewide Foster, Adoptive and Kinship Parent Collaborative Council joined forces to sponsor the “Sixth Annual Foster, Adoptive and Kinship Parent Conference” in May 2019, with over 350 people attending. Topics included:

- Trauma-informed parenting
- Fetal alcohol syndrome
- Teaming with biological family members
- Cross-cultural and cross-racial placements
- The unique challenges foster fathers face
- Maintaining a healthy relationship while fostering
- Parenting teens

Supportive services and trainings continue to be provided through the eight Post Adoption Resource Centers and six Regional Resource Teams located throughout the state. These teams helped meet the goal of expanding and centralizing foster/adoptive parent training.

Collaboration

Collaboration is critical to providing effective child welfare services. OWDT 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 2019 collaborative efforts:

- OWDT offered over the shoulder coaching and support to PSI trainees in their local offices and partnered with BSCs to provide targeted in-service training.
- OWDT maintains a training request process where BSCs can request development or delivery of training specific to their child welfare staff.
- OWDT has collaborated with the CFSR PIP team working on redesigning the PSI. This collaboration includes universities and public and private stakeholders who will be focusing on redesigning the supports new hires receive before they attend training, redesigning the training and the support staff receive after the PSI.
- Partnership with the Office of Native American Affairs and Michigan tribes resulted in Indian Child Welfare Act refresher training and tribal members delivering training to new workers during PSI.
- 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.
- The University of Michigan collaborated with MDHHS in presenting the "38th Annual Child Abuse and Neglect Conference." OWDT staff assisted with training preparation and classroom support during the conference.
- Staff collaborates with the MDHHS Health Disparities Reduction and Minority Health section to coordinate equity work across the department and collaborate on reducing disparities and improving health and well-being outcomes for marginalized groups.
- CSA Antiracism Transformation Team is a collaboration of internal and external stakeholders of the child welfare system whose mission is to eliminate the disproportionality of children of color in Michigan's child welfare system.

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 DCWL 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 DCWL to identify training needs for residential staff and caregivers.

Technical Assistance and Capacity Building

- CSA, along with the Office of Workforce Development and Training have entered into a three-year contract with Crossroads/ERACCE (Eliminating Racism and Creating/Celebrating Equity) to develop a Planning and Design Task Force for the purpose of building a child welfare antiracism team. ERACCE is providing training to staff that addresses systemic issues that contribute to disproportionality in child welfare.
- Technical assistance from the National Resource Center for Diligent Recruitment at AdoptUSKids continues to be provided.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services for Children and Families

MDHHS is committed to providing services tailored to meet the individual needs of children and families throughout the state. MDHHS prioritizes evidence-based services to ensure children and families benefit from the latest research on child safety and risk and the effectiveness of the services offered. Services provided by MDHHS emphasize engaging with families effectively and working with the entire family system to increase safety and sustain change.

Service Array Assessment of Current Performance

Michigan offers a broad array of services throughout the state. The scope of services includes provision of programming provided directly by CSA, as well as services provided by contractors and through community driven initiatives. Funding and services listed below are individualized to meet the needs of children and families:

- Michigan provides two funding allocations to local offices to purchase services that are intended to effectively meet the needs of families within communities. Distribution and utilization of funding is determined through implementation of a local needs assessment. The funding includes Child Protection/Community Partners and Strong Families/Safe Children. These funds provide a source for specific assistance to meet the identified needs of individual families.
- The Children’s Trust Fund provides direct service grants to local communities for programs aimed at preventing child abuse and neglect, including technical assistance for small and new programs.
- Early On assesses children ages 3 and under for developmental delays. If a child has delays, Early On provides developmental services and continued assessment. Mandatory referrals for Early On are required for all Category I and II CPS investigations per policy. Once a child is 4-years-old, Early On can refer the child to Early Head Start

and Head Start.

- Michigan's Great Start programs provide home-based and classroom learning for development and pre-school education. Early Head Start, Head Start and Michigan's Great Start programs also accept referrals from the community.
- Infant mental health services are provided by community based behavioral health agencies to families in which a parent or caretaker of an infant has a mental health diagnosis. The infant mental health specialist provides home visits to families. The service includes addressing the needs of the infant and other young children in the family and the mental health needs of the parents.
- Substance use disorder prevention, treatment and recovery, residential, outpatient and day treatment services are provided by community based behavioral health authorities and many private agencies.
- Developmental services for disabled children and adults are provided through community based behavioral health authorities as well as private providers.
- Domestic violence shelter and services are provided for residents in all of Michigan's 83 counties. The Michigan Coalition Against Domestic and Sexual Violence provides support and technical assistance to the shelters and sexual assault service providers.
- Michigan's Early Childhood Home Visiting programs provide voluntary, prevention focused family support services in the homes of pregnant women and families with children ages 0-5. The programs connect professionals with vulnerable and at-risk families to nurture, support, coach, educate, connect them with community resources and offer encouragement so their children may grow and develop in a safe and stimulating environment.

A complete list of services and programs for children and families can be found in the Child and Family Services Continuum section.

Service Identification and Referral

Michigan has a 2-1-1 referral service that operates statewide through eight regionally located offices and is also available as a website. The eight centers work together to provide easy access to information about health and human services in Michigan communities. The 2-1-1 resource has a toll-free number that can be utilized outside the state. The website provides referral information for needs such as food, utilities, housing, disaster relief, transportation and veteran's assistance. Individuals can also subscribe to email lists through the regional centers. The 2-1-1 service is available 24 hours a day, 365 days per year. During the recent 12 months, the most frequent service requests have been for utility assistance, housing and food.

Service Gaps Assessment

The systemic factors related to the adequacy of Michigan's service array is monitored through the ongoing work of:

1. CFSR stakeholder interviews and focus groups
2. Feedback from foster parents and other community groups
3. Information gained from interviews conducted in the Blended Service Review

Family First Prevention Services Act Needs Assessment

Michigan is conducting a needs assessment with technical assistance from Chapin Hall at the University of Chicago to assist with adequately understanding the needs of children in care and the current service array of prevention services and congregate care in Michigan. The Harvard University Government Performance Lab and the University of Michigan generate data, reports and analysis in this area. The needs assessment is focused on identifying evidence-based prevention services that meet the requirements of the Family First Prevention Services Act, as well as to develop and implement robust continuous quality improvement processes across the MDHHS continuum of prevention services. Chapin Hall has produced several iterations of data reports targeted at determining candidacy for Family First interventions. This approach is guided by evaluating removal reasons and history of cases involved with MDHHS to better understand the factors that may have contributed to the child being at risk. The data is then overlaid with service array information throughout the state to better understand any gaps in services and target areas for evidence-based programming.

Identification of Service Needs through the Blended Service Review/Quality Service Review

In April 2019, CSA requested that the Michigan Measurement Plan be modified to reflect a restructuring of the QSR and CFSR process. This was initiated due to Michigan's decision to blend the QSR and CFSR models to create a more robust, field centric and deliberate method of evaluating practice in Michigan. The plan was approved and implementation of a gradual transition to the Blended Service Review (BSR) began. Due to this transition the identification of services through QSR is a blend of historical data, as well as data and information obtained through April 2019.

Of the QSRs conducted since 2014, 100 percent of reviews and focus groups have outlined three opportunities to improve Michigan's service array:

1. Affordable housing
2. Transportation
3. Mental health and substance use disorder services for children and adults

In 2019, two additional concerns were voiced during QSRs:

1. The need for more local foster homes to prevent the need for children to be placed outside of their communities.
2. Improved collaboration between Community Mental Health agencies and MDHHS.

Housing

Lack of adequate affordable housing leads to delays in achieving reunification and/or permanency. Parents who have shown considerable progress in reducing barriers to reunification at times cannot be reunified with their children due to lack of adequate housing. Housing needs are present in both urban and rural areas across the state.

In 2016, Michigan received more than \$5.5 million in U.S. Department of Housing and Urban Development funding to provide affordable rental housing and supportive services to extremely low-income persons with disabilities. The Section 811 Project Rental Assistance grant

application process is a collaborative effort between the Michigan State Housing Development Authority (MSHDA) and MDHHS. A workgroup consisting of representatives from MSHDA and MDHHS collaborates to identify, refer and support target populations throughout Michigan.

MDHHS provides State Emergency Relief funds for housing to families who become homeless due to a natural disaster or crisis. Local offices can utilize Child Safety and Permanency Planning Title IV-B(2) funds to assist child welfare families with housing needs. Many families receive temporary housing through the Red Cross as a result of crises, while family preservation service flexible funds may help with deposits and rent.

Provision of services and support to youth aging out of Michigan's foster care system has been an area of focus. The provision of Foster Youth to Independence vouchers is a new federal initiative to prevent and end homelessness among youth with a current or prior history of child welfare involvement. Data has been collected to determine populations eligible for this service with the intent of distribution at a county level. Michigan continues to explore ways to increase clients' access to affordable housing through collaborative planning with community groups, charities, and government grants.

Transportation

Transportation is needed by caregivers, particularly relatives, to transport children to medical, mental health, and other service appointments. Lack of transportation adversely affects parenting time, maintenance of familial bonds, employment and treatment plan completion. A financial burden is placed on families who may pay individuals to assist with transportation. MDHHS provides bus fare and gas cards for family visits and for participating with services. Caseworkers commonly drive families to appointments and visits, as do family preservation service providers. However, the lack of public transportation in most cities places a burden on friends and family who have automobiles and increases the chance that parenting time and appointments may be missed. MDHHS continues to explore ways to increase clients' access to reliable transportation through community partnerships.

- During COVID-19, the department made concerted efforts to ensure transportation needs were addressed. Coordination occurred with the MDHHS Economic Stability Administration to provide Uber vouchers for families involved with child welfare programming.

Mental Health and Behavioral Health Services

Some Michigan counties have experienced an influx of older children with significant mental health needs and behaviors that the parents or caregivers report they cannot handle themselves and/or may result in inappropriate discipline. Lack of mental health services for youth has been shown to affect placement stability. Lack of access to targeted mental health services can also delay permanency for children and families. Families with health insurance may not have adequate coverage for mental health services, or services are often limited because of high demand. Due to the nature of mental health needs, individuals may not benefit from other services until their mental health needs are addressed.

The Harvard Government Performance Lab completed an analysis of children placed in residential facilities. The delays and gaps in services for mental health interventions led to further analysis and mapping exercises regarding the general child welfare population's access to behavioral health services. This analysis revealed that the average delay in receipt of community-based contracted behavioral health services was approximately 42 days from referral to first appointment.

- As a result of this analysis, weekly meetings were initiated between CSA and the Behavioral Health Division of MDHHS. Assessment is occurring to ensure a more rapid and responsive approach to service delivery is established.

Delays for mental health and substance use disorder services occur at both the assessment and service provision stages for children and families across the state. An assessment may recommend a service, only to find that the service is not available, or the client is wait-listed. Michigan uses many contracted services for mental health and substance use disorder assessment and treatment throughout the state. Family preservation services may also be utilized and can provide the flexible and home-based support caregivers with mental illness require, but the training and expertise, along with evidence-based programming may not be available through these providers. MDHHS continues to explore ways to improve access to mental health and substance abuse services for parents and children.

Tracking Needs and Measuring Progress

- Needs identified from multiple sources including citizen groups, focus groups, CFSR and BSR case reviews and feedback from counties and BSCs drive CSA leadership decisions on how to use existing funding streams as well as resources available from external partners.
- In the ChildStat process, each participating county provides their service array, discusses the local view of needs vs. available services and CSA conducts follow up with each county to assure any identified barriers are addressed.
- Because there is room for improvement in tracking and measuring progress in services array, Michigan is planning to implement some new strategies:
 - Combining information from multiple sources to enhance service array data collection through existing processes including Comprehensive Local Office Purchase Plans, 211 Services Hotline and community collaboratives.
 - Prioritizing standardizing outcomes measurement as part of existing contracting processes.
 - Increasing opportunities for service array documentation throughout the procurement and contracting process.

Progress in 2019 and 2020

- Michigan is conducting a needs assessment with technical assistance from Chapin Hall at the University of Chicago to assist with adequately understanding the needs of children in care and the current service array of prevention services and congregate care in Michigan.

- Data was collected to determine populations eligible for foster youth to Independence Vouchers with the intent of distribution of vouchers to youth with a current or prior history of child welfare involvement.
- During COVID-19 the department coordinated with the MDHHS Economic Stability Administration to provide Uber vouchers for families involved with child welfare programming.
- The Harvard Government Performance Lab completed an analysis of children entering and placed in residential facilities. The delays and gaps in services for mental health interventions led to further analysis and mapping exercises regarding the general child welfare population's access to behavioral health services.

Service Array and Resource Development

MDHHS recognizes the need for continued, coordinated efforts to tackle the multi-factored challenges faced by client families and children. MDHHS continues to assist local efforts to evaluate service gaps by encouraging local offices to:

- Ensure worker, supervisor, court, Community Mental Health and private agency input at regularly occurring collaborative meetings.
- Develop and disseminate material for local county directors/private agency partners in organizing local CQI sub-teams focused on local service array and establishment of action/implementation plans.
- Develop a template for reporting county-based service gap information.
- Convene to discuss and identify service strengths and weaknesses in the county.
- Address issues about availability, ease of access and barriers.

MDHHS will:

- Evaluate input on service gaps from counties and address them through the QIC.
- Provide guidance on creation of individualized county plans to enhance office culture and a method of tracking county progress will be developed.
- Continue to provide ChildStat meetings which provide weekly forums for counties and districts to identify local and systemic gaps in service array.
- Complete regular contract reviews through each BSC to reveal any gaps in current service provision and identify opportunities for enhancing existing service array.

Item 30: Individualizing Services

Child Welfare Practice – the MiTEAM Practice Model

The MiTEAM practice model incorporates family engagement, family team meetings and concurrent permanency 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 local 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 allows child welfare supervisors to track use of the critical components of the MiTEAM model and identify strengths and needs in case management activities, through a sampling of cases. The Fidelity Tool portal provides managers a listing of cases assigned to each of their staff members so that evaluation of practice at an individual caseworker level can be completed. Additionally, caseworkers who need assistance may be identified through use of the MiTEAM Fidelity Tool by the manager actively selecting cases for that worker.

Locally Allocated Funds for Community Needs

MDHHS' commitment to providing accessible services to families includes community-based programs. Allocation of funds to local county offices ensures that the services offered to families are appropriate to the needs of each geographical region and local needs. Funds allocated to MDHHS local offices may be consolidated to allow counties with low populations to combine funds in contracts that serve a broader population or geographic area and thereby enhance the service array for that area.

Child Protection Community Partners

Funding is provided to MDHHS local offices for preventive services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:

- Reduce the rate of recurrence and subsequent 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 all 83 MDHHS local offices to contract for services to families with children at risk of removal for abuse and/or neglect, or families with children in out-of-home placement. The purpose of the funding is to:

- Keep children safe in their homes and prevent the unnecessary separation of families.
- Return children in out of home placement to their families in a safe and timely manner.
- Provide safe, permanent alternatives for children when reunification is not possible.

Purchased services include:

- Counseling
- Parenting education

- Parent aide services
- Wraparound coordination
- Families Together Building Solutions
- Flexible funds for individual needs

Individualized Service Provision

Contracted family preservation activities, including Families First of Michigan, the Family Reunification Program and Families Together Building Solutions serve high-risk families and families where maltreatment has occurred (confirmed) and seek to reduce the negative consequences of the maltreatment and prevent recurrence. These programs allow for the provision of:

- 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 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 adverse 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.

Measuring Progress on Individualizing Services

- CFSR PIP case reviews provided a baseline level of effectiveness in individualizing services through assessment of Well-Being items 12 through 16. Ongoing use of the federal tool provide a quarter-by-quarter score that will show improvement or opportunities for enhanced attention.
- Blended Service Reviews provide reliable and case-specific data on case management, particularly in the areas of engagement, teaming, and assessment and understanding. Collective findings in a county and statewide inform ongoing training and technical assistance efforts.
- The MiTEAM Fidelity Tool is relied upon by supervisors to monitor caseworker's use of the MiTEAM practice model in working with families, including the core skills of teaming, engagement, assessment and mentoring. Each caseworker is shadowed twice each year and rated in their use of the skills. When a need is indicated, additional training and other assistance is provided to the caseworker.
- Family preservation contract language requires programs to conduct an assessment and create an individualized service plan in collaboration with the family. MDHHS reviews a sample of family preservation cases during annual contract reviews to determine if appropriate assessments and service plans are found in the case documentation. When required assessment information is missing, MDHHS requests an improvement plan and offers training during ongoing attendance at team meetings or via phone consultations with the supervisor, program manager and if requested, program staff.

Progress in 2019

- DCQI collaborated with MiTEAM staff to assist caseworkers and supervisors to monitor model fidelity in the services they provide.
- MDHHS developed a contract for services to families with children ages 5 and under experiencing a substance use disorder. The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. The program provides skill-based interventions and support for families when a parent is alcohol or drug affected or has been found to have a co-occurring disorder.
- Trauma-informed practice was included in the enhanced MiTEAM practice model.
- MDHHS collaborated with the Defending Childhood State Policy Initiative, in which national experts and state agencies and stakeholders developed a strategic plan to screen, assess and treat trauma using evidence-based interventions.
- MDHHS worked with the Children's Trauma Assessment Center to develop a statewide trauma screening and functional assessment for children in the child welfare system. The tool is completed for any open/ongoing CPS services case and any foster care case during quarterly service plan completion. The expectation for screening children with the use of this tool was added to family preservation contracts.

Services for Specific Populations

To ensure services provided to children and families are accessible to all, Michigan provides access to tools for outreach with special populations and groups statewide.

Interpreter and Translation Services

MDHHS provides interpreter or translation services free of charge for individuals and families with limited communication skills with the English language, including speaking, hearing, reading or writing. MDHHS must provide services within a reasonable time during the delivery of all significant treatment, legal procedures and when obtaining informed consent. Some MDHHS staff are multi-lingual and serve a dual role as interpreters. MDHHS also collaborates with community groups that may be able to serve as interpreters or provide access to interpreters.

MDHHS maintains a contract with Linguistica International to provide assistance when a client who is not English speaking is in need of services. Linguistica provides a telephone interpreter and written translation services. Linguistica International provides services in Spanish, Chinese (Mandarin and Cantonese), French, Japanese, Vietnamese, Armenian, Cambodian, German, Haitian Creole, Italian, Korean, Portuguese, Farsi, Tagalog, Thai, Urdu and other languages.

Indian Outreach Workers

MDHHS offices in areas with tribal populations employ Indian outreach workers, who work within the tribal community to provide access to all MDHHS services to Indian families, and to assist MDHHS and private agency workers complete outreach to tribal communities.

Office of Migrant Affairs

MDHHS is the lead state agency responsible for the assessment, development and coordination of services for Michigan's migrant and seasonal farmworkers. The Office of Migrant Affairs' mission is to deliver public benefits, provide assistance, and coordinate statewide services that meet the economic and cultural needs of marginalized migrant and seasonal farmworkers. The Office of Migrant Affairs enhances the delivery of MDHHS services to farmworkers and their families by:

- Analyzing, recommending and advocating for improvements in the department's program, policies and procedures.
- Coordinating the allocation, recruitment, testing, hiring and training of MDHHS bilingual (English/Spanish) migrant program staff.
- Advocating for farmworkers.
- Ensuring timely access to and determination of eligibility for general assistance programs offered by MDHHS.

Refugee Assistance Program

The Refugee Assistance Program helps persons admitted into the U.S. as refugees to become self-sufficient after their arrival. Temporary refugee cash assistance is available to eligible refugees who do not qualify for cash assistance, Supplemental Security Income or Medicaid. Refugee cash assistance is available for up to eight months after entry into the U.S.

Employment services, health screenings and foster care services for unaccompanied minors are available to refugees. Assistance from Refugee Services aids refugees with the following immigration statuses:

- Refugee or asylum seekers
- Cuban/Haitian entrants
- Amerasian entrants
- Parolees
- Victims of trafficking
- Iraqi or Afghan Special Immigrant VISA holders

Services to refugees include:

- Employment services
- Education assistance
- Services to older refugees
- Health screening
- Foster care services for unaccompanied refugee minors

Hearing, Speech or Visual Impairments

MDHHS ensures effective communication with employees who have hearing, speech or visual impairments. MDHHS advises employees with disabilities or their representatives, that they may be provided with auxiliary aids and services to attain effective communication with other MDHHS employees. Auxiliary aids and services include qualified language or sign language interpreters, written material, translated material, materials

in alternative formats including Braille, large print, audio tape, CD, email, etc. and TTY numbers for persons who are deaf/hearing impaired.

Service Array and Resource Development Plan for Continued 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.

- **Objective:** MDHHS will provide a service array and resource development system to ensure that accessible services are provided to:
 - Assess the strengths and needs of children and families and determine other service needs.
 - Address the needs of individual children and families to create safe home environments.
 - Enable children to remain with their parents when it is safe to do so.
 - Help children in foster and adoptive placements achieve permanency.

Outcome: Providing an array of services that assess and address the strengths and needs of children and families will enable children to remain with their parents or achieve permanency.

Measure: CFSR Round 3; BSR/QSR

Baseline - 2018: Area needing improvement.

Benchmarks 2020-2024: Explore expansion of existing services or addition of new services to meet the needs of children and families.

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

Outcome: Ensuring services can be individualized to meet the unique needs of children and families will allow accurate targeting of services.

Measure: CFSR Round 3; BSR/QSR

Baseline - 2018: Area needing improvement.

Benchmarks 2020-2024: Demonstrate improvement each year.

Service Array and Resource Development Planned Activities for 2021

- Implementing the findings of the Family First Prevention Services Needs Assessment
- Enhancing CPS investigation and ongoing services through continued development of trauma-informed services and training
- Implementing a new contract for in-home substance use disorder services
- Continuing to collaborate with Medicaid-funded behavioral health services to address the needs of children and families with mental and behavioral health concerns
- Continuing to promote and support the work of the Children's Trust Fund to prevent child abuse and neglect in local communities
- Continue offering technical assistance to contracted family preservation program staff to ensure services are provided with fidelity to evidence-based models

Program Improvement Plan Strategies 2021

In addition to the strategies listed above, the CFSR PIP identified collaborative activities to expand the quality and availability of services to children and families. The goal is to create a resource community that surrounds families with services and supports so that out-of-home placement is reduced or eliminated safely. PIP strategies include:

- **Assessment and Services Strategy 6:** MDHHS will pursue partnerships, grants, and funding opportunities to expand services to prevent the need to separate children from their parents and support families at risk for child maltreatment:
 - **3.4.1:** MDHHS will secure a source to complete a statewide assessment of prevention services and gaps.
Update: Chapin Hall and Casey Family Programs is conducting the statewide assessment of prevention services and gaps.
 - **3.4.2:** MDHHS will identify the state-funded and/or administered prevention services for mental health, substance use and parenting skills development.
Update: The Family First Prevention Services Act Readiness survey for Michigan's Evidence-Based Programs and Services is completed.
 - **3.4.3:** Survey local public and private organizations to determine what services they are providing.
Update: The survey has been completed.
 - **3.4.4:** MDHHS will summarize all services and provide an analysis through a statewide assessment of services and gaps.
Target completion is Quarter 4.
 - **3.4.5:** CSA leadership will identify the needs of Michigan's child welfare population based on the statewide report:
Target completion is Quarter 6.
 - **3.4.6:** MDHHS will evaluate current funding options and identify funding opportunities to increase prevention services.
Target completion is Quarter 7.
 - **3.4.7:** MDHHS will advance a proposal for change for funding needed to expand prevention services to meet prevention service gaps identified.
Target completion is Quarter 8.
 - **3.6.2:** MDHHS will partner with Recovery Oriented Systems of Care, Medical Services Administration and local Pre-paid Inpatient Health Plans to increase use of co-placement of infants and children with their parents in treatment facilities for substance use disorders.
Update: PIHP contracts are not currently collecting information on co-placement of infants and children with their parents in treatment facilities. A baseline of 38 children was obtained from administrative data. A contract amendment is being explored to effectively capture outcome data moving forward, which would inform best practices and monitor effectiveness.
 - **3.6.3:** MDHHS will partner with the MDHHS Bureau of Family Health Services to strengthen referral and access to home visitation programs for families encountering the child welfare system.

Target completion is Quarter 6.

- **3.6.4:** MDHHS will partner with the University of Michigan to apply for a Regional Partnership Grant to implement the Recovery Coach Model.

Update: Michigan was not awarded the Regional Partnership Grant.

- **3.6.5:** MDHHS will partner with the Governor’s Task Force to develop a protocol for cross-systems development of Infant Plans of Safe Care.

Target completion is Quarter 6.

Implementation Support

- CSA is participating in weekly meetings with the Behavioral Health Division of MDHHS to ensure a more rapid and responsive approach to service delivery is established to decrease the length of time between service referral and first appointment.
- MDHHS will continue supporting the Children’s Trust Fund to fill the critical role of prevention leadership statewide.
- Michigan will continue to provide evidence-based family preservation services through contracts with private agencies.
- MDHHS will continue to work with Behavioral Health and Disabilities Services to ensure children who meet eligibility criteria for Serious Emotional Disturbance or Intellectual and Developmental Disability are provided services statewide.
- MDHHS will continue to provide accessible services to families through funding of community-based programs. Allocation of funds to county offices ensures that the services offered to families are appropriate for the needs of each geographical region and local needs.

Program Support

- DCQI provides ongoing technical assistance to family preservation, CPS and foster care program offices to enable them to respond quickly and appropriately to the needs identified by local staff and managers.

Technical Assistance and Capacity Building

- MDHHS is receiving technical assistance from Casey Family Programs and Chapin Hall to identify evidence-based services that address the requirements of the Family First Prevention Services Act.
- The Harvard Government Performance Lab completed an analysis of children entering and placed in residential facilities.
- MDHHS will continue to assess the state’s Service Array system through interviews via the Blended Service Review to address service needs identified by the groups.
- 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.

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, including education and raising awareness of issues of child safety, permanency and well-being, as well as providing direct and contracted services to children and families. Actively seeking feedback from stakeholders at all levels and acting on that feedback to target resources, training and technical assistance effectively, and in turn, modifying strategies to fit changing needs in a continuous quality improvement cycle is essential to providing appropriate and accessible services in all areas of the state on an ongoing basis.

Agency Responsiveness to the COVID-19 Health Crisis

MDHHS made numerous policy and procedural adjustments in response to the risk presented to children, families and staff by COVID 19 to ensure essential child welfare functions are carried out while safeguarding the health of children, families and staff. These modifications were communicated to staff via communication issuances, the Child Welfare News and Employee Town Halls.

MDHHS is using technology to share information and provide ongoing communication through:

- Weekly MDHHS director town halls for staff that allow for questions and responses
- CSA all-staff meetings
- CSA town hall with parents of children in care that allows for questions and responses
- CSA town hall with foster and relative caregivers that allows for questions and responses
- CSA communication issuances

MDHHS is continuing to update policy and procedures as the needs presented by the COVID-19 health crisis change and will communicate updates through ongoing communication to staff and providers including town halls, communication issuances, and other methods.

COVID-19 Response

Service delivery was affected by the COVID-19 pandemic:

- Calls received by Centralized Intake fell from an average of 4,998 calls per week in the eight weeks from Jan. 19 through March 8, 2020 to an average of 2,987 reports per week in the eight weeks from March 15 through May 3, 2020, a decrease of nearly 40 percent.
- Open ongoing CPS cases in March, April and May 2020 averaged 3,525, compared to an average of 4,153 for the same period in 2019, a decrease of 15 percent.
- Foster care placements in March, April and May of 2020 totaled 745, compared to 1,421 for the same period in 2019, a reduction of nearly 50 percent. During the same time period, it was noted that reunifications were delayed because of the requirements of

the shutdown. Michigan's efforts around Rapid Reunification ensured that concerted efforts were made to reunify any child, if safely possible, with an existing goal of reunification and unsupervised visits. That effort resulted in a 69 percent success rate, with a total of 299 children being reunified through this activity.

- Foster care reunifications in March, April and May 2020 totaled 1,013, compared to 1,488 reunifications in March, April and May 2019, a reduction of over 30 percent.

Support to vulnerable families. To ensure children are safe during the time of the COVID-19 crisis and receiving additional outreach, frontline staff were deployed to offer support to families that have been identified as being at risk. County offices worked with CQI staff and other community resources to complete outreach to families who had involvement with CPS in the previous six months resulting in a CPS Category III open/close or Category IV case. Counties were provided training, a script for completing outreach calls and resources to engage families in discussion related to services and supports. Counties tracked these activities utilizing a spreadsheet and made referrals as appropriate. Deployment included the following:

1. Each county completed contact with cases identified in their spreadsheet.
 - a. Category III open/close cases were contacted first.
 - b. Category IV cases were contacted second.
2. Spreadsheets with details of contacts and referrals made were submitted to the BSC quality assurance analyst.
3. Pathways to Potential staff were engaged in areas where this resource is available for continued support if necessary.

Rapid Reunification Reviews. Since the COVID-19 outbreak and subsequent stay-at-home orders, it was noted that children in foster care were being reunified with their families at a lower rate than previously, possibly extending foster care stays unnecessarily. To address this while maintaining a focus on child safety, MDHHS instituted Rapid Reunification Reviews. Eligible foster care cases included those that are being considered for reunification within 60 days and have one or both parents participating in unsupervised visits.

- Reviews took place in three phases for children considered for reunification within 30 days, 45 days and 60 days.
- The reviews were a team effort, including leadership, frontline workers, attorneys and others in exploring for barriers for reunification using a standard review tool.
- Reviews resulted in a recommendation to return the child to their home or remain in care and if the child was to remain in care, whether potential exists to expand visitation.
- Requirements prior to return include a family team meeting, proactive and reactive safety planning as well as that all essential services were active.
- All policies for reunification must be followed and required contacts with the child must be made.
- County and district leadership coordinated with local courts to determine processes for hearings and order language.

Effect of COVID on Court Hearings

The Supreme Court and State Court Administrative Office have issued numerous Administrative Orders and guidance to assist courts in determining when and how to safely proceed with hearings during COVID. The Judiciary's Response to COVID-19 website includes a vast array of information about each court's handling of cases during

COVID: <https://courts.michigan.gov/News-Events/Pages/COVID-19.aspx>. Following is one resource listed on the website to help courts prioritize court hearings:

<https://courts.michigan.gov/Administration/SCAO/Resources/Documents/COVID-19/CircuitProcessForTriage.pdf>

Added Support for Parent-Child Visits. With the move to video conferencing during the state executive order to shelter in place, MDHHS provided cell phones and data packages to parents who do not already have them to promote continued face-to-face video contact while in-person visits cannot occur.

Agency Responsiveness to the Community Assessment of Current Performance

Assessment of Michigan's performance in this systemic factor is monitored through the work of the Quality Improvement Council (QIC) and its sub-teams, Blended Service Review interviews, consultation with Native American tribes, the Foster Care Review Board, the Governor's Task Force for CPS, Foster Care and Adoption and the Michigan Federation for Children and Families. Also utilized for assessment are the Child and Family Services Review and Child and Family Services Plan, among others. The membership and focus of each group are below.

- The Quality Improvement Council (QIC) is the CSA organizational body responsible for ensuring that experts and stakeholders are involved in assessing need and developing responsive programs and facilitating decision-making at every level. The QIC sub-teams were modified in 2020 to more closely align with current department priorities. Sub-teams now include Safety in Care, Recurrence of Maltreatment and Permanency.
- Blended Service Review (BSR) includes seeking feedback from all parties involved in the cases being reviewed. Counties use the feedback to create practice improvement plans, which are monitored through the BSCs.
- The State Court Administrative Office (SCAO) receives monthly data from MDHHS that is incorporated into the Judicial Data Warehouse. The merged data is accessible to courts statewide and helps to inform jurists regarding county-specific and statewide trends in child welfare. MDHHS also collaborates with SCAO in the activities of the Court Improvement Program.
- 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.
- Secondary Traumatic Stress Training is provided by the Children's Trauma Assessment Center for child welfare directors, supervisors and staff. This training focuses on secondary trauma in child welfare work, including how to recognize and effectively respond to its effects. Staff complete surveys regarding secondary trauma and their office culture/climate and directors create action plans focused on making

improvements based on survey results.

- The Mental Health Diversion Council was created to improve outcomes for juveniles by reducing the number of youth with mental illness or intellectual or developmental disabilities from entering the juvenile justice system, while maintaining public safety. Services focus on improving screening, assessment and treatment of youth in the juvenile justice system to improve identification, reduce risk, and provide adequate care for complex behavioral health conditions. It focuses on effective coordination of state and local resources to provide necessary improvements throughout the system in the implementation of a diversion action plan.
- The Local Office Culture Assessment and Development work group is comprised of regional and county directors, human resources leadership and the Office of Workforce Development and Training. The group is implementing the Leadership Development Tool, which affords a safe, constructive means for managers to elicit feedback from their staff to improve the effectiveness of their work unit. This work group aligns training resources with manager needs and utilization.
- MDHHS employee engagement is measured by annual department-specific employee surveys. Based on these annual surveys, employee engagement action plans are developed with specific goals.
- Director's Roundtables held by the MDHHS director, are available to all MDHHS employees and provide a direct line of communication and opportunity for feedback. The director also travels for site visits at local offices and central office buildings to achieve the same goal.
- The Director's Steering Committee includes the executive director of the CSA, along with the West Michigan Partnership for Children Board of Directors and executive leadership. Other stakeholders include MDHHS central office and local staff, representatives from the Michigan Federation for Children and Families and the Kent County Administrator's Office. This group works to assure that MDHHS and the West Michigan Partnership for Children meet key milestones by identifying potential roadblocks and solutions and making critical decisions to support the successful implementation of the performance-based funding pilot.
- The Michigan Child Welfare Partnership Council is comprised of statewide representatives from MDHHS, private child welfare agencies, court and county administrators, county commissioners, and others with an interest in developing a performance-based child welfare system throughout the state. This group meets monthly and has as a standing agenda item updates from the West Michigan Partnership Council.
- Child Welfare Services and Support analysts support private child-placing agencies, similar to the supports offered to MDHHS child welfare staff through their assigned BSCs. Statewide utilization of the Monthly Management Report, Infoview data reports, Caseload Count and Book of Business, along with job aids and consultation are critical to targeting outcomes on a local and regional level. The analysts review and analyze data, ongoing training requirements and caseload compliance reports continuously to identify areas that require attention.

- The Guy Thompson Parent Advisory Council is comprised of 20 birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs. In 2019, the council participated in CFSR PIP development and the Court Improvement Program. Members also advised MDHHS regarding the Family First Prevention Services Act, helped inform CPS and foster care training, advocated for changes to CPS central registry, provided feedback on potential policy changes, and presented at statewide conferences for child welfare staff and stakeholders.
- The Michigan Coalition Against Homelessness, Michigan Network for Youth and Families, the Michigan State Housing Development Authority and Local Continuums of Care collaborate with CSA to meet the needs of homeless youth in Michigan. The collaboration is a source of expertise, experience and innovation used to maximize services.
- The MDHHS Bureau of Community Services, Housing Services Section received results from Quality Service Reviews showing the ongoing need for adequate housing and how need for housing can delay reunification. In a meeting with the Housing Services Section, it was established that most families needing housing assistance do not qualify for federally funded housing support or they have a criminal limitation to meeting the requirements.
- The Statewide Community and Faith-Based Initiative on Foster Care and Adoption builds partnerships with local community leaders, business representatives and faith leaders to meet the needs of foster and adoptive children by promoting awareness of the need for quality foster and adoptive parents and connecting children and youth to supportive resources and relationships.
- Collaboration with professional and citizen groups ensures broad participation in developing and managing child welfare services. MDHHS has standing committees and task forces that meet regularly and provide ongoing oversight, advisement and, in some cases, supportive funding for initiatives and training.
- The Children’s Trust Fund provided direct service grants in 2019 that funded evidence-based and evidence-informed services to children and families targeted at preventing child abuse and neglect. The Children’s Trust Fund serves as the Michigan Citizen Review Panel on Prevention, which advises MDHHS on challenges and opportunities for prevention services.
- The Children’s Trauma Assessment Center at Western Michigan University has been a collaborator with MDHHS in several different capacities. The center collaborates with mental health service providers to streamline access to trauma assessments for children after a need has been identified. These counties were trained on the Children’s Trauma Assessment Center’s Trauma Screening Checklist to aid in accurate need identification. The collaboration was expanded through a contract to train all public and private child welfare staff on the Trauma Screening Checklist.
- The Michigan Child Death Review Team (Citizen Review Panel for Child Fatalities) supports voluntary multidisciplinary child death review teams in all 83 counties. These teams, totaling over 1,400 professionals, meet regularly to review the circumstances

surrounding the deaths of children in their communities. The MDHHS director selects members that include key MDHHS leadership, law enforcement, a county prosecuting attorney and medical examiner, the Children's Ombudsman and the State Court Administrative Office. Quarterly meetings include review of current state-level issues affecting children's health, safety and protection.

- The Governor's Task Force on Child Abuse and Neglect (Citizen Review Panel for CPS, Foster Care and Adoption) gives stakeholders an opportunity to voice their observations and concerns and gain information and knowledge about the functioning of the child welfare system. The Governor's Task Force focuses attention on trauma issues and composes recommendations for systemic improvement based on the information learned from community and consumer feedback.
- The Michigan Youth Opportunities Initiative trains young people in leadership, media and communication skills, including how to strategically share their story and present on panels. Local Michigan Youth Opportunities Initiative Youth Boards are among the focus groups that participate in providing feedback on child welfare services in their communities through a variety of venues, including conferences and panels.
- The Tribal State Partnership consists of Tribal Social Service directors, state and private agency directors and MDHHS staff that meet quarterly for consultation between the MDHHS Office of Native American Affairs and Michigan's 12 federally recognized tribes. The partnership collaborates to achieve and strengthen application of the Indian Child Welfare Act and the Michigan Indian Family Preservation Act and promote effective and culturally sensitive services to Native American children and families.
- The Medical Care Advisory Council advises MDHHS on policy issues related to Medicaid. The council is involved with issues of access to care, quality of care and service delivery for managed care and fee-for-service programs. The Medical Care Advisory Council represents consumers and consumer advocates, health care providers and the community.
- The Human Trafficking Health Advisory Board collects and analyzes information concerning medical and mental health services available to survivors of human trafficking. The board identifies state, federal and local agencies involved human trafficking and coordinates the dissemination of medical and mental health services available to survivors of human trafficking.
- The Michigan Committee on Juvenile Justice is a 15-member committee that advises on juvenile justice issues and guides effective implementation of juvenile justice policies and programs. Membership includes MDHHS juvenile justice personnel, judges, law enforcement and private agencies.
- The Michigan State Council for Interstate Juvenile Supervision monitors compliance with the interstate compact and problem-solves and initiates changes accordingly. The council advocates for improved operations, resolves disputes between states and conducts training.
- The Office of Children's Ombudsman receives complaints from the community regarding specific cases, provides reports to the legislative and executive branches of state government and recommends changes to improve child welfare law, policy and practice.

- The Prosecuting Attorney Advisory Council meets quarterly to discuss issues of mutual interest to the county prosecutors who represent MDHHS and private child-placing agencies in child protective proceedings. The meetings focus on information sharing and problem resolution to enable more effective and efficient collaboration between child welfare staff and prosecutors to improve legal representation for MDHHS.
- The Judicial Advisory Council meets quarterly to discuss issues of mutual interest to the courts and MDHHS in child protective proceedings, foster care and adoption cases. The meetings focus on information sharing and problem resolution to enable more effective and efficient collaboration between child welfare staff and the courts.
- Michigan Graduate Schools of Social Work collaborate with MDHHS to offer training that meets in-service training requirements and earns continuing education credits. The partnership was expanded to include free trainings for foster parents, adoptive parents, kinship/relative parents and birth parents customized to assist understanding of the unique needs that children and their families face in the child welfare system.

Diversity, Equity and Inclusion

The MDHHS Diversity, Equity and Inclusion Committee brings together the health and human services sides of the department. The committee has workgroups that develop strategies to implement the Diversity, Equity and Inclusion plan throughout the agency. The individual workgroups and their focus and activities include:

Leadership

- Leaders at all levels completed Diversity, Equity and Inclusion leadership training.
- Leadership develops and implements strategies and prioritizes resources to ensure Diversity, Equity and Inclusion Plan objectives are met.
- A Diversity, Equity and Inclusion officer was appointed that is responsible for the implementation and improvement of the Diversity, Equity and Inclusion plan.
- Leaders support the efforts of the Diversity, Equity and Inclusion council.

Culture and Climate

- Employees are aware and respectful of the department's diversity, equity, and inclusion efforts.
- Organizations with experience eliminating systemic inequities will be identified to help MDHHS strengthen diversity, equity, and inclusion initiatives.
- Communication with customers occurs in the language of their choice and meets National Culturally and Linguistically Appropriate Services standards.
- Feedback from customers, community partners, stakeholders, and employees is incorporated in decision-making and implementation processes.

Recruiting, Hiring and Retention

- The workforce, including leadership, is diverse and talented.
- Hiring managers receive education and assistance to ensure that hiring practices are consistent and transparent.

- Applicant pools are diverse and reflect the demographics of the communities MDHHS serves.
- Positions that serve communities with limited English proficiency are filled by staff fluent in their language.
- Prospective and current employees are aware of reasonable accommodation policies, procedures, and resources.

Training and Professional Development

- Employees are engaged in equitable work practices, such as designing and delivering programs in a culturally and linguistically appropriate manner, and are committed to the department's diversity, equity, and inclusion goals.
- A core group of diversity, equity, and inclusion subject matter experts has been established to support training and professional development throughout the department.
- Employees received diversity, equity, and inclusion training and are prepared to establish these principles as core priorities for how the department carries out its mission.
- Employees are able to identify and reduce implicit bias and systemic inequities.

Service Delivery

- The purpose of service delivery is the removal of barriers to equity and inclusion of all prospective and current clients to the diverse services provided to all Michiganders.
- The group reviews current and future policy with a diversity, equity and inclusion lens to develop a department wide culturally and linguistically appropriate services policy.
- The group seeks to eliminate systemic bias in the department's policies, contracts, programs and procedures.
- Service delivery team members receives diversity, equity, and inclusion training in preparation to review the department's policies, programs and contracts with a diversity, equity and inclusion lens.
- The team's work ensures service delivery areas can identify and reduce implicit bias and systemic inequities in policies, programs and contracts.
- The team collaborates with MDHHS stakeholders in revising the contracting process.
- The team ensures underserved populations are well represented with diversified MDHHS contracts, vendors and service providers.

Minority Overrepresentation

The Michigan Race Equity Coalition examines and implements strategies to address the root causes of minority overrepresentation in child welfare. The coalition includes Michigan's child welfare services leadership, juvenile justice leaders, the judiciary, state and local officials, educators, health professionals, philanthropic leaders and advocates for children and families. CSA, along with OWDT entered into a three-year contract with Crossroads/ERACCE (Eliminating Racism and Creating/Celebrating Equity) to develop a Planning and Design Task Force for the purpose of building a child welfare antiracism team. The antiracism team addresses the

disproportionality of children of color in care in Michigan’s child welfare system. ERACCE also provides training to staff that addresses systemic issues that contribute to disproportionality.

Progress in 2019

- CSA, ERRACE, Jackson and Kent Counties implemented the Planning and Design Task Force (PDTF) for Anti-Racism in April 2019. The purpose of the PDTF is to develop the criteria, action steps, goals and framework for a Michigan Child Welfare Anti-Racism Team. The team consists of staff from MDHHS central office, Jackson County MDHHS, Kent County MDHHS, Jackson and Kent county service providers, private agency staff, foster parents and a former Michigan foster child. The PDTF serves as a steering committee for the team as they navigate training and implement strategies to address systemic racism, race equity and over-representation of families of color in the Michigan child welfare system.
- The MDHHS Child Welfare Anti-Racism Team (ART) team membership was finalized in August 2019 and began team training in November 2019. Training for ART members consists of 14 days of training in two- to five-day blocks from November 2019 to June 2020 by ERACCE staff in Kalamazoo. Upon completion of training, the group will review, develop and make recommendations for policy and practice changes in Michigan child welfare systems that address issues of systemic racism and race equity.
- CSA in collaboration with ERACCE conducted three race equity trainings for staff in Ingham, Jackson and a statewide group. CSA is scheduled to complete two additional workshops in 2020.
- Kent County MDHHS in conjunction with CSA developed a race equity group that will address overrepresentation of families of color in the child welfare system in Kent County. Kent developed workgroups to address areas of concern that impact families of color. In that effort, Kent implemented the “blind removal” process for CPS. The blind removal process involves making decisions based on case circumstances without referencing the family’s race, economic status and address.
- Jackson County initiated a Diversity, Equity and Inclusion group to address county level issues of systemic racism and race equity. The group meets monthly and is in the process of developing goals for the upcoming year.

Agency Responsiveness to the Community Plan for Continued Improvement

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

- **Objective:** MDHHS will engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court and public and private child and family service agencies to ensure collaboration addresses the implementation of the Child and Family Services Plan and annual updates.

Outcome: Engaging in ongoing consultation with a wide variety of stakeholders will ensure a comprehensive approach is used in developing and providing services to children and families.

Measure: CFSR Round 3

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024: Utilize the QIC, the State Court Administrative Office, Tribal-State Partnership Meetings, the Consortium on Improved Placement Decision-Making and Capacity Building, foster and adoptive parents' associations and private agencies for ongoing consultation and collaboration in providing services to families and children.

- **Objective:** MDHHS will utilize the QIC and sub-teams to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies to improve child welfare services.

Outcome: Utilizing a continuous quality improvement plan that includes engaging internal and external stakeholders will ensure strategies to improve child welfare services are effective and responsive to the needs of children and families.

Measure: CFSR Round 3

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024:

- MDHHS will utilize the QIC and sub-teams for consultation and collaboration.
- MDHHS will develop local organizational structures and resources that identify strengths and areas needing improvement and collaborate on strategies to improve local child welfare systems.

Agency Responsiveness Planned Activities for 2021

- MDHHS will 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 participate 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 seek feedback from the Guy Thompson Parent Advisory Board, the Foster Care Review Board and the three Citizen Review Panels.
- MDHHS will sponsor Michigan Youth Opportunities Initiative activities and youth participation in focus groups.
- Michigan will use stakeholder feedback to address practice issues and increase the capacity to track outcomes. Collaboration on every level remains a priority.
- MDHHS will identify and participate in opportunities for technical assistance and collaboration to enhance services to families in need of multiple forms of help.
- MDHHS will use QSR/BSR findings to develop strategies to improve outcomes for children and families.
- MDHHS will train caseworkers in MiSACWIS to enable accurate and timely entry of data into the system.
- MDHHS will streamline feedback processes to enable prompt responses to needs that are identified by stakeholders.

Agency Responsiveness at the Community Level

MDHHS county offices are tasked with working closely with local human service organizations including private agencies, schools, early childhood programs, courts, law enforcement, public health, housing assistance, employment services, substance abuse services and community foundations. These local multidisciplinary teams formed for various topics allow counties to affect change in their communities, problem solve challenges particular to their region, discover mutually beneficial partnerships, and share grants. MDHHS staff are encouraged to participate in these local multidisciplinary teams.

Collaboration between the department and these agencies occurs through ongoing collaborative councils and as needed when task-specific issues arise that require collaboration. This community engagement provides feedback that can be addressed through existing channels to ensure it is afforded necessary attention.

Community feedback is also received through three-person MDHHS county administrative boards. These advisory boards work collaboratively with MDHHS county directors, typically through monthly meetings. The experience of each board member helps shape conversation and strategy planning for improvement at the state and local levels.

The Wayne County Third Circuit Court and the department are collaborating with Casey Family Programs to improve child welfare services in Michigan's most populous county. The collaboration focuses on five areas:

- Increasing timeliness to permanency
- Developing procedures that assess the need for trauma-informed interventions
- Exploring the need to increase parenting time beginning at the preliminary hearing
- Developing a psychiatric questionnaire to identify and monitor children receiving psychotropic medication
- Collecting data on compliance with the Indian Child Welfare Act to ensure proper and timely notification is occurring

Item 32: Coordination of CFSP Services with other Federal Programs

MDHHS' child welfare goals are based on the successful functioning of a continuous quality improvement process that measures and analyzes progress systematically. The plan relies on collaboration with public and private stakeholders, including national and state government groups, courts, universities, private agencies, children and families, and the public.

Service Coordination of Federal Programs

In addition to child welfare services, MDHHS administers:

- 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

Agency Responsiveness to the Community Plan for Continued Improvement

Goal: MDHHS will demonstrate responsiveness to the community by coordinating services in the CFSP with other federal programs that serve the same population.

- **Objective:** MDHHS will collaborate with federal, state and local units of government and agencies to ensure the state’s child welfare services are coordinated with services and benefits of other federal programs.

Outcome: Ensuring child welfare services are coordinated with other federal programs streamlines processes for timely and effective service provision.

Measure: MDHHS annual Program Description.

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024:

- MDHHS will utilize existing departments and processes to coordinate child welfare services with other federal and state programs that assist families in accordance with requirements and community needs.

Item 32 Planned Activities for 2021

- MDHHS determines eligibility and provides case management for Medicaid and administers Disability Determination Service for Title II and XVI funds.
- MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. Young people meeting the criteria for Chafee-funded services are eligible, regardless of race, gender or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee funded goods and services.
- The Office of Child Welfare Policy and Programs and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.
- Michigan’s Title IV-E state plan demonstrates compliance with the Fostering Connections Act. MDHHS finalized policies for Young Adult Voluntary Foster Care, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for young people who meet the requirements.
- Michigan’s Interstate Compact staff serves as a liaison between local MDHHS offices and other states to ensure compliance with compact regulations and effective coordination of interstate services to children and youth.

Service Coordination at the State Level

- MDHHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies, covering 100 percent of the state. Local agencies develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They provide low-income individuals with services including Head Start, housing assistance, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.
- In addition to child welfare services funded through Title IV-B(1), MDHHS allocates funds annually to all 83 counties for community-based needs assessment, service planning, contracting and service delivery to children and families. Local funding of services ensures diversified and appropriate services are available in each community. The programs provided under the community-based services umbrella incorporate CFSR standards.
- Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with an emphasis on assisting young people with significant medical, mental health or other functional life impairments that may impede success when re-entering the community.
- The Child Care Fund is a collaborative resource between state and county governments that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.

Local Coordination of Financial and Child Welfare Assistance

Pathways to Potential

Pathways to Potential is MDHHS' cash assistance service delivery model that focuses on three elements: 1) location in the community where clients live, 2) working with families to remove barriers by connecting them to a network of services, and 3) engaging stakeholders and school personnel to help students and families find their pathway to success. Pathways to Potential is focused on identifying barriers to academic success and offering solutions to students, families and school personnel. Pathways to Potential places MDHHS workers in schools to address families' barriers to self-sufficiency in key areas: safety, health, education and school attendance. Pathways objectives include:

Safety

- Increase access to prevention services
- Engage disconnected youth
- Connect vulnerable youth and adults to a protective network

Health

- Remove barriers that prevent access to health care
- Increase access to healthy foods
- Increase access to behavioral health care
- Support good hygiene

- Support physical fitness

Education

- Remove barriers to attendance
- Remove barriers to active participation
- Enhance and support parental involvement

School Attendance

- Increase school attendance rates/decrease chronic absenteeism
- Actively seek parental engagement

Self-Sufficiency

- Remove barriers to employment
- Assist in accessing quality childcare
- Promote adult education
- Support access to transportation

Progress in 2019

Data for chronic absenteeism for the 2018-19 school year recently became available for Pathways to Potential schools. Below is an analysis of this data for schools active that year. After increasing for the last two years, chronic absenteeism rates decreased statewide and for Pathways to Potential schools in the 2018-19 school year.

- The rate of chronic absenteeism for active Pathways to Potential schools decreased by 10.4 percent from 2017-18 to 2018-19, while the statewide rate decreased by 1.1 percent in the same time period.
- Sixty-two percent of Pathways to Potential schools reduced chronic absenteeism from 2017-18 to 2018-19, including 44.7 percent of new Pathways to Potential sites and 64.2 percent of existing sites.
- Compared with a combined two-year baseline including 2016-17 and 2017-18, 47.2 percent of Pathways to Potential schools reduced chronic absenteeism in the 2018-19 school year, including 29.7 percent of new sites and 49.8 percent of existing sites in 2018-19.

Although increasing somewhat in the 2018-19 data, grade repeats have been on a downward trend for Pathways to Potential schools and statewide over the last several years.

- Grade repeats decreased by 16.9 percent from 2013-14 to 2018-19 for the Pathways to Potential schools active in 2018-19, while decreasing 3.2 percent statewide.
- Comparing 2018-19 to 2017-18, grade repeats increased 2.9 percent in Pathways to Potential schools while increasing 1.9 percent statewide.
- Forty-eight percent of Pathways to Potential schools decreased grade repeats from 2017-18 to 2018-19, including 52.8 percent of new Pathways to Potential sites in 2017-18 and 47.1 percent of existing sites.

- Compared with a combined two-year baseline including 2016-17 and 2017-18, 48.4 percent of Pathways to Potential schools decreased grade repeats in the 2018-19 data, including 33.3 percent of new sites and 50.7 percent of existing sites in 2017-18.

Areas with Pathways Schools

- Pathways to Potential is currently housed in 304 schools in 41 counties. MDHHS will be adding additional schools and counties later in 2020.
- Counties with Pathways to Potential programs include: Allegan, Arenac, Bay, Berrien, Calhoun, Cheboygan, Clare, Emmet, Genesee, Gladwin, Gogebic, Hillsdale, Huron, Ingham, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Leelanau, Macomb, Marquette, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ontonagon, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne and Wexford.

Agency Responsiveness Planned Activities for 2021

- 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.
- The Pathways to Potential program will remove barriers to school attendance and assist students and their families with the resources and support they need to succeed.
- The development of a new strategic plan for Pathways to Potential is a focal point for the upcoming years. With the new strategic plan, the program will reevaluate the needs of the families and focus on evidence-based data.
- Michigan’s child welfare implementation plan provides a structure for incorporating federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of MDHHS. Collaborative assessment, planning and coordination central to this structure will continue.

Implementation Support

- Pathways to Potential outcomes are supported by interagency partnership with the Michigan Department of Education along with other community partners.
- The Foster Care Review Board will 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.

Technical Assistance and Capacity Building

- MDHHS will continue participation with the Michigan Department of Education to assess progress and identify opportunities for improvement in meeting the needs of families and children.
- The Wayne County Third Circuit Court and the department will continue collaborating

with Casey Family Programs to improve child welfare services in Wayne County, focusing on timeliness to permanency, need for trauma-informed interventions, increasing parenting time, monitoring children receiving psychotropic medication and compliance with timely ICWA notification.

FOSTER AND ADOPTIVE PARENT RECRUITMENT, LICENSING AND RETENTION

Infants, children and youth from various ethnic and cultural backgrounds need foster and adoptive homes. Michigan's demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoption is a strength in Michigan, and the state-administered structure ensures a smooth process for placement of children across county and regional jurisdictions.

At any given time, Michigan has approximately 13,000 children in foster care and relies on public and private child-placing agencies to find temporary and permanent homes for these children. Michigan has over 90 contracts with child-placing agencies for foster care case management and 60 contracts with 48 agencies for adoption services.

Item 35: Diligent Recruitment of Foster and Adoptive Homes Assessment of Current Performance

This systemic factor for the CFSR Program Improvement Plan (PIP) is measured through the Foster and Adoptive Parent Recruitment, Licensing and Retention goals by monitoring the percentage of counties that meet their annual licensing goals. Performance is also reflected by the percentages of children who are placed in permanent homes and the number of children who are placed with relative caregivers.

Foster Caregivers as Co-Parents

Michigan's PIP goals included the development of a system innovation that would reinvent the roles of foster and relative caregivers to serve as co-parents with parents whose children are in care, not merely as substitute caregivers. The goal of this initiative is to improve engagement with parents by developing a support system that includes foster and relative caregivers as mentors and partners. During the 2020-2024 CFSP, MDHHS will develop this system of foster and relative parent support. Details about this project are provided later in this section under Planned Activities for 2021.

Diligent Recruitment that Reflects the Ethnic and Racial Diversity of Children

The Office of Child Welfare Policy and Programs provided data, forms and templates to counties to assist in completion of county specific Adoptive and Foster Parent Recruitment and Retention plans. Each county received data regarding:

- Demographics of children in care by county
- Children entering and exiting care by county
- Total number of foster homes licensed by county
- Foster home closures by relative and non-related foster homes
- Data to complete the Foster Home Estimator

In 2019, MDHHS continued using the Foster Home Estimator developed by Wildfire Associates, in collaboration with Dr. Denise Goodman, with support and funding from the Annie E. Casey Foundation. The Foster Home Estimator allowed each county to analyze data including:

- The number of children in care
- Trends for the number of children in care over the past two years
- The race of children in care
- The number of children who are over age 13 or in a sibling group
- The number of foster homes available
- The average number of beds in a home
- The percentage of beds in the county that are viable
- The percentage of homes that were closed during the previous year

Several needs were identified through utilization of this tool. These include homes for specific age ranges, sibling groups and homes that match the race of children in the county. This information was valuable to county offices as they developed data-driven recruitment plans to adequately serve the foster care population within their community.

County offices and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The county offices and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. In 2019, each county's licensing goal was analyzed, and monthly targets were established to assist counties in monitoring their progress toward their unrelated licensing goal.

Recruitment Targets of Foster and Adoptive Parents for Diverse Youth

Targets are shared with each county for the recruitment of foster and adoptive homes that match the racial and/or cultural diversity of children entering foster care in that county. These targets help the county gain a better understanding of the focus populations in order to achieve an array of foster homes to match the diversity within the county.

Recruitment Planning of Foster and Adoptive Homes for Diverse Youth

MDHHS recognizes that recruitment efforts must be multi-layered in order to be successful. This includes passive efforts like advertising, community awareness and specific targeted efforts. In FY 2019, MDHHS provided foster home data to the contracted Regional Resource Teams. The data compared foster homes using several demographics and identified trends and areas of need. Trends were found in the ages of families caring for older youth, income levels, education levels, religious background and race. The Regional Resource Teams utilized these trends to build data informed targeted recruitment plans for each of the communities with

whom they work.

Foster and Adoptive Parent Training

Foster and adoptive families are provided training prior to approval as licensed foster families or adoptive families. This training includes expectations and tools to assist families in caring for children from varied cultural backgrounds and the LGBTQ community. Many MDHHS offices and private child-placing agencies provide ongoing training on these topics to current foster and adoptive parents.

Licensing Standards and Process

In Michigan, the MDHHS Division of Child Welfare Licensing (DCWL) monitors and enforces licensing standards to ensure that they are applied consistently. Child-placing agencies, child-caring institutions, foster family homes and foster family group homes must be licensed through DCWL. Private child-placing agencies certify foster homes for licensure and send their recommendations to DCWL, which reviews the documentation and issues the foster home license, if appropriate. Licensing variances are only granted for 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 DCWL 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 DCWL Bureau Information Tracking System:

- Fingerprint based criminal records checks
- Public Sex Offender Registry
- Central registry
- Secretary of State
- CPS history
- Previous licenses issued/closed

Michigan law requires that criminal history checks be completed on all persons over 18 residing in the home in which a foster family home or foster family group home is operated. The following record checks are completed on adult household members and documented on the License Record Clearance Request form and in the Bureau Information Tracking System:

- Law Enforcement Information Network
- Internet Criminal History Access Tool
- Central registry
- Public Sex Offender Registry
- Secretary of State
- CPS history
- Previous licenses issued/closed

When the agency completes the licensing evaluation, including the assessment of any conviction(s), and if the decision is made to recommend licensure despite conviction(s) for specified crimes as indicated in the Good Moral Character licensing rules, the agency completes the Administrative Review Team Summary. Michigan's Good Moral Character Rule identifies criminal offenses that presume a lack of good moral character. Administrative review is the process by which a licensee or applicant may rebut the Good Moral Character Rule's presumption by demonstrating detailed evidence of rehabilitation. If, in addition to a conviction for a specified crime, there are convictions for other crimes not specified in the Good Moral Character rule, all convictions must be addressed in the Administrative Review Summary. Decisions made by the Administrative Review Team are not subject to appeal.

Once all record clearances are completed, the license applicants are enrolled as foster parents. Anytime a foster parent is fingerprinted by a police agency or has a new conviction in Michigan, the Michigan State Police sends an email to the DCWL the next morning. The division also receives a list every Monday of anyone associated with a license that has been put on central registry. A new criminal history check is completed on all non-licensee adults in the household at each renewal.

In Michigan, the following activities ensure that every prospective foster and adoptive parent has a criminal history and central registry screening completed prior to licensure or home study approval:

- Every foster and adoptive parent applicant is required to undergo fingerprinting, allowing accurate state and FBI criminal history clearance.
- Every foster and adoptive parent applicant has a sexual offender registry clearance completed prior to licensure or home study approval.
- Every foster and adoptive parent has a central registry clearance completed prior to licensure or home study approval.
- Criminal history, sexual offender and central registry clearances are completed on every adult household member in foster and adoptive homes prior to licensure or approval.

Adoption Services

Michigan has over 47 contracts for adoption services with private Michigan child-placing agencies. The adoption contracts are statewide and include expectations of conducting interstate compact adoptive home studies, requesting adoptive home studies through the interstate compact process for adoptive placements in other states and performing adoption services on assigned cases, including cross-county placements.

If a child's permanency plan is adoption by a family residing outside Michigan, the Interstate Compact on the Placement of Children must be used. The Interstate Compact process is initiated as early in the permanency planning process as possible. A child cannot be placed out of state for relative placement, foster care placement, or adoption without prior written approval from the receiving state through the Interstate Compact process.

Child-Specific Recruitment Activities

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified for the child at the time of referral the following strategies are utilized:

- A written, child-specific recruitment plan must be developed within 30 calendar days of the date of acceptance of the case.
- The child must be registered for photo listing on the Michigan Adoption Resource Exchange (MARE) within 30 calendar days of termination of parental rights or the date of acceptance of the case, whichever is later.
- An adoption case must be referred to an adoption resource consultant if an adoptive home has not been identified for the child within one year of the child being legally available for adoption 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.
- MARE produces recruitment brochures, videos and newsletters, maintains an informational website, hosts “meet and greet” events and maintains the Michigan Heart Gallery, a traveling exhibit featuring children legally available for adoption without an identified adoptive family.
- The MARE Match Support Program provides statewide services for families who have been matched with a child from the MARE website and are proceeding with adoption. The Match Support Program provides up to 90 days of information and referral services to families.
- MARE Adoption Navigators host quarterly Waiting Family Forums for families who have been approved to adopt and those in the home study process. The forums are an opportunity for the families to learn about the status of their inquiry, what they can do to make the most of the wait time, methods for strengthening inquiries, tips to effectively advocate for their family and meet other families waiting to adopt.

Progress in 2019

Progress in 2019 on licensing non-relative foster homes and homes for special populations:

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1294	1186	754	290	811	691	221	812

Data Source: MDHHS Division of Child Welfare Licensing.

From Oct. 1, 2018 to Sept. 30, 2019, MDHHS and private child-placing agencies licensed:

- Ninety-two percent of the non-relative foster home goal.
- Thirty-eight percent of the non-relative foster home goal for adolescents.
- Eighty-five percent of the non-relative foster home goal for sibling groups.
- Over 100 percent of the non-relative foster home goal for children with disabilities.

The following recruitment and licensing activities were completed in Michigan to ensure a sufficient number and adequate array of foster and adoptive homes were available to meet the needs of children and families:

- Outlined strategies to recruit and retain foster, adoptive and kinship families.
- Produced specialized dashboards that monitored the number of licensed homes, the number of closed homes, average length of time to achieve licensure, number of children placed in residential settings and the number of children placed with relatives.
- Provided tools and guidelines for assessing and analyzing demographic data for recruiting, licensing and retaining foster, adoptive and kinship parents.

Each county MDHHS office was expected to:

- Collaborate with private agency partners, local tribes, faith communities, service organizations and foster, adoptive, and kinship parents to develop annual recruitment and retention plans.
- Provide specific strategies for outreach in all areas of the community.
- Assure all prospective foster, adoptive, and 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 to address 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 included:

- 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 regarding barriers to placements

County Performance:

- Fifty-three percent of counties met at least 90 percent of their recruitment goal.
- Seventy-four percent of counties met at least 70 percent of their recruitment goal.

Progress in 2020

The table below outlines the goals and progress from Oct. 1, 2019 through Feb. 29, 2020, for licensing non-relative foster homes and homes for special populations.

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1222	445	660	118	696	262	234	299

Data Source: MDHHS Division of Child Welfare Licensing.

From Oct. 1, 2019 to Feb. 28, 2020, MDHHS and private child-placing agencies licensed:

- Thirty-six percent of the non-relative foster home goal.
- Eighteen percent of the non-relative foster home goal for adolescents.
- Thirty-eight 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 non-relative licensing dashboard continues to be used in 2020. 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 displaying the percentage of the licensure goal achieved (overall and for each special population)
- The number of foster homes opened proportionate to the number of foster homes closed. Graphs display this data by month and by fiscal year.
- Number of days to licensure
- Number of enrollments
- Number and percentage of residential placements by age group
- Number and percentage of children placed with relatives

The non-relative licensing dashboard was improved for FY 2020 to include the following data at a statewide, BSC, county and agency level:

- Quarterly interim goals and progress towards achievement
- The total number of currently licensed foster homes
- The total number of children placed in a parental home

MDHHS county offices and private agencies continue to collaborate locally to recruit, retain and train foster, adoptive and relative families, as outlined in each county Adoptive and Foster Parent Recruitment and Retention Plan. Although each county's multilayered recruitment plan is different, some of the 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
- Community/neighborhood targeted recruitment
- Library displays
- Movie trailer ads
- Billboards

Regional Resource Teams

Regional Resource Teams were implemented in 2018. The six Regional Resource Teams are located across the state and provide regional recruitment, retention, and training for foster and adoptive parents. The Regional Resource Teams focus on recruiting, supporting and developing foster families to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, prepare families for the challenges associated with fostering and develop existing skills to enable them to foster children with challenging behaviors.

Support for Adoptive Families

Post Adoption Resource Centers

Eight Post Adoption Resource Centers provide services to families throughout the state. The centers support families who have finalized adoptions of children from the Michigan child welfare system, children who were adopted in Michigan through an international or a direct consent/direct placement adoption and children who have a Michigan subsidized guardianship agreement. Family participation is voluntary and free of charge. Post Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention
- Coordination of community services
- Information dissemination
- Education
- Training
- Advocacy
- Family recreational activities and support
- Website and newsletter on topics relevant to adoptive families

Adoption Resource Consultant Services

Adoption resource consultants throughout the state are expected to:

- Provide services to young people who have a permanency goal of adoption and who have been legally available for adoption for one year or more without an identified

- adoptive 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 and developing solutions to eliminate adoption barriers.
- Assist in identifying an adoptive family for a youth.
- Assist in preparing the youth and family for adoption.

Kinship Navigator Program Funds

Michigan received \$427,658 in Kinship Navigator Program funds to expend by the end of FY 2019. The funds were used to enable Michigan State University Kinship Care Resource Center to expand their current program by implementing and evaluating the kinship navigator model for service delivery. The MSU Kinship Care Resource Center:

- Serves any relative who is raising or considering raising a child(ren) of a family member due to the child(ren)'s parents being unable to care for them. The placement arrangement can be an informal, private arrangement between the parents and the relative caregiver, or it can be as a result of involvement with Michigan's child welfare system. Families may self-refer or be referred by a child welfare or other agency.
- Conducted four focus groups in 2019.
- Met with the statewide 2-1-1 director to discuss coordinated efforts.
- Developed a protocol for engaging with relative foster caregivers.
- Co-sponsored Relative Care Day at the State Capitol.
- Provided a two-day training to kinship navigators and other center staff.
- Engaged in service delivery activities with kinship caregivers through phone calls, emails and social media.
- Provided outreach to relative caregivers with foster placements.
- Updated the Kinship Care Resource Center's website.
- Developed a program flyer.
- Collected various community resources to build a resource database.
- Maintained an online calendar of kinship support group meetings.
- Conducted four trainings for kinship care families.

Item 35: Diligent Recruitment of Foster and Adoptive Homes Plan for Continued Improvement

Goal: MDHHS will implement an annual resource parent diligent recruitment and retention plan statewide to ensure there are resource family homes that meet the diverse needs of the children who require out-of-home placement.

- **Objective:** MDHHS will ensure that state standards are applied to all licensed or approved resource families.
Outcome: Applying state standards to all licensed or approved resource families ensures a systematic and thorough screening and licensing process.
Measures: Child welfare licensing data and other sources.
Baseline - 2017: Strength

Benchmarks 2020 – 2024: Local licensing agencies will collaborate with the Division of Child Welfare Licensing to ensure all standards are applied equally.

2020 Performance: The Division of Child Welfare Licensing continues to ensure standards are applied equally.

- **Objective:** MDHHS will ensure that the state complies with federal requirements for criminal background clearances for licensing resource homes and has provisions for ensuring the safety of foster and adoptive placements.

Outcome: Compliance with federal requirements for criminal background clearances ensures the safety of foster and adoptive placements.

Measures: Criminal history and central registry screening of foster or adoptive parent applicants.

Baseline - 2017: Strength

Benchmarks 2020 - 2024: Collaboration between the Division of Child Welfare Licensing and local child-placing agencies to ensure each licensed foster home and adoptive home is screened and approved before children are placed.

2020 Performance: One hundred percent of licensed foster homes had a completed criminal history and central registry screening prior to licensure.

- **Objective:** MDHHS will recruit and license an adequate number and sufficient array of foster homes to reflect the ethnic and racial diversity of children in the state for whom placement is needed.

Outcome: Recruiting and licensing an adequate array of foster homes to reflect the ethnic and racial diversity of children for whom placement is needed ensures that a wide variety of placements are available to meet the needs of children.

Measure: Percentage of local annual recruitment, licensing and adoption plans that meet 90% or more of their licensing goals.

Baseline - 2017: Area needing improvement

Benchmarks 2020 - 2024: At least 80% of annual county recruitment plans will meet 90 percent of their licensing goals.

2020 Performance: 53% of counties met at least 90 percent of their recruitment goal and 74% of counties met at least 70 percent of their recruitment goal.

Goal: MDHHS will ensure best practices are utilized for recruitment and retention and barriers are addressed, as needed.

- **Objective:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Outcome: Timely search for prospective parents for children needing adoptive placements will ensure all children who need adoptive parents achieve timely permanency.

Measure: Number of youth available for adoption without an identified family that are registered with the Michigan Adoption Resource Exchange (MARE) within required

timeframes.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2019 Performance: During FY 2019, the number of children registered with MARE (photo-listed or hold registrations) and the percentage that were completed within the policy timeframe of 30 days.

- 154 photo-listed registrations, of which 116 were registered within policy timeframe (75.3%).
- 2,128 hold registrations, of which 1,692 were registered within policy timeframe (79.5%).
- TOTAL: 2,282 registrations, of which 1,808 registered within policy timeframe (79.2%).

2020 Performance to Date: From Oct 1, 2019 to Feb. 29, 2020, the number of children registered with MARE (photo-listed or hold registrations) and the percentage that were completed within the policy timeframe of 30 days:

- 42 photo-listed registrations, of which 35 were registered within the policy timeframe (83.3%).
- 821 hold registrations, of which 616 were registered within the policy timeframe (75%).
- Total: 863 registrations, of which 651 were registered within the policy timeframe (75.4%).

- **Objective:** MDHHS will enhance resource parent engagement, support and development to recruit, prepare and support resource families in their ability to accept placement of children transitioning from congregate care.

Outcome: Recruiting, preparing and supporting resource families to accept placement of children transitioning from congregate care will enhance resource families' ability to address the needs of those children.

Measure: Percentage of children transitioning from congregate care into a foster home or relative placement.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2020 Performance: In FY 2019, 923 children had at least one placement episode in a congregate care setting. Of those 923 youth, 495 (54%) were placed with a relative, a foster family or adoptive family as their subsequent placement. An additional 207 youth (22%) returned to their parental home following placement in a congregate care facility.

- **Objective:** MDHHS will enhance resource parent engagement strategies to impact resource parent satisfaction, retention and development.

Outcome: Enhancing resource parent engagement strategies will increase their retention and ability to care for children in foster care.

Measure: Percentage of resource parents reporting satisfaction with their role, their interactions with their agency and with the department.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2020 Baseline Determination: Unfortunately, due to the timing of the COVID19 pandemic, the FY 2020 baseline parent survey was unable to be conducted prior to report submission. MDHHS plans to send out the caregiver support and satisfaction survey once the COVID19 threat has subsided, so as not to influence the data set.

- Objective:** MDHHS will enhance resource parent pre-licensure and adoption training to adequately prepare resource families with a baseline of knowledge about the needs of children placed in foster care or available for adoption.

Outcome: Enhancing resource parent training will prepare them to address the needs of children placed in foster care or available for adoption.

Measure: Percentage of resource parents demonstrating increased understanding of the needs of children in foster care, the child welfare system, and processes following completion of training.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2019 and 2020 Progress: MDHHS has contracted with Eastern Michigan University to develop a new pre-licensure and pre-adoption training curriculum. It is being piloted in FY 2020. The following data outcomes are presented as a baseline and were gathered by surveying resource parents about their understanding of child welfare principals following completion of PRIDE training. These questions will be asked of participants after completion of the new training curriculum to demonstrate increased caregiver understanding.

Resource parents were asked to rate their level of confidence (1= no confidence; 5 = high confidence) regarding their ability to engage in twenty-five tasks/roles that are required of parents after having attended the PRIDE training. Below are their findings:

Means and Standard Deviations on Level of Confidence for Foster, Kinship and Adoptive Parents Post PRIDE Training

	Foster, Adoptive & Kinship	
	<i>M</i>	<i>SD</i>
Development and Support		
Identify developmental concerns or risks	3.20	0.61
Create a psychological safe environment	3.48	0.64
Respect, support identity culture/sexuality development	3.42	0.72
Support resiliency in children	3.36	0.64
Provide support managing stressors related to transitions	3.23	0.69
Ensure physical safety	3.73	0.54
Meet safe sleep requirements	3.93	0.36

Parenting		
Utilize Parenting Skills required for birth to 5 yrs.	3.43	0.67
Utilize Parenting Skills required for 6 to 12yrs.	3.38	0.67
Utilize Parenting Skills required for 13-18 yrs.	3.17	0.78
Parent children who experienced trauma	3.14	0.61
Recognize signs of sexual abuse	3.33	0.65
Manage behaviors to sexual abuse	2.86	0.75
Parent special needs	2.76	0.81
Parent child, different culture w/sensitivity to daily care	3.26	0.74
Parent siblings in care	3.29	0.76
Prepare family and home for fostering or adoption	3.49	0.62
Birth Parents, Advocacy and Teamwork		
Work as member of professional team	3.51	0.68
Develop positive relationships with birth parents	3.19	0.80
Facilitate quality parent-child visits	3.24	0.78
Work with schools and seek accommodations (e.g. IEP)	3.18	0.91
Access developmental/mental health resources,0-5 yrs.	3.08	0.85
Access developmental/mental health resources,6-12 yrs.	3.13	0.84
Access developmental/mental health resources,13-18 yrs	3.11	0.75
Likert scale 1-5, 1=no confidence, 3= neutral, 5=high confidence		

Additionally, resource parents were asked to rate their level of agreement (1 = strongly disagree; 5 = strongly agree) with twelve statements about their ability to demonstrate knowledge regarding specific content covered in the PRIDE training following attendance of that training curriculum. These results are included below.

Means and Standard Deviations on Knowledge for Foster, Kinship and Adoptive Parents Post PRIDE Training

	<i>M</i>	<i>SD</i>
Describe attachment and its importance to development	4.29	0.78
Describe impact of trauma on development and behaviors	4.26	0.72
Identify ways to help children cope with separation and loss	4.07	0.75
Understand unique challenges facing kinship caregivers	3.84	1.02
Understand mental health diagnosis and symptoms	3.76	1.01
Understand court processes and roles within the court	3.60	1.18
Understand role of CPS, FC, Licensing and Adoption	3.88	0.99
Identify permanency goals and concurrent planning	4.00	0.99

Understand legal and emotional ramifications of foster care/adoption	3.87	1.08
Identify purpose of special investigations and corrective action plans	3.84	1.00
Understand role of caregiver, rights and responsibilities	4.17	0.88
Understand Disability Act, Special Education Act	3.75	1.05

Likert scale 1-5, 1=strongly disagree, 3=neutral, 5=strongly agree

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

The Interstate Compact on the Placement of Children (ICPC) ensures protection and services to children placed across state lines for parental, foster care, adoption and residential placements by establishing procedures that verify placements are safe, suitable and able to provide proper care given the needs of the child. The compact also assigns legal, financial and medical responsibilities to those involved in making the 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. Foster care and adoption staff coordinate the referral process through the MDHHS 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.

- When the sending state is requesting a home study of a parent or relative in Michigan, the local office, court or licensed private agency must follow the procedures outlined in FOM 922-1, Foster Family Home Development.
- Criminal background and central registry checks are mandatory for all adults living in the home.
- A Michigan Statewide Automated Child Welfare Information System (MiSACWIS) case must be registered and activated.
- If the placement is unsuccessful, Michigan may request that the child be returned to the state in which the child came under legal jurisdiction. That state is then responsible for planning and financing the return of the child.
- If the child’s adjustment appears to be satisfactory, either state may initiate discharge planning. The final decision rests with the sending state. Receiving state staff must provide supervision until the sending state terminates jurisdiction and provides formal notification.

Item 36 Plan for Continued Improvement

- **Objective:** MDHHS will support safe and timely placement across jurisdictions when such placement is in the best interest of the children.
Outcome: Safe and timely placement of children across jurisdictions ensures that the most optimum placements for children are available to them.
Measure: Interstate Compact data on percentage of out-of-state placements in Michigan with completed home studies within 60 days of the state’s request.
Baseline - 2017:

- **CFSR 2018:** Area needing improvement.
 - **Interstate Compact 2017:** 55% of home studies were completed within 60 days.
- Benchmarks 2020 – 2024:** Demonstrate improvement each year.
- 2020 Performance:** 57% of home studies were completed within 60 days (2019).

Foster and Adoptive Parent Recruitment, Licensing and Retention

Planned Activities for 2021

- The Division of Child Welfare Licensing will screen prospective foster and adoptive parents through criminal history and central registry checks, as well as all adults living in the prospective foster or adoptive homes.
- Eight regional Post Adoption Resource Centers will provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a direct consent/direct placement adoption or children who have a Michigan subsidized guardianship agreement.
- Adoption resource consultant services will serve youth who have been legally available for adoption with a goal of adoption for over a year without an identified adoptive family.
- Adoption Navigator services will be offered to prospective adoptive parents.
- The Match Support Program will provide services to adoptive families who have been matched with a child who was photo-listed on MARE.
- The Adoption Oversight Committee will meet bi-monthly.
- Foster Care Navigator services will be offered to support prospective foster parents through the licensing process.
- Six Regional Resource Teams will provide all pre-licensure and pre-adoptive parent training, provide parent support throughout the licensing process, and provide recruitment and retention support to local MDHHS offices to enhance local recruitment and retention efforts.

Program Improvement Plan Strategies

- **PIP Engagement Strategy Three: 1.3:** MDHHS will rebrand foster parents as resource families to expand the role to one that is expected to co-parent with parents when out-of-home placement is needed.
- **PIP Engagement Strategy Three 1.3.1:** MDHHS will identify and assess models of foster parent communities that heavily invest in the following:
 - Peer supports
 - Support of parents
 - Resource family support groups with community expert/training components
 - Innovative support groups through use of technology
 - Assessing obstacles to resource family involvement in support groups
 - Focus on co-parenting

Update: The state has completed focus groups in several counties and completed

interviews with foster, adoptive and kinship groups. There have also been Facebook Live events for foster parents. There are local foster parent groups who actively provide support to one another.

- **PIP Engagement Strategy Three: 1.3.4:** MDHHS will expand existing foster parent training provided by Regional Resource Teams to include requirements and strategies of co-parenting among resource families and parents. Training will be developed for MDHHS and private agency licensing, foster care and adoption workers and supervisors. **Update:** Eastern Michigan University was contracted to create a training curriculum for resource families and parents. The curriculum will be piloted in BSC 3 in 2020. Trainers in BSC 3 will be trained to deliver the curriculum. Statewide implementation of the training curriculum will occur in FY 2021.

Implementation Support

- Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.
- Local MDHHS offices and private agencies use the Foster Home Estimator to analyze the data used to assess the need for foster homes serving diverse communities.
- MDHHS, Policy and Program Office will conduct five regional trainings for licensing supervisors and staff to provide information and technical assistance to support establishment of annual recruitment and retention plans. This training will include information obtained through focus groups held with various parent led organizations about the most impactful support and retention strategies. The training will also include information about utilizing data to enhance recruitment planning and establishing appropriate targeted recruitment strategies.
- Eight regional Post Adoption Resource Centers provide services to support families who have finalized adoptions of children from the Michigan child welfare system.
- Foster care and adoption staff coordinate the referral process for children being placed out of state through the Interstate Compact Office.
- The MARE 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 input from the field to develop the template and forms for the annual foster and adoptive parent recruitment and retention plans and to develop strategies for recruiting and retaining foster homes, implementing recruitment and retention plans and compliance in the licensing of foster homes.
- Adoption resource consultant services throughout the state provide services to children who have a permanency goal of adoption and who have been legally free for adoption for one year or more without an identified family.

Technical Assistance and Capacity Building

- MDHHS will continue using the Foster Home Estimator from Wildfire Associates developed with support and funding from the Annie E. Casey Foundation.
- MDHHS will continue to work with AdoptUSKids to enhance caregiver support and recruitment strategies.

CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES

In 2019 and 2020, CSA leadership demonstrated a commitment to positive working relationships between Michigan’s tribal partners and the safety, permanency, and well-being of tribal youth. New CSA directives for state-tribal collaboration include:

- Monthly CSA tribal calls with the CSA director
- Quarterly individual tribal consultation sessions
- CSA public notice for tribal consultation announcements and meetings
- Additional invitations to the tribes to participate in MDHHS committees and workgroups

Protecting Tribal Children and Provision of Child Welfare Services

Since the 2019 novel coronavirus/COVID-19 changed the landscape of child welfare across the United States between January and April 2020, several strategies were employed by CSA to keep vulnerable children and families and child welfare professionals on the frontlines as safe as possible, including:

- Federal COVID-19 response guidance
- Michigan Governor Gretchen Whitmer’s Stay Home - Stay Safe order
- CSA Child Welfare COVID-19 policy guidance and communication issuances

CSA continues to maintain local and central office communication with tribes during this critical time, and resiliency was demonstrated with mutual sharing of resources such as personal protection equipment, first aid kits, and MDHHS CPS staff with tribes experiencing staffing shortages. These collaborations illustrate the high degree of respect and teamwork CSA strives for with Michigan tribes.

Michigan is a state administered child welfare system with an 83-county service delivery system divided into five BSCs. State child welfare services and case management are provided through local MDHHS offices and private foster care providers. Michigan’s American Indian/Alaska Native population is over 230,000. There are twelve federally recognized tribes in Michigan:

- Bay Mills Indian Community
- Grand Traverse Band of Ottawa and Chippewa Indians
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Indians
- Little River Band of Ottawa Indians

- Little Traverse Bay Band of Odawa Indians
- Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians
- Nottawaseppi Huron Band of Potawatomi Indians
- Pokagon Band of Potawatomi Indians
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians with a combined service area of 60 counties

(See Pub 172 at https://www.michigan.gov/documents/dhs/NAA-Tribal-Service-Area-Map_305179_7.pdf).

Michigan has a codified Indian child welfare statute, known as the Michigan Indian Family Preservation Act (MIFPA), MCL 712B. 1 – 41, that guides Native American Affairs (NAA) Policy and CSA Indian child welfare case management.

- All twelve Michigan tribes have Indian child welfare code relative to various levels of child welfare services.
- Ten tribes investigate CPS complaints on tribal land.
- MDHHS provides after hours CPS for five tribes.
- Where tribal government agencies do not have child welfare or tribal court services, the state provides care and supervision for Indian children and collaborates with Indian Child Welfare Act (ICWA) Designated Tribal Agents at tribes to provide case management.

CSA and local MDHHS offices maintain open lines of communication for updating contact lists for Centralized Intake, Native American Affairs, and CSA ICWA Public Notice requirements. CSA meets quarterly with Michigan’s federally recognized tribes at regional Tribal-State Partnership meetings and annual Tribal-State Forum meetings to discuss items of mutual interest and collaboration, and to come to agreement regarding any concerns that may arise. Local MDHHS offices with tribal administrative offices convene monthly case monitoring meetings between county directors and tribal social service staff.

State and tribal child welfare Annual Progress and Services Reports (APSR) are exchanged annually upon approval by the Children’s Bureau through the coordinated efforts of Native American Affairs and tribes utilizing the MDHHS Public Notice – Tribal Consultation process for engaging tribal leadership.

Tribal Consultation and Coordination

MDHHS consultation with tribes occurred in the following meetings in 2019:

- MDHHS Tribal State Forum - A tribal consultation meeting with the MDHHS director and deputy staff that included departmental updates, presentations and individual tribal consultation with the MDHHS director and federally recognized tribes. This meeting occurred on Aug. 9, 2019.
- Monthly CSA tribal calls with the CSA director - Tribal consultation meetings with CSA director and leadership. Meetings occurred on Oct. 17, 2019, Nov. 14, 2019, Dec. 19,

2019, Feb. 27, 2020, and April 23, 2020.

- Tribal-State Partnership meetings - A collaborative group of Tribal Social Services directors, state, urban Indian organizations, and CSA staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978. Meetings occurred on Jan. 16-17, 2019, April 17-18, 2019, July 17-18, 2019, and Oct. 23-24, 2019.
- Urban Indian State Partnership meetings - A collaborative group of urban Indian organizations, state agencies including MDHHS, Dept. of Natural Resources, Dept. of Civil Rights, Dept. of Agriculture and Rural Development, Dept. of Education, Licensing and Regulatory Affairs, and Michigan State Police that focuses on the challenges facing tribal at-large membership and point-of-entry for services. The 2019 meeting was held on Nov. 15, 2019.
- United Tribes of Michigan (UTM) meetings - A forum for tribes to join, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of Michigan tribes through the next seven generations. The UTM Legislative Reception was held on Feb. 27, 2019 and Feb. 19, 2020.
- Regional Indian Outreach Workers meetings - Discussion on service enhancements and professional development. Meetings occurred on May 7-8, 2019, July 10-11, 2019 and Nov. 7-8, 2019.
- SCAO Court Improvement Program statewide task force meetings - Meetings occurred on March 22, 2019, June 14, 2019, Sept. 13, 2019 and Dec. 13, 2019.
- Quarterly Individual Tribal Consultation Sessions - Consultation sessions occurred on July 17, 2019, Oct. 24, 2019, and Jan. 23, 2020.
- Governor's Tribal State Summit - The summit was held on Oct. 31, 2019, and included tribal leaders, state department directors, and tribal liaisons reviewing successes and challenges concerning tribal services and issues.
- Tribal State Liaison Forum - Occurred on Feb. 7, 2019 and Feb. 19, 2020.
- Public Notice – Tribal Consultation - Fourteen consultation meetings and ten workgroup invitations were held, which included:
 - Expungement Unit, April 15, 2019
 - Redaction Unit Tribal Protocol, April 24, 2019
 - Family First Prevention Services Act and Court Process Workgroup March 29, 2020; Confidentiality Policy Workgroup, May 15, 2019
 - Native American Affairs Policy Workgroup, May 15, 2019
 - CFSR and PIP Workgroup, May 22, 2019
 - Indian Child Welfare Act Case Review, June 7, 2019
 - Candidates for Care and Prevention Workgroup, June 10, 2019
 - Michigan Statewide Automated Child Welfare Information System (MiSACWIS), June 19, 2019
 - Tribal State Forum, June 21, 2019
 - MDHHS-5612 Verification of Foster Home Safety Requirements Form, July 11, 2019 and Oct. 22, 2019
 - Michigan's Committee on Juvenile Justice, July 31, 2019
 - Proposed MCL 712.13B changes, Sept. 21, 2019

- MDHHS State-Tribal Title IV-E Claiming Agreement, Oct. 21, 2019
- Foster Home Child Placing Agency Rule Change, Oct. 28, 2019
- MDHHS American Indian Alaska Native Data Reports, Jan. 9, 2020
- Consultation to Discuss Fingerprint Options with Michigan State Police Representative, Jan. 15, 2020
- Participation in Michigan Child Welfare University Partnership, Feb. 6, 2020
- Sexual Orientation Gender Identity and Expression Workgroup, Feb. 7, 2020
- Redaction Unit Tribal Protocol, April 13, 2020
- Annual Progress and Services Report review, April 21, 2020
- Central registry, April 23, 2020 and April 24, 2020

The MDHHS Native American Affairs specialist, housed within CSA, serves as a liaison with Michigan's tribes for:

- Policy and program development
- Resource coordination
- Advocacy
- Training and technical assistance
- Implementation of state and federal laws pertaining to American Indians
- Tribal consultation

MDHHS engages in government-to-government relations with the state's federally recognized tribes prescribed by Title XX of the Social Security Act, Michigan Governor Gretchen Whitmer's Executive Directive 2019-17, and MDHHS CSA Tribal Consultation Agreements.

Tribal Consultation Agreements

- Tribal consultation occurred with Hannahville Indian Community in 2019 to create a MDHHS State-Tribal Title IV-E Claiming Agreement in which the tribe will maintain care and supervision and MDHHS will make the federal Title IV-E claim and maintenance payments for tribal children in care. The Hannahville Indian Community State-Tribe Title IV-E Claiming Agreement is expected to be completed by October 2020.
- Negotiations with the Little Traverse Bay Bands of Odawa Indians, Pokagon Band of Potawatomi Indians, and the Little River Band of Ottawa Indians for State-Tribe Title IV-E Claiming Agreements occurred between February and March 2020.
- Lac Vieux Desert Band of Lake Superior Chippewa Indians, Bay Mills Indian Community, and Nottawaseppi Huron Band of Potawatomi Indians have expressed interest in a State-Tribe Title IV-E Claiming Agreement in the future.

CSA is planning to update the current 26 tribal agreements addressing services including CPS after hours, Title IV-E, Adult Protective Services, Tribal Consultation, Youth in Transition, and Indian child welfare services including those to descendent families utilizing the new State-Tribal Title IV-E Claiming Agreement template. Tribal consultation on the memorandum of understanding/agreement is expected to occur in September and October 2020. Completion of at least one finalized agreement is targeted for January 2021.

MDHHS has individual consultation agreements with eight federally recognized tribes or communities:

- Bay Mills Indian Community
- Hannahville Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Little River Band of Ottawa Indians
- Little Traverse Bay Band of Odawa Indians
- Nottawaseppi Huron Band of Potawatomi Indians
- Pokagon Band of Potawatomi Indians
- Sault Ste. Marie Tribe of Chippewa Indians

CSA also has an agreement with the Saginaw Chippewa Indian Tribe pertaining to Indian child welfare services and descendent families.

The Keweenaw Bay Indian Community is the only tribe in Michigan that has a Title IV-E plan with the federal government for their tribal foster care, adoption, and guardianship services maintenance and care. Chafee services and the Education and Training Vouchers program will continue to be provided through local MDHHS offices. In addition, the Keweenaw Bay Indian Community maintains a Title IV-D program for child support services within their tribe.

The following five tribes have Youth in Transition agreements with MDHHS to access Youth in Transition funding:

- Hannahville Indian Community
- Pokagon Band of Potawatomi Indians
- Bay Mills Indian Community
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians

Michigan tribes may access child welfare training provided by the MDHHS Office of Workforce Development and Training. Tribes also have access to the learning management system to register for training sessions, access computer-based training, and track staff training.

Tribal Access to Chafee Foster Care and Education and Training Vouchers Services

Eleven youth from seven tribes utilized Education and Training Vouchers between July 1, 2018 and June 30, 2019. Inquiries with tribes to develop, administer, supervise, or oversee Chafee Education and Education and Training Vouchers and other child welfare services and receive a portion of the state's allotment for administration or supervision occurred through a distribution of updated Youth in Transition agreements between December 2018 and May 2019 however, no tribes requested direct administration of funds in 2019. In 2019, only Hannahville Indian Community (HIC) commenced tribal consultation for a State-Tribal IV-E Claiming Agreement which would include Chafee Administration if the tribe requests such duties.

Ensuring Culturally Appropriate Services

MDHHS ensured culturally relevant services were in place for Michigan's American Indian/

Alaska Native citizens in 2019 through:

- Participation in regional and national tribal consultation at the following events:
 - Bureau of Indian Affairs Partners in Action Regional Tribal meetings and conferences
 - United Tribes of Michigan meetings
 - Governor's Tribal Summit
 - Child Welfare League of America State Indian Child Welfare manager meetings
 - Annual Department of Homeland Security Emergency Preparedness Conference
 - Annual U.S. Dept. of Health and Human Services and Midwest Association of Sovereign Tribes Tribal Consultation Meeting
 - MDHHS Diversity Committee meetings
 - SCAO Statewide Court Improvement Program Michigan Indian Family Preservation Act (MIFPA) Summits
- NAA policy, MCL 712B. 1 – 41, and 25 CFR 23 implementation
- Invitations to tribal representatives for participation and input on various CSA committees and workgroups, including the CFSR workgroup
- Development of grant and contract opportunities for tribal communities
- Strengthening the Indian Outreach Worker program through case reviews to promote best practices and identify service barriers
- Quarterly Tribal-State Partnership meetings with representatives from CSA, Michigan's 12 federally recognized tribes, and tribal organizations
- Publishing culturally competent human services materials such as NAA policy and the CPS Investigation Flow Chart that reflect the unique status of tribal people and laws that protect their sovereignty
- Reviewing and revising Indian child welfare policy to strengthen and achieve compliance with federal rules and regulations
- Office of Workforce Development and Training Indian Child Welfare Act training, which is mandatory for new caseworkers and supervisors
- Strengthening the state courts' application of the Indian Child Welfare Act through collaboration with tribal courts, attorneys and social services, CSA and state court administration, and the MDHHS legal division
- Negotiating tribal-state Title IV-E and Title IV-D agreements. Michigan assists the tribe(s) to access Title IV-E maintenance funding, Chafee, training and data collection resources
- Developing Indian child welfare case review tools in collaboration with Michigan tribes and urban Indian organizations
- Conducting stakeholder surveys for quality assurance
- Maintaining a public MDHHS Native American Affairs website
- Conducting public awareness events such as the American Indian/Alaska Native Heritage Month Celebration to sensitize consumers and vendors to issues that impact Native Americans in Michigan and improve cultural awareness and competence

Funding Culturally Appropriate Services

CSA contracted with the following entities to provide culturally relevant and appropriate

services in 2019:

- 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 agreements and Title IV-D Memoranda of Understanding
- Inter-Tribal Council of Michigan for Community Service Block Grant and Infant Safe Sleep initiatives
- The Sault Ste. Marie Tribe of Chippewa Indians' Binogii Placement Agency for foster care and adoption services for tribal children
- Sault Tribe Detention Center for juveniles
- Michigan Indian Legal Services for Tribal Community Service Block Grant programming
- Little River Band of Ottawa Indians for Tribal Community Service Block Grant programming
- Families First of Michigan, serving seven of 10 reservation communities. Tribal representatives participate in bid ratings for new contracts.
- Annual Tribal Foster Care Recruitment and Retention Plans for Sault Ste. Marie Tribe of Chippewa Indians, Nottawaseppi Huron Band of Potawatomi Indians, Keweenaw Bay Indian Community, and Bay Mills Indian Community foster care recruitment events

Compliance with the Indian Child Welfare Act

MDHHS Indian Child Welfare Act compliance was measured through:

- Tribal consultation on Michigan's APSR at quarterly Tribal-State Partnership meetings and the Tribal State Forum meetings in 2019 and 2020
- MDHHS county director and tribal social services local case monitoring meetings
- Office of Workforce Development and Training Indian Child Welfare Act training for new workers and new supervisors
- Individual onsite tribal consultation sessions with Michigan tribes
- Review of Michigan Court of Appeals Indian Child Welfare Act/Michigan Indian Family Preservation Act case decisions from February 2019 through February 2020
- MiSACWIS reporting on Indian children in CPS and foster care
- A statewide survey of tribal social service directors, county and BSC directors, and private agency foster care agency directors
- Indian Child Welfare Case Reviews measuring NAA policy implementation

Between February 2019 and February 2020, there were eight cases involving Indian children reviewed by the Michigan Court of Appeals; the court affirmed all but two of the lower court decisions.

Progress in 2019

The Office of Workforce Development and Training (OWDT) and Native American Affairs provides Indian Child Welfare Act/Michigan Indian Family Preservation Act training in pre-service and new supervisor training institutes, as well as a refresher course, and on-demand

computer-based training. In 2019 the following participant totals occurred:

- Indian Child Welfare Act/Michigan Indian Family Preservation Act computer-based training: 1,017
- ICWA/MIFPA refresher training: 30
- Supervisory Control Protocol: 2.0 ICWA Activity Webinar: 64
- CPS, Foster Care, and Adoption Pre-Service Institute ICWA/MIFPA training: 816
- New Supervisor Institute ICWA/MIFPA training: 392

MDHHS invited tribes to participate in the following committees:

- MDHHS Adoption/Foster/Kinship Care Committee
- Michigan Human Trafficking Task Force
- CFSR steering committee and workgroup
- CFSR Program Improvement Plan stakeholder committee
- Family First Prevention Services Act Workgroup
- Candidates for Care and Court Improvement Workgroup
- MDHHS Confidentiality Policy Workgroup
- Native American Affairs Policy Workgroup
- MDHHS Child Welfare University Partnership
- Child Welfare Partnership Council
- Foster Home Child Placing Agency Rule Change Workgroup
- Sexual Orientation, Gender Identity and Expression Workgroup
- MDHHS Child Welfare Leadership COVID-19 meeting

Tribal Feedback on Indian Child Welfare Act Compliance

Informal feedback on Michigan's tribal collaboration and local office Indian Child Welfare Act/Michigan Indian Family Preservation Act case handling was obtained through quarterly regional Tribal State Partnership meetings. Formal Public Notice – Tribal Consultation occurred on April 21, 2020 to review APSR feedback from tribes. A summary of this Tribal Consultation meeting can be reviewed in Attachment I, Tribal Consultation APSR 2021 Meeting Summary.

Five of twelve tribes responded to the NAA Collaborator Survey and demonstrated satisfaction with MDHHS ICWA policies, practices, and collaboration. One respondent indicated that the CSA director was key to the 2019 improvements between tribes and MDHHS. Survey results can be seen in Attachment H, Native American Affairs Tribal Consultation Director's Survey.

Highlights of the April 21, 2020 APSR Tribal Consultation feedback on 2019 MDHHS state-tribal collaboration and ICWA compliance include the following:

- Data definition - MDHHS ICWA data includes CPS and foster care data measurements which may reflect variance in ICWA compliance per child welfare type. Measuring CPS Identification of a Child compared to Foster Care Notification of Child Custody Proceeding requirements may have different weight of importance per tribe.
- Data definition - MDHHS ICWA Case Reviews were for CPS cases only. Foster care cases may have scored differently.

- Data definition - Active efforts are a required ICWA court finding, however, tribes may not agree with the court or department on whether active efforts were satisfied, yet if a child is placed, the court ICWA active effort finding stands unless appealed. This demonstrates a lack of voice from the tribal perspective.
- Collaboration - Where ICWA best practice is occurring, there is open communication with the local MDHHS county office staff on various levels (worker, supervisor, director). Where there are challenging case concerns, the communication and collaboration are low between the tribe and local MDHHS county office staff across levels.
- Policy - Tribes would rather a caseworker understand the importance of the NAA policy for the “human factor” (linking clients to tribal resources, supports, and services) rather than the “compliance factor” of completing the forms/checking the correct box in MiSACWIS.
- Quality improvement – Tribes made a recommendation to explore what went right in a case, what went well in a case, why did the case go well, and how can we replicate the case management characteristics in a state-tribal case/situation at every state-tribal meeting to improve practice and successful outcomes statewide.

To measure ICWA compliance in Michigan, MDHHS utilizes the Supervisory Control Protocol (SCP) ICWA Activities, MiSACWIS data on Indian children in CPS and foster care services, and the Indian Child Welfare Act (ICWA) Case Review.

2019 ICWA Case Review

An ICWA case review tool was created in partnership with Native American Affairs and Michigan tribes utilizing the SCP ICWA Activities in September 2019. The purpose of the review was to engage in a purposeful evaluation of ICWA related practice, evaluate active efforts at the onset of CPS cases, define opportunities using data informed practice, and partner with tribal leaders to better understand collaboration practices and opportunities. Tribes and MDHHS trained reviewers for the ICWA case review in November 2019. A random sample of 71 MDHHS American Indian/Alaska Native CPS cases under the care and supervision of the department were selected and the review was conducted in Chippewa, Kent, and Manistee counties during one week in November 2019 and two weeks in December 2019. Highlights of the review included:

- In 72 percent of cases, a worker inquired about tribal membership/eligibility with the family upon initial contact.
- In 46 percent of cases, a worker contacted a tribal representative.
- In 30 percent of cases, active efforts were provided per policy.
- Tribal and MDHHS investment and commitment to enhance collaboration was evident.
- Engaging families at the onset of the investigation regarding eligibility or membership displays an opportunity for improvement, at 26 percent.
- Completion of the MDHHS-5598 American Indian/Alaska Native Child Verification of tribal membership/enrollment Form displays opportunities for improvement.
- Approximately 50 percent of the cases reviewed demonstrated opportunities to improve worker contact with tribal representatives.

Reviewers made the following recommendations for quality improvement:

- Active efforts policy review and training for workers
- Refresher training pertaining to SCP 2.2 and safety planning coordination
- Structured approach to review of MDHHS-5598 American Indian/Alaska Native Child Tribal Enrollment/Eligibility forms to ensure accuracy and collaboration
- Review of Indian Outreach Worker roles and best practices
- Evaluation of the benefits associated with regular local collaboratives and resource updates
- Annual collaborative ICWA reviews by tribes and DCQI

Tribal Consultation Plan for Continued Improvement

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

- **Objective 1:** MDHHS will increase the number of children identified as American Indian/Alaska Native (AIAN) at the onset of cases statewide.

Measures: MiSACWIS data on Indian heritage and the Indian Child Case Review Sufficient inquiry of Native American Heritage.

Benchmarks 2020-2024: Demonstrate improvement each year.

- **2018 - baseline:**

- Indian Child Case Review: In 46.48% of 71 cases, a worker contacted a tribe to assess and verify tribal enrollment for a child (area needing improvement).
- MiSACWIS: For the 370 Indian children in care in 2019, 98 case records are missing tribal membership/eligibility inquiry data and 117 are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with the child record (area needing improvement).

Ongoing monthly MDHHS quality assurance of Michigan Indian Foster Care Data Reports occurred in collaboration with tribes in 2019.

- **Objective 2:** MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and will inform them of their right to intervene in the proceeding.

Measures: MiSACWIS data on Indian heritage and Indian Child Case Review.

Benchmarks 2020-2024: Demonstrate improvement each year.

- **2020 - 2024:**

- Indian Child Case Review: In 1.52% of 66 cases, workers sent proper notification 10 days in advance of a child custody proceeding to a tribe (area needing improvement).
- MiSACWIS: 117 MiSACWIS ICWA records of the 370 ICWA cases in 2019 are missing tribal mailing verification data pertaining to notice of a child custody proceeding and legal timeframes; however, a tribe is identified, and a tribal status start date is cited and associated with the child record.

Missing data fields may include the following: previous existing child record or data entry error (area needing improvement).

- **Objective 3:** MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.
Measures: MiSACWIS data on Indian heritage and Indian Child Case Review.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2020 - 2024:**
 - Indian Child Case Review: In 2.94% of 68 cases, the worker conducted a diligent search for extended family members for placement (area needing improvement).
 - MiSACWIS: 60% (229) of 370 Indian child case records in 2019 represent parent or relative foster care placements and 370 Indian children case records reflect ICWA placement preferences; see chart below (satisfactory).

- **Objective 4:** MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place an Indian child in foster care or adoption.
Measures: MiSACWIS data on Indian heritage and Indian Child Case Review.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2020-2024:**
 - Indian Child Case Review: 28.17% of 71 cases demonstrated that efforts provided to families were active efforts (area needing improvement).
 - MiSACWIS: Of the 370 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 (satisfactory).

- **Objective 5:** MDHHS will provide timely notification to the child's tribe of its right to intervene in any state court proceedings seeking an involuntary placement or termination of parental rights of Indian children.
Measures: MiSACWIS data on Indian heritage and Indian Child Case Review.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2020-2024:**
 - Indian Child Case Review: In 1.52% of 66 cases, the worker sent proper notice 10 day in advance of a child custody hearing to a tribe (area needing improvement).
 - MiSACWIS: 117 MiSACWIS ICWA records of the 370 ICWA cases in 2019 are missing tribal mailing verification data pertaining to notice of a child custody proceeding and legal timeframes; however, a tribe is identified and associated with the child record (area needing improvement).

MiSACWIS recorded the following placement types for Indian children in 2019:

Placement Type	Number of Children
Parental home	117
Relative foster home	112
Licensed unrelated foster home	59
Adoptive home	44
Child caring institution	16
Juvenile guardianship	7
Rental home	4
Emergency residential shelter	0
Detention	1
Estates and Protected Individuals Code guardianship	0
Friend/partner	1
Unrelated caregiver	1
MDHHS training school	3
Absent without legal permission (AWOLP)	2
College	1
Jail	1
Adult foster home	1
Total	370

County and BSC Director Collaboration

CSA invites BSC and county director participation at regional quarterly Tribal State Partnership meetings, monthly CSA tribal calls with the CSA director, and individual Tribal Consultation meetings with Michigan tribes. In addition, BSC/county directors maintain local collaborative meetings with tribes in their regions and assign a staff person as local county point person to assist the field with ICWA/MIFPA compliance and NAA policy implementation. BSC directors and Native American Affairs partnered with the Office of Workforce Development and Training to provide ICWA/MIFPA staff training in collaboration with tribal presenters in 2019 and will continue in 2020.

In January 2020, the CSA director required BSC directors develop program improvement plans including mandatory annual ICWA/MIFPA training for all county child welfare staff based upon the results of the 2019 ICWA Case Reviews. BSC 2 hosted two trainings for county staff on Jan. 29, 2020 and Feb. 3, 2020. BSC 3 training occurred March 3-6 and 10, 2020. Further trainings were rescheduled due to the COVID-19 pandemic.

Tribal Consultation Planned Activities for 2021

The strategies below were selected to target tribal consultation activities and projects to increase safety, permanency, and well-being of tribal children under the care and supervision of the department. These activities include:

- MiSACWIS Indian Child Welfare Act Adoption and Foster Care Analysis and Reporting System (AFCARS) enhancement
- Completion of an Indian Outreach Services Business Information System Fit Analysis
- In collaboration with Michigan tribes, review of a random sample of statistically valid Indian child welfare cases for compliance with law and policy requirements
- Review of the National Youth in Transition Database survey and results through the Youth in Transition program, with tribal discussion and feedback
- Consultation on the Family First Preservation Services Act, MDHHS Redaction and Expungement Unit, and tribal agreements
- Monthly data review of Indian child foster care cases
- Continued access for tribes to MDHHS child welfare training and the learning management system
- Continued development of Tribal Title IV-E claiming agreements with the state

2021 Tribal CFSP and APSR Coordination

Michigan tribes will be involved in the implementation of the goals, objectives, and interventions and in the monitoring and reporting of progress through:

- Annual Review of Michigan’s Annual Progress and Services Report
- Quarterly Tribal-State Partnership meetings
- Annual MDHHS Tribal State Forum meeting
- Urban Indian State Partnership meetings
- Monthly CSA Tribal Calls with the CSA director
- Quarterly individual Tribal Consultations sessions
- MDHHS workgroup participation
- Bi-monthly data review of Indian child CPS and foster care cases
- Indian Child Welfare Act Case Reviews in collaboration with Michigan tribes
- Monthly MDHHS county director and tribal social services case monitoring meetings
- Individual tribal consultation

For more information on child welfare services in tribal communities, please visit www.michigan.gov/americanindians.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Service Description

MDHHS administers, supervises and oversees the John H. Chafee Foster Care Program for Successful Transition to Adulthood. Chafee goals are addressed through Michigan’s Youth in Transition program. Youth in Transition provides support to young people in foster care and increases opportunities for those transitioning out of foster care through collaborative programming in local communities. Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. MDHHS maintains

active collaboration with young people in planning and outreach.

MDHHS allocates funds to counties for independent living services for young people transitioning to independence from foster care. Counties can contract with private agencies or provide funds for services. Chafee eligible expenditures can include:

- First month rent and security deposit
- Utilities
- Vehicles, insurance and car repair
- Preventive services
- Mentoring
- Securing identification cards
- Employment services and supports
- Educational supports pre-college
- Participation in support groups and youth advisory boards
- Housing startup goods
- Startup items and supplies for new infants

Coordination with Other Federal and State Programs

MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3). The eligibility criteria for Chafee-funded services are documented in MDHHS foster care policy. Young people that meet the criteria for Chafee-funded services are eligible, regardless of race, gender or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee funded goods and services. Juvenile justice specialists are offered all training opportunities regarding services available under the Chafee Foster Care Program for Successful Transition to Adulthood.

MDHHS provides oversight to the programs and agencies providing direct services and support to children through the Education and Youth Services Unit, which is responsible for ensuring services meet federal requirements and are provided to all eligible young people. Education and Youth Services staff oversee contracting for Chafee services and ensure agencies comply with contractual obligations.

MDHHS is committed to ensuring allocated Chafee funds are made available to eligible youth by facilitating disbursements of funds to counties for goods and services. This budget line is reviewed at regular intervals to identify spending patterns and align funds with areas of need. Young people in foster care on or after their 14th birthday are eligible for higher education financial aid in the form of Education and Training Vouchers (ETV). Youth who exit foster care due to adoption or guardianship at age 16 or older are also eligible for ETV. At age 18, those young people are eligible for all Chafee-funded goods and services.

Family First Prevention Services Act

The Family First Prevention Services Act was enacted through Public Law 115-123 on Feb. 9, 2018, which changed the name of the John H. Chafee Foster Care Independence Program to John H. Chafee Foster Care Program for Successful Transition to Adulthood. The act changes the program purpose and population of youth eligible to receive services through the Chafee and the Education and Training Vouchers programs. MDHHS made updates to policy and procedures after approval through the counter-signed certification from the Children's Bureau.

Progress in 2019

- Community partners, stakeholders, child welfare staff and youth receive guidance and technical assistance in the expansion of supports and services available to eligible youth to age 23.
- Young people continue to be provided transitional services in financial stability, education, vocational and career needs, health, mental health, housing and other needs as identified in collaboration with the youth when developing their service and transition plans.
- Youth, child welfare staff, and community partners receive information and technical assistance for supporting eligible youth to apply for Education and Training Vouchers up to age 26.
- Chafee funded services are provided to youth who have left foster care, including those who achieved permanency in kinship care, guardianship and adoption.
- Services provided ensure youth who experience foster care have opportunities to engage in age and/or developmentally appropriate activities.
- The limit on the amount of Chafee funds that may be used for room and board expenses for youth ages 18 and older remains unchanged, with no more than 30 percent of the state's Chafee funds expended for room and board.

Planned Activities for 2021

- Identify strategies to expand resources for pregnant and parenting teens.
- Assess supports available to youth in independent living and identify evidence-based interventions that can improve outcomes for transition-age youth.
- Infuse youth voice throughout all areas of child welfare.
- Message and provide technical assistance to child welfare staff and youth the importance of transition-age youth leaving foster care with legal permanency.
- Message and provide technical assistance to youth and child welfare staff the opportunity of continued support through Young Adult Voluntary Foster Care program.

Implementation of Chafee Expansion to Age 23

Changes to Michigan's Chafee Foster Care Program for Successful Transition to Adulthood were included in policy manuals and contract amendments and messaged to youth, service providers and community partners in the following ways:

- Child welfare staff receive guidance on Chafee funded supports through statewide

communication issuances, monthly supervisory phone calls, technical assistance and training opportunities for child welfare staff working with youth, including Michigan Youth Opportunities Initiative coordinators, education planners and permanency resource managers, regional trainings and conferences.

- Youth are informed through their caseworkers at semi-annual transition plan meetings for youth ages 14 and older, 90-day discharge meetings, through service providers, by their Michigan Youth Opportunities Initiative coordinator at youth board meetings and through outreach with youth involved in the Michigan Youth Opportunities Initiative.

Positive Youth Development

Key principles of Positive Youth Development are infused throughout Michigan's Chafee programming in the following ways:

- Michigan Youth Opportunities Initiative, offered in every county, brings enrolled youth together in their geographic area and involves them in developing opportunities for growth and social connectedness. Youth develop their leadership potential and self-advocacy skills and are provided opportunities to inform policy makers and legislators of ways to improve the child welfare system. The Michigan Youth Opportunities Initiative establishes a youth board in each site that determines what opportunities youth would like to develop within their established youth board and in the community.
- The MiTEAM case practice model incorporates authentic youth engagement in family team meetings as their service plans are developed and implemented.
- Along with supportive adults, youth are included in case planning meetings and semi-annual transition plan meetings, developing their potential through service referrals.
- Youth are encouraged to voice their preference in critical decisions such as school placement and activities they wish to participate in.
- As youth identify areas of need or interest, Chafee funds are made available to support activities and services that develop their potential.
- Youth were included in the development of a new publication, A Practice Guide for Working with Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit Youth in Michigan's Child Welfare System.
- Youth in multiple counties throughout the state were given opportunities to assist in updating two publications, A Handbook for Youth in Foster Care and Important Information for Youth Transitioning out of Foster Care.
- Child welfare staff receive training and support to engage with youth with authenticity and intention to promote and optimize the youth's development. Child welfare staff receive training in:
 - The MiTEAM practice model.
 - MYOI coordinators and education planners receive training on engaging with youth, including in-person trainings provided by program office.
 - Program office provides in person trainings in local offices related to Chafee funding that includes the goals of the Chafee program and strategies to promote positive youth development during monthly home visits, transition plan meetings and FTMs.

- Youth are included on panels for conferences and local trainings child welfare staff attend in which youth provide their insights and experiences related to authentic engagement and positive youth development.

Opportunities to Engage in Age or Developmentally Appropriate Activities

- The discretionary allocation for each county provides funding for young people to participate in a range of activities that support their transition to self-sufficiency.
- Foster care licensing rules require foster parents to encourage young people to participate in recreational activities appropriate to their age and ability.
- Foster care policy includes language supporting the federal Prudent Parent Standards.
- Chafee-eligible youth participate in the annual Teen Conference, a two-day event that focuses on independent living skills and topics of importance to youth in foster care.
- Public and private agency child welfare staff identify local and statewide opportunities that foster learning and promote young people’s ability to become self-sufficient, including driver’s training.

Progress in 2019

- MDHHS expanded the Michigan Youth Opportunities Initiative to every county through the allocation of 43 Michigan Youth Opportunities Initiative Coordinator positions.
 - The initiative utilizes Chafee funds to develop skills in youth leadership and self-advocacy.
 - Participants are provided financial, employment and educational opportunities to support their interests and develop their ability to become self-sufficient.
- Youth are supported with opportunities to engage in age appropriate activities, including:
 - Driver’s training
 - Internships in an area of their interest
 - Educational field trips
 - Extracurricular school activities
 - Senior expenses
- Youth continue to be provided with opportunities to participate in age and developmentally appropriate activities they identify through engagement with supportive adults, child welfare staff and community partners.

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

The Michigan Legislature passed bills in 2015 that resulted in the Safe Harbor Act.

Progress in 2019

- Training needs are addressed with an online training that is available to child welfare staff through the learning management system.
- MDHHS cross trains with community agencies and other state agencies on identification

of human trafficking, the role of child welfare professionals in trafficking cases and resources for treating victims.

Housing Resources

MDHHS contracts to provide an array of services to homeless youth and those at risk of homelessness through its Homeless Youth and Runaway programs. These contracts require:

- A minimum of 25 percent of the youth served are former foster youth or homeless due to a dissolved adoption or guardianship.
- Crisis services are available to youth 24 hours a day.
- Several local housing authorities partner with the local child welfare agency to provide vouchers through the Family Unification Program to youth exiting foster care and those at risk of homelessness.

MDHHS has committed to reducing homelessness for youth who were previously in foster care in the following ways:

- Collaborating with housing resource partners and local organizations to develop safe, stable and affordable housing for youth exiting foster care.
- Collaborating with the Detroit Housing Commission to provide housing choice vouchers to youth ages 18 to 21 in five counties.
- Participating in a Housing and Urban Development demonstration grant to extend housing for youth eligible for the Family Unification Program in multiple counties throughout the state.
- Developing partnerships with faith-based organizations and community partners to expand housing opportunities for youth.
- Collaborating with the Michigan State Housing Authority and Michigan Coalition Against Homelessness in these areas:
 - Increasing leadership, collaboration and civic engagement
 - Increasing access to stable and affordable housing
 - Receiving a grant for Housing Choice Vouchers in three additional counties
- In 2020, local MDHHS child welfare offices are partnering with local housing authorities to apply for Foster Youth to Independence (FYI) vouchers in areas that do not offer the Family Unification Program vouchers.

Serving Youth Across the State

- Independent living preparation is required for all youth in foster care ages 14 and older, regardless of their permanency goal. The purpose of independent living preparation is to assist youth transitioning to self-sufficiency. MDHHS allocates funds to all 83 counties for independent living services.
- Native American youth served by tribal child welfare services or MDHHS that meet eligibility criteria are eligible for Chafee funds and Education and Training Vouchers. Information about services is shared with tribes through quarterly Tribal-State Partnership meetings and technical assistance to individual tribes. MDHHS Indian outreach workers in counties with tribal populations provide information and assistance

to tribal youth eligible for services.

- MDHHS' Native American Affairs and the Education and Youth Services Unit collaborated with tribal welfare agencies to update the Memorandum of Understanding for securing Chafee funds for independent living skills for eligible tribal youth.
- Education and Youth Services staff provided information and technical assistance to tribes that requested more information on Chafee eligibility and eligible expenses to support their use of the funds.
- Youth participating in the Michigan Youth Opportunities Initiative and coordinators receive training in specific topics pertaining to the needs of transition-age youth. A practice guide was published to provide information and guidance to child welfare staff working with youth who identify as lesbian, gay, bisexual, questioning, intersex and Two Spirit.

Youth Participation in Improving Foster Care

Progress in 2019

- Youth participating in local youth boards are given opportunities to provide input on National Youth in Transition Database data.
- Current and former foster youth were invited to participate in local focus groups to learn more about their experience in foster care in order to improve outcomes.
- Young people are included in local foster parent PRIDE training for individuals becoming licensed as foster parents.
- Youth were aided in applying for the Foster Club All-star internship.
 - Two youth from different counties participated in the Foster Club All-Star internship.
 - The internship provided youth with the opportunity to develop leadership skills, help improve outcomes for foster youth, and educate peers and industry professionals which they then brought back to Michigan to support advocacy in child welfare policy areas.
- MDHHS' 2019 Youth Leadership Institute participant in the Jim Casey Youth Opportunities Leadership Institute was subsequently invited to become a Jim Casey Young Fellow. In this capacity she informs practice and policy development in areas of her interest.
- Youth were included in workgroups and making updates for two publications: "Important Information for Youth Transitioning out of Foster Care" and "A Handbook for Youth in Foster Care." Youth were also included in the development of "A Practice Guide for Working with Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit Youth in Michigan's Child Welfare System."
- Youth panels are included in conferences, local trainings and organizational meetings to bring the voice of youth experiencing foster care to child welfare staff, legislators, community stakeholders and policy makers.
- Youth participated in advocacy and outreach through:
 - Foster parent PRIDE training
 - Child Welfare Training Institute panels

- Legislative Shadow Day sponsored by Michigan’s Children
- Community partnership meetings
- Permanency Forum
- Caseworker conferences
- Serving as an education liaison with their local youth boards
- MDHHS workgroups including the Health Advisory and Resource Team, the LGBTQ workgroup and the CFSR focus group
- Youth are being included in the redesign of the Independent Living Plus contracts.
- Youth will be included on Michigan’s team for the 2020 Authentic Youth Engagement Summit sponsored by the Annie E. Casey Foundation in with the Children’s Bureau.

Planned Activities for 2021

- Goals, objectives, and activities identified in the 2020 Authentic Youth Engagement Summit will be implemented.

National Youth in Transition Database

MDHHS will continue to cooperate in evaluation of the Chafee program through the National Youth in Transition Database (NYTD). Since 2011, Michigan has gathered demographic and outcome information on young people receiving independent living services. Michigan has remained in compliance with data collection standards every year since 2012. The state uses this data to improve understanding of the needs of young people and identify areas for improvement. NYTD provides snapshots of services and outcomes data collected. Cohort data suggest gaps are found in the following areas:

- Stable housing for older youth transitioning from care
- Family planning/supports for transition age youth who are parents
- Youth who report incarceration are also identified as a population needing focus, however the service gap is not easily identified in NYTD data.

NYTD data was used to improve programs and opportunities in 2019:

- NYTD data was utilized in grant applications in local offices.
- A goal of Michigan Youth Opportunities Initiative work was in the area of pregnant and parenting adolescents, identifying local supports for young parents and developing a network of community supports where possible.

MDHHS involves the quality assurance system in the following ways:

- Strategies to enhance collection of quality services data are reviewed with multiple departments to identify areas to be strengthened and then implemented where possible.
- The Education and Youth Services Unit engages in ongoing review of the data and meets with the data reporting team prior to each submission to ensure data are collected as accurately as possible and to identify any corrections needed.

MDHHS will continue to cooperate with the National Youth in Transition Database and in any

required national evaluations of the effects of the Chafee and Education and Training Vouchers programs in achieving the purposes of Chafee.

Progress in 2019

- MDHHS and private agency staff received training on implementing the National Youth in Transition survey.
- NYTD reports were reviewed with child welfare staff, community stakeholders and agency partners to understand service strengths, gaps and outcomes of youth in foster care. NYTD information was provided in the following ways and venues:
 - Trainings provided to child welfare staff on accessing Chafee (Youth in Transition) funds, including opportunities Chafee funds support developing a youth's capacity to transition to adulthood more prepared.
 - Training to Michigan Youth Opportunities Initiative coordinators and Education Planners to promote their understanding of needs of youth who are involved in child welfare and to support the planning staff conduct with youth.
 - In collaboration with local child welfare offices and community partners as they seek data for potential grant applications.
- National Youth in Transition Data is included in local office and regional trainings to increase understanding of the importance of accurate data collection and to share the results to strengthen service delivery.

Serving Youth of Various Ages and States of Achieving Independence

Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. The purpose of independent living preparation is to assist youth in their transition to self-sufficiency. Independent living preparation for youth ages 12 and 13 is encouraged based on availability of services and need.

- Michigan's Young Adult Voluntary Foster Care program was implemented in 2012 and allows youth who are in foster care at age 18 either to remain voluntarily in foster care when their abuse and neglect case is dismissed, or to return later up to age 21. This program offers case management services and financial supports if the youth meets eligibility criteria.
 - In FY 2019, 650 youth were served in the Young Adult Voluntary Foster Care Program.
- In 2014, an Independent Living Plus contract was implemented. This is a time-limited service in which young people ages 16 to 19 receive case management, weekly independent living skills coaching and support in education, mental health and employment in host home or staff supported housing.
- All youth ages 14 and older are included in the development of their service plan and participate in quarterly case planning family team meetings.
- The Casey Life Skills Assessment is a free, online, youth-centered tool that assesses the life skills youth need for their well-being, confidence and safety as they navigate high school, post-secondary education, employment and other milestones. The assessment must be completed annually starting at age 14.

- Youth ages 14 and older are referred to the local Michigan Works! Agency for employment supports.
- The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for up to 350 young people per year.
- All Michigan Youth Opportunities Initiative sites are provided with demographic data of enrolled youth to assist development of programming specific to their needs.
- Youth participating in the Michigan Youth Opportunities Initiative are offered monthly training regarding development of age-appropriate independent living skills in employment, education, financial competency and health.
- The Michigan Youth Opportunities Initiative utilizes local experts, including Planned Parenthood, to educate participating youth regarding safe sex, pregnancy prevention and healthy relationships.
- MDHHS has five mentor contracts in four BSCs, covering ten counties serving Chafee eligible youth.
- Two publications were updated, A Handbook for Youth in Foster Care and Important Information for Youth Transitioning out of Foster Care.

Semi-Annual Transition Plan Meetings

Youth ages 14 and older participate in semi-annual transition plan meetings to discuss their permanency goal, identify needs, resources and adults to support them.

- The semi-annual transition plan meeting covers all areas, including housing, supportive relationships, independent living skills, education, employment, health, mental health, financial needs and the opportunity to extend foster care to age 23.
- 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.

Educational Assistance

MDHHS education planners work with foster youth ages 14 and older to resolve specific education barriers to grade advancement, and with youth of any age to ensure timely school enrollment and address education transportation needs. They work with individuals and provide technical assistance to child welfare staff in a variety of areas, including:

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

Currently, 18 education planners serve young people in 48 counties. In counties that do not have an allocated education planner, a staff person is identified as an education point-of-contact. Per the 'Every Student Succeeds Act,' this person serves as a liaison for the local education agency when there are questions concerning a student who is in foster care.

Progress in 2019

- The education analyst and the Michigan Department of Education foster care consultant completed in-person trainings to staff across the state throughout FY 2019. Attendees included public and private foster care staff, school district staff, and caregivers. Training sessions offer information about policy and law at the federal, state and local levels as well as procedures and best practices.
- The education analyst presents updates and reminders of any education requirements on monthly child welfare supervisor phone calls.
- The Education and Youth Services Unit worked with the Michigan Department of Education and the Center for Education Performance and Information to meet the requirement of the 'Every Student Succeeds Act' to report on students who are in foster care, starting with the 2017-2018 academic year. In FY 2019, this graduation and drop-out information was reported by the Michigan Department of Education. Graduation rates are tracked in cohorts of four-year, five-year and six-year intervals. The Center for Educational Performance and Education reported graduation rates of students in foster care as:
 - 40.4% of the 2017-2018 foster care cohort graduated in four years.
 - 49.8% of the 2017-2018 foster care cohort graduated in five years.
 - 43.8% of the 2018-2019 foster care cohort graduated in four years.
 - 55.2% of the 2018-2019 foster care cohort graduated in five years.
- The education analyst provides quarterly full-day training sessions for the education planners. In FY 2019, training topics included Adverse Childhood Experiences (ACEs), trauma informed practice with youth and families, working with parenting youth, working with substance affected families, college resources, and Department of Education policy and data. In addition, telephone conferences with the education planners are held to discuss best practices and to provide technical assistance.
- In collaboration with Fostering Success Michigan and the Michigan Department of Education foster care consultant, a track of workshop sessions was developed for the two-day Michigan Department of Education Special Population conference. Seven workshop sessions were offered that addressed the educational needs of youth in foster care, current policy and procedures, and the resources available.
- MDHHS sent a representative to the 2019 Blueprint for Success Conference, organized by the California Pathways and sponsored by John Burton Advocates for Youth. The Blueprint Conference has workshops and keynotes dedicated to teaching professionals how to best serve youth who have experienced foster care with obtaining higher education certificates or degrees.
- The education analyst provides training to child welfare staff on how to document

education information in MiSACWIS.

- Independent Living Plus contracts are being redesigned in collaboration with youth and private agency partners to better address the development of skills of daily living for youth participating in the program.
- Services to address the needs of mothers and their children are included in community-based programming, similar to the Independent Living Plus contracts.
- Local housing authorities and child welfare offices are collaborating to implement Foster Youth to Independence housing vouchers.

Personal and Emotional Support for Youth Aging out of Foster Care

- Independent Living Plus provides youth in foster care needing services to develop skills for independent living with case management, weekly training and referrals to meet their education, employment, health and mental health needs as identified in their individualized treatment plan.
- Young people are assisted to identify supportive adults during semi-annual transition plan meetings, 90-day discharge plan meetings, quarterly family team meetings, and when developing a permanency goal of Another Planned Permanent Living Arrangement. Supportive adults are included in meetings and can advocate for youth.
- MDHHS has five contracts to provide mentoring supports to Chafee eligible youth in four of the five BSCs.
- Independent Living Skills Coach contracts with institutions of higher education provide supportive mentors to college students who request them.

Employment Assistance

- Youth ages 14 and older are referred to the local Michigan Works! Agency for employment support.
- Michigan Youth Opportunities Initiative coordinators collaborate with businesses and organizations in their communities to refer older youth in foster care for job training and employment opportunities.

Progress in 2019

- Education planners provided resource information to public and private child welfare staff and referred youth to employment and education programs in their area.
- The 2019 Summer Youth Employment Program was offered at seven sites across the state. The Summer Youth Employment Program provided job readiness training and summer employment opportunities for youth ages 14 and over with open foster care cases. It typically serves between 250 and 350 youth per year.
 - In the 2019 program, 197 young people were served under the Summer Youth Employment Program. Of those, 140 successfully completed the program.
 - There were a lower number of referrals made in the 2019 program. The Education and Youth Services analyst will work in 2020 to ensure foster care staff are aware of the program's availability.

- A year-end survey completed by participants is a program requirement. At the end of the 2019 program:
 - Sixty-five youth completed the survey.
 - Seventy-four percent of the participants reported they acquired skills through the orientation and training that they will use in the future.
 - Eighty-six percent of the participants reported they acquired skills through their work experience that they will use in the future.
 - Fifty-seven percent of the participants reported they were returning to high school after program completion.

Michigan Youth Opportunities Initiative

MDHHS has expanded programming to Chafee eligible youth through the Michigan Youth Opportunities Initiative (MYOI). Programming results in positive outcomes in permanency, education, employment, housing, health, fiscal management and relationships. Encouraging young people to share their insights and experiences enables MDHHS to receive critical input on current policy and practice.

Progress in 2019

- MYOI programming expanded statewide to offer programming in all 83 counties.
- There are currently more than 1,021 youth enrolled in the MYOI.
- The program provides financial training and bank accounts for enrolled youth. Each youth has a personal savings account and an Individual Development Account which the MYOI matches 1:1 for the purchase of an asset such as a car, or first month's rent and security deposit.
- Youth participating in MYOI are offered monthly training on development of age-appropriate independent living skills in employment, education, financial competency and health. MYOI expanded statewide to offer programming in all 83 counties.
- All MYOI sites are provided with demographic data of enrolled youth to assist development of programming.
- MYOI staff received training on trauma informed service delivery, engaging teen parents, adverse childhood experiences, and substance use treatment and services.
- Technical support and training are offered to MYOI sites to increase participation and service delivery with equitable opportunities for all young people.
- MYOI provides opportunities for youth to participate in asset trainings and make matched purchases in those areas.
 - In 2019, 51 enrolled youth made 56 matched purchases.
 - Since the inception of MYOI in 2002, youth have made 1,273 purchases.
- There are currently 950 youth ages 14 to 25 currently enrolled in the MYOI, with 3,876 youth enrolled since inception.
- MYOI staff received training on being culturally sensitive when working with youth and professionals and Authentic Youth Engagement.

Pregnancy Prevention

- The MYOI utilizes local experts, including Planned Parenthood, to educate young people about safe sex, pregnancy prevention and healthy relationships.

Progress in 2019

- Michigan receives technical assistance and guidance from state and national resources to identify best practices and program opportunities for pregnancy prevention.
- MYOI staff supported enrolled pregnant and parenting youth to offer targeted support in partnership with the Annie E. Casey Foundation.

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

- Michigan’s non-discrimination policy states, “MDHHS will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs or disability.” This statement applies to all licensed and unlicensed caregivers, families and/or relatives that potentially could provide care or are currently providing care for MDHHS supervised children, including children assigned to contract agencies.
- MDHHS collaborates with universities to provide training in specific topics. Addressing the needs of LGBTQ youth is included in this curriculum.
- A Practice Guide for Working with Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit Youth in Michigan’s Child Welfare System was published.

Progress in 2019

- MDHHS finalized a best practice guide to assist child welfare staff to engage young people who identify with diverse sexual orientation, gender identity and expression who are experiencing foster care.
- Child welfare workers are offered training through the learning management system, conferences, classes offered in partnership with universities, and trainings offered in local offices.
- Training was provided to foster care staff and supervisors in three pilot counties to increase awareness and sensitivity in working with individuals who identify with diverse sexual orientation and gender identity expression.
- MDHHS is beginning the fifth year in a grant provided by the National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for LGBTQ Children and Youth managed by University of Maryland-Baltimore.
 - The Grant has focused on building competency of child welfare staff in three counties in working with youth who identify as lesbian, gay, bisexual, transgender and questioning.

Young Adult Voluntary Foster Care

- Michigan passed the Young Adult Voluntary Foster Care Act in 2011, allowing young people to remain in foster care until age 21 and receive services and financial support.

With the passage of the Family First Preservation Services Act in 2018, Young Adult Voluntary Foster Care is available to youth until they reach age 23.

- Services include mental health, medical, dental, substance abuse, educational and employment supports.
- To be eligible, participants must maintain employment of at least 80 hours per month or participate in an educational program. In Michigan, most youth in Young Adult Voluntary Foster Care are in the following placement types:
 - Independent living, including attending a college or university
 - Living with a licensed or unlicensed relative
 - Guardianship or adoption
- Participants living with a biological parent, regardless of the status of parental rights or incarceration, become ineligible for Young Adult Voluntary Foster Care.
- Participation in Young Adult Voluntary Foster Care is voluntary, and participants may choose to exit the program at any time.
- Michigan allows unlimited exits and re-entries into Young Adult Voluntary Foster Care.

Progress in 2019

- In FY 2019, 779 young people participated in the Young Adult Voluntary Foster Care Program.
- The Education and Youth Services Unit collaborates with the Federal Compliance Division to provide training to foster care and child welfare funding specialists across the state. Multiple trainings will be provided through spring 2020. A minimum of one training is offered in each BSC.
- The MDHHS-5778, Young Adult Voluntary Foster Care Verification of Eligibility form has been updated and is now on the public website so private foster care agencies that are providing services have easy access. The MDHHS-5778 made it easier for youth to show they are eligible for the Young Adult Voluntary Foster Care program.
- Policy for the Young Adult Voluntary Foster Care Program is being updated to make it easier for staff to find information.
- The Education and Youth Services analyst provides technical assistance to the field through a dedicated email box. Questions fielded through the email box are most often about eligibility, funding, timeframes, and grace periods.
- Young Adult Voluntary Foster Care policy is being updated to align with federal guidance in Title IV-E funding that has been issued since Michigan's extension of the foster care program was implemented.
- Youth and child welfare staff are informed of opportunities for transition age youth in local and regional trainings.

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 Office of Scholarships and Grants, to

- process applications and award scholarship funds.
 - The Education and Youth Services Unit verifies eligibility for the scholarships.
- The Education and Youth Services Unit collaborates with the contractor for Education and Training Vouchers and with Fostering Success Michigan to provide regional trainings on higher education supports for foster youth in universities statewide.
- MDHHS supports 14 post-secondary institutions with campus-based supports for young people in foster care who are attending college.
 - Of these, 10 institutions have contracts with MDHHS to provide independent living skills coaches to participating youth.

In the remaining four colleges, MDHHS provides an employee on campus to be a liaison and support person to enrolled students in foster care.

Independent Living Skills Campus Coaches

There are 10 Michigan post-secondary institutions that have a contract with MDHHS that allows them to employ a full-time independent living skills campus coach. Campus coaches assist students who are currently or were formerly in foster care acclimate to campus life and reach their educational goals. In addition to the 10 campus coach contracts, Western Michigan University, Northwestern Michigan College, the University of Michigan, and Muskegon Community College 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
- Fostering Futures Scholarship
- Youth in Transition funds
- Medicaid
- Daycare
- Supplemental Nutrition Assistance Program

Progress in 2019

- In FY 2019, 266 young people were served through the 10 independent living skills contracts, compared to 223 in FY 2018.
- The independent living skills coach contracts require coaches to invite students to take a year-end survey.
 - At the end of the 2018-2019 academic year, 82 students completed the survey.
 - Ninety-six percent of participants were either satisfied or highly satisfied with the coaching program.
 - Ninety-one percent of the participants planned to return to campus the following fall semester. Of the seven who reported that they would not be returning, three had graduated and three were transferring to a different institution.
 - The average grade point average of those who completed the survey was 2.82.
 - Sixty percent of participants reported they were matched with a mentor through the program. Thirty percent were offered a mentor and declined.

- In FY 2019, 383 students were awarded funding from the Fostering Futures Scholarship Fund.
- In FY 2020, 415 students were awarded funding from the Fostering Futures Scholarship Fund.

Chafee Plan for Continued Improvement

Planned Activities for 2021

- Messaging will continue to inform all eligible youth in foster care of opportunities to attend higher education.
- The MDHHS education analyst will continue statewide training and technical support for child welfare workers and stakeholders on educational opportunities and resources.
- The MDHHS education analyst will provide technical assistance to the independent living skills coach contractors to ensure they are serving all eligible youth on campus.

Collaboration with Other Private and Public Agencies

MDHHS collaborates with private and public agencies to assist youth in the following ways:

- MDHHS provides Medicaid coverage to foster youth who leave MDHHS supervision and care to age 26 under the Patient Protection and Affordable Care Act.
- The Michigan Youth Opportunities Initiative is a partnership with the Jim Casey Youth Opportunities Initiative in its 15th year of assisting older youth in foster care through training, advocacy, leadership development and financial competency.
- Each Michigan Youth Opportunities Initiative site collaborates with community partners and stakeholders to develop opportunities for employment, education and social activities for young people in foster care.
- Education and Youth Services staff collaborate with the Office of Native American Affairs to include the needs of tribal youth in program and policy updates.
- MDHHS awards contracts to private agencies to address the needs of older youth in foster care, including contracts for mentor programs, Summer Youth Employment Programs, Independent Living Skills Coaches and youth requesting Independent Living Skills Plus.
- The Education and Youth Services Unit collaborates with other state agencies, including the State Court Administrative Office, Michigan Department of Treasury, Michigan Department of Education, Michigan State Housing Development Authority and others to ensure the needs of older youth experiencing foster care are identified and met.

Program Support

- Training is provided as requested by child welfare staff in local public and private agencies, and by community organizations and community partners.
- The Education and Youth Services Unit collaborates with the Office of Workforce Development and Training to create online trainings for human trafficking and working with youth who identify with diverse sexual orientation and gender identity expression.
- MDHHS cross-trains with state and community agencies in human trafficking and

education issues.

- The Education and Youth Services Unit collaborates with the Michigan Network of Youth and Families to provide technical assistance and guidance to connect providers with resources for special concerns such as trauma, human trafficking, diverse sexual orientation and gender identity and substance use.
- Training on the importance of accurate and timely collection of survey and service information was provided to analysts assigned to the BSCs and Child Welfare Services and Support.
- Monthly supervisory phone conferences are used to provide updates and information to child welfare supervisory staff regarding the importance of accurate and timely collection of surveys and documentation of services provided to youth.
- Training is provided to public and private child welfare staff as requested regarding the availability of startup living expenses for eligible youth.
- Technical assistance is provided to public and private child welfare staff to support timely access and documentation of startup living expenses for eligible youth.
- Training is provided to Michigan Youth Opportunities Initiative and child welfare staff regarding eligible expenses, opportunities available to youth and documentation of Chafee funded expenditures.

John H. Chafee Foster Care Program Consultation with Tribes

All Chafee services including Education and Training Vouchers are available to eligible tribal youth without exception. MDHHS includes information about Chafee services and the Education and Training Vouchers program at quarterly Tribal-State Partnership meetings. Tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes as requested.

Program Support

- MDHHS provides Indian outreach workers in each local office with a tribal population who provide individual services and assistance with applications to ensure all tribal youth are aware of the available services and how to access them.
- The Office of Workforce Development and Training provides Indian Child Welfare Act training for new child welfare and supervisory staff through online and facilitator-led supervisor training.
- The Court Improvement Program statewide task force holds meetings quarterly to advocate on behalf of tribal families.
- Review of whether tribes would like to develop, supervise or oversee Chafee, Education and Training Vouchers and other child welfare services and receive a portion of the state's allotment for administration is conducted annually, or at the tribe's request.

MDHHS is in the process of updating prior Memoranda of Understanding for Michigan's federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in foster care. The Education and Youth Unit presents updates on Chafee and Education and Training Vouchers at the quarterly Tribal-State Partnership meetings and conducts follow-up as

requested. The Keweenaw Bay Indian Community requested a Title IV-E tribal/state agreement that became effective when their federal plan was approved on Jan. 1, 2014.

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 for the 16 education planners on policy and program updates, changes in law and topics of interest.
- Education Requirements for Youth in Foster Care, in which education policy and the educational needs of young people are presented.
- Monthly technical assistance phone calls with education planners and Michigan Youth Opportunities Initiative coordinators on policy updates.
- Regional and county office trainings on the policy, procedures and benefits of accessing Youth in Transition funding for older foster youth.
- Youth panels in which foster and adoptive youth share their experiences.
- Training to foster and adoptive caregivers on topics identified in their communities, including how to assist youth preparing for independent living and providing culturally sensitive services, including services to LGBTQ youth.
- OWDT offers training in special interest areas, including working with youth who identify with diverse sexual orientation and gender identity expression, human trafficking and the educational needs of youth in foster care.

EDUCATION AND TRAINING VOUCHERS PROGRAM

Education and Training Vouchers Service Description

The Education and Training Vouchers Program is a state-administered program implemented through a contract with Samaritas of Michigan since 2006. Samaritas maintains an online database and website that streamlines the application process. Samaritas tracks utilization of vouchers on each youth's award and education history through their database. This ensures a youth is never awarded more than \$5,000 in one fiscal year, per policy. Youth can receive vouchers until their 26th birthday but cannot receive more than five years of Education and Training Vouchers funding.

Coordination with Education and Training Programs

Samaritas maintains a close and collaborative relationship with Michigan’s college programs, Michigan Department of Treasury Office of Scholarships and Grants which administers the Tuition Incentive Program and Fostering Futures Scholarship program, MDHHS education planners, Michigan Youth Opportunities Initiative coordinators, and the Fostering Success Michigan organization. Samaritas ensures students receiving an Education and Training Voucher award are aware of other opportunities supporting education success. Additionally, MDHHS coordinates with Samaritas, Michigan Department of Treasury, Michigan Department of Education and the Fostering Success Michigan director to provide statewide trainings to youth, child welfare staff, education staff for K-12 programs, post-secondary programs and community organizations on education opportunities and financial aid.

In 2018, an amendment was completed for the Education and Training Vouchers contract to extend the eligibility requirement to the 26th birthday. Education and Training Vouchers staff complete 50 outreach activities each year, including training, webinars and mass mailings.

Education and Training Vouchers for Unaccompanied Minors

In 2013, MDHHS began including unaccompanied refugee minors in the Education and Training Vouchers Program. The Education and Training Vouchers staff works closely with the Office of Refugee Services to ensure that young people are aware of the application process.

- In 2016, 56 unaccompanied refugee minors were awarded vouchers.
- In 2017, 38 unaccompanied refugee minors were awarded vouchers.
- In 2018, 48 unaccompanied refugee minors were awarded vouchers.
- In 2019, 108 unaccompanied refugee minors were awarded vouchers.

Education and Training Vouchers for Tribal Youth

All tribal human services directors are sent Education and Training Vouchers materials and provided technical assistance as requested. MDHHS participates in quarterly Tribal-State Partnership meetings to discuss access of tribal youth to Education and Training Vouchers.

- In 2019, 11 young people who identified as a tribal member were awarded vouchers.

Education and Training Vouchers Awarded

Samaritas’ contract to administer Education and Training Voucher awards requires they provide unduplicated numbers of students receiving an award.

School Year	Total ETVs Awarded	New ETVs
2015-2016 School Year (July 1, 2015 to June 30, 2016)	519	192
2016-2017 School Year (July 1, 2016 to June 30, 2017)	436	166

2017-2018 School Year (July 1, 2017 to June 30, 2018)	429	161
2018-2019 School Year (July 1, 2018 to June 30, 2019)	500	203
2019-2020 School Year (July 1, 2019 to February 29, 2020)	459	117
2019-2020 School Year (July 1, 2019 to April 30, 2020)	479	182
2019-2020 School Year, estimated (July 1, 2019 – June 30, 2020)	530	220

SERVICE DESCRIPTION - TITLE IV-B(1) FUNDS

Title IV-B(1) Service Description - Stephanie Tubbs Jones Child Welfare Services

Michigan's Title IV-B(1) funding is used for child welfare services, including:

- Children's Protective Services, described in Michigan's Child Abuse Prevention and Treatment Act (CAPTA) 2020 Annual Update
- Crisis intervention – Family Preservation Services
- Prevention and Family Support Services
- Time-Limited Family Reunification Services
- Foster Family and Relative Care Maintenance services

SERVICE DESCRIPTION – TITLE IV-B(2) FUNDS

Title IV-B(2) Service Description – MaryLee Allen Promoting Safe and Stable Families/Strong Families/Safe Children

Strong Families/Safe Children, Michigan's Title IV-B(2) program, requires collaborative planning among local human services and other child welfare stakeholders. Community groups, in partnership with MDHHS local offices, assess local resources and gaps in services, develop annual service plans and recommend contracts for community-based service delivery.

Title IV-B(2) Family Preservation - Placement Prevention Services

These include services to help families at-risk or in crisis, including:

- Alleviating concerns that may lead to the out-of-home placement of children.
- Maintaining the safety of children in their own homes when appropriate.
- Providing support to families to whom a child has been returned from placement.
- Supporting families preparing to reunite or adopt.
- Assisting families in obtaining culturally sensitive services and supports.

Services are targeted to parents or primary caregivers with children who have an open foster care, juvenile justice or CPS category I, II or III case. Services in 2018 and 2019 include:

- Parenting education
- Parent aide
- Wraparound coordination
- Families Together Building Solutions
- Crisis counseling
- Flexible funds for individual needs

Title IV-B(2) Family Support Services

Family support services promote the safety and well-being of children and families in the following ways:

- Increase family stability
- Increase parenting confidence, resilience and supportive connections
- Help support and retain foster families (Public Law 115-123 of 2018, Section 50751)
- Provide a safe, stable and supportive family environment
- Strengthen and promote healthy relationships
- Enhance child development

Family support services are provided to parents and primary caregivers who have:

- An open foster care, juvenile justice or CPS category I, II or III case
- A child welfare case that has closed in the past 18 months
- A CPS investigation in the past 18 months
- Three or more rejected CPS complaints

The services provided include:

- Home-based family strengthening and support services
- Parenting education/life skills
- Parent aide
- Families Together Building Solutions
- Mentoring programs for young people and their families

Title IV-B(2) Family Reunification Services

Eligibility for Family Reunification services was amended in March 2019 to serve parents or primary caregivers who are responsible for the care and supervision of minor child(ren) and who have a MDHHS supervised case in out-of-home placement, with family reunification as the goal. Services provided under the Family Reunification services category include:

- Individual, group and family counseling
- Substance use disorder treatment and recovery
- Mental health services
- Services to address domestic violence
- Transportation to and from family reunification services

- Wraparound coordination
- Supportive visitation/parenting time support services
- Parent Partners peer mentoring
- Flexible funds for individual needs

The elimination of the time limit for Family Reunification services while a child is placed out of their home, and the expanded time limit for services after return of a child to their home will enhance the availability of long-term assistance to families and allow realistic time frames for readjustment and transition of children back into the care of their families. The expanded time frame for service provision after a family reunification will increase support to birth families and may help address long-term effects of trauma and foster care placement, leading to improved outcomes and child and family well-being.

Title IV-B(2) Adoption Promotion and Support Services

Services that encourage adoption from the foster care system include pre- and post-adoptive services that expedite the adoption process and support adoptive families. Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan’s foster care system. Services provided in 2018 and 2019 include:

- Adoptive family counseling and post-adoption services
- Relative caregiver support services
- Wraparound coordination
- Foster and adoptive parent recruitment and support services

Michigan has historically treated foster and adoptive family recruitment and support as an allowable activity under the Adoption Promotion and Support Services category because it is recognized that permanent or adoptive homes often come from the stability of a foster family.

Title IV-B(2) Percentages for 2018

The percentages below reflect 2018 actual expenditures for the Title IV-B(2) grant and include other allowable expenditures in addition to Strong Families/Safe Children services. Some Title IV-B(2) funds were used to augment other state resources for preventive services to families. The disproportion was not requested when Michigan submitted its expenditures for FY 2018.

- Family Preservation, Placement Prevention: 29 percent
- Family Support: 39 percent
- Time-Limited Reunification: 26 percent
- Adoption Promotion and Support: 6.5 percent
- Administrative costs: 2 percent

Rationale for Percentage Variances

In Michigan, Title IV-B(2) funds are allocated to county MDHHS offices for spending in the areas of need identified by those counties. Allocation of Title IV-B(2) funds to county offices allows service expenditures in the four service categories to match the needs of each county, which

maximizes available resources.

Direct adoption services in Michigan are provided by private agencies, which receive adoption incentive payments through a cost pool that does not include Title IV-B(2) funds, but instead utilizes other federal, state and local dollars. Further, there is a reduced cost for post-adoption counseling services because children receiving adoption assistance are eligible for Medicaid coverage, including counseling services.

The lesser percentage of actual expenditures in the Adoption Promotion and Support service category does not affect the accessibility of resources for adoption promotion and support because Michigan also has centrally administered initiatives and adoption support services funded through Title IV-B(1), as well as state, local and donated funds. Adoptive families may also receive services categorized as family support or family preservation. The reduced need for Adoption Promotion and Support services and administrative costs allows Michigan to utilize additional grant funds in Family Preservation, Family Support and Family Reunification services.

Title IV-B(2) Estimated Percentages for 2021

The Title IV-B(2) estimates for fiscal year 2021 submitted with this plan indicate that Michigan expects to allocate the following percentages of Title IV-B(2) funds for the four service categories and administrative costs:

- Family Preservation: 20 percent
- Family Support: 30 percent
- Family Reunification: 20 percent
- Adoption Promotion and Support: 20 percent
- Administrative costs: 10 percent

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to all 83 counties for community-based collaborative planning and delivery of family preservation, family support, family reunification and adoption promotion and support services. Michigan's Strong Families/Safe Children program required collaboration with local groups in service planning to ensure that services fit the needs of the community and can be individualized. Stakeholder groups include representatives from:

- Michigan Department of Education
- Local and regional schools
- Public and private service organizations
- The medical community
- Mental and behavioral health service providers
- Courts
- Parents

- Consumers

The program maintains community-based assessment, selection and delivery of Title IV-B(2) services. There are no changes planned to Michigan's Title IV-B(2) program design for 2021.

JUVENILE JUSTICE PROGRAMS

In 2019, MDHHS Juvenile Justice Programs continued its administration of state and federal grants. Juvenile Justice Programs continued to write policy for State of Michigan juvenile justice case managers and public and private, contracted juvenile justice residential treatment facilities. Juvenile Justice Programs also continued to manage:

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

The two state-run juvenile justice residential facilities provide secure treatment and detention services for delinquent youth 12- to 20-years-old, placed either directly by the county court or by an MDHHS juvenile justice specialist through the Juvenile Justice Assignment Unit. Juveniles include males and females who are delinquent for whom community-based treatment is determined inappropriate. Services include secure short-term detention, general residential, treatment of youth who are sexually reactive and substance use disorder treatment. Residential facilities operate at the secure level and include 24-hour, seven days per week staff supervision. The 23 private contracted juvenile justice residential facilities include both secure and non-secure placements, and provide services including general residential, sexually reactive, mental health and behavioral stabilization, substance abuse rehabilitation, and developmentally disabled/cognitively impaired programming.

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

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

Juvenile Justice Programs continues to hold as a top priority improving data collection and integration that supports juvenile justice and child welfare services. Data will be used to develop a continuous quality improvement process.

Goal: MDHHS will establish a process to collect and use sexual orientation, gender identity and gender expression information to improve individual placement services to youth.

- **Status:** Juvenile Justice Programs incorporated a process within field and residential policy for interviewing youth, collecting data, and using data to inform decision making.

Goal: To ensure a universal statewide tool is utilized across the state for courts to administer and assess young people as they enter the juvenile justice system.

- **Status:** Juvenile Justice Programs continues to work with the Mental Health Diversion Council to implement a statewide risk assessment tool, the Michigan Juvenile Justice Assessment, with access to the online tool for local courts. All MDHHS juvenile justice caseworkers and public and private contracted residential workers utilize the risk assessment tools and document the results in MiSACWIS.

Planned Activities for 2021

Planning is ongoing for the enhancement of programs and services for young adults including:

- Enhancing re-entry services to disabled youth who can work and/or be rehabilitated to ensure supports are available to help them return to the community
- Enhancing the MDHHS website to ensure easy access to tools and resources for youth and service providers including adding Prison Rape Elimination Act resources for residential providers
- Regular communication and collaboration with training staff, residential providers and juvenile justice specialists and supervisors to enhance program integrity. This includes local office expert and residential liaison conference calls and web demonstrations, Juvenile Justice Programs and Child Welfare Training Institute collaborative meetings and quarterly Juvenile Justice Field and Residential Policy Advisory Committees
- Work on the Mental Health Diversion Council include the implementation of a curriculum and training for juvenile competency forensic mental health examiners and restoration providers. It also includes the implementation of additional pilot counties delivering juvenile urgent response teams that respond 24/7 to divert or reduce penetration of youth into the juvenile justice system

- Increase the use of in-home care and community-based services for young people who are delinquent as a means of reducing out-of-home placements
- Development of Prison Rape Elimination Act investigation tools and templates to assist facilities with compliance with the act

JUVENILE JUSTICE TRANSFERS

Eighty-eight young people in Michigan’s abuse/neglect foster care system were adjudicated as delinquent in FY 2019. This data was derived from the wardship coding in MiSACWIS that counted children and youth whose type of wardship changed from abuse/neglect to juvenile justice or who became dual abuse/neglect-juvenile justice wards in FY 2019. As of March 30, 2020, there were 175 dual abuse/neglect-juvenile justice wards in Michigan.

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. County courts may refer a youth to MDHHS for delinquency care and supervision as a temporary delinquent court ward under the Social Welfare Act, 1939 PA 280 or commit the youth as a public ward under the Youth Rehabilitation Services Act, 1974 PA 150 as dispositional options under the Probate Code, 1939 PA 288.

Juvenile Supervision in Michigan

In Michigan, most youth in the juvenile justice system remain the responsibility of the local court. Some youth with open foster care cases enter the juvenile justice system and remain under court supervision. The state does not have access to the case management systems used by court programs; therefore, determining the number of dual wards is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

- **Status:** Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In 2019, following a review of the 31 MiSACWIS case records of dissolved adoptions in the state, there were no known children who were previously adopted internationally.

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight of children adopted from other countries once they enter Michigan’s custody due to a disrupted or dissolved adoption. Michigan tracks disrupted and dissolved adoptions through MiSACWIS.

Children adopted from other countries are entitled to the full range of services as all children in Michigan. These include family preservation, family reunification and community services for pre- and post-adoptive families at risk of adoption disruption or dissolution.

Supporting the Families of Children Adopted from other Countries

Private agencies that provide services for international adoptions are licensed as child-placing agencies and held to Michigan's licensing rules for adoption. The Division of Child Welfare Licensing performs on-site reviews and investigations of alleged rule violations. Adoption assistance programs provide permanency for children with special needs who are adopted from foster care. As a result, the statutory requirements for eligibility reflect the needs of children in the child welfare system and are difficult to apply to children adopted from other countries. The statute does not categorically exclude these children from participation in adoption assistance programs; however, it is highly improbable that children adopted abroad by U.S. citizens or brought into the United States from another country for adoption will meet the eligibility criteria in federal and state law.

Planned Activities to Support Children Adopted from Other Countries

MDHHS provides post adoption services through eight regional Post Adoption Resource Centers. Participation is voluntary and free of charge. The Post Adoption Resource Centers are designed to support families who have finalized adoptions of:

- Children from the Michigan child welfare system.
- Children adopted in Michigan through an international or a direct consent/direct placement adoption.
- Children who have a Michigan subsidized guardianship assistance agreement.

The Post Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention
- Coordination of community services
- Information dissemination
- Education
- Advocacy
- Family recreational activities and support
- Website and newsletters about topics relevant to adoptive families, community resources and a calendar of events and trainings

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Adoption and Legal Guardianship Incentive Payments

Michigan received \$458,000 in Adoption and Legal Guardianship Incentive funds from fiscal year 2015 that were expended in FY 2019 for the following initiatives:

- Statewide two-day training conference for foster, adoptive and kinship parents

- Statewide two-day cross-training conference for CPS, foster care, licensing and adoption staff
- Year one of a three-year contract with Eastern Michigan University to develop and implement pre-service/pre-licensure training for foster, adoptive and kinship parents
- Four trainings throughout the state for child welfare staff related to targeted recruitment efforts to locate homes for older youth including child-specific recruitment for adoptive families to place children available for adoption without an identified family
- Temporary staffing resources to assist with processing closed adoption records for permanent retention and to assist the Division of Child Welfare Licensing in the fingerprint process for foster and adoptive parents
- Expansion of Regional Resource Team 1B to include monthly ongoing trainings and coordination of support groups

Michigan received the following in Adoption and Legal Guardianship Incentive funds: \$4,145,500 to be expended by Sept. 30, 2020; \$1,660,000 to be expended by Sept. 30, 2021 and \$810,000 to be expended by Sept. 30, 2022. Michigan plans on expending the funds on costs under part B, including post adoption services, and part E of Sec. 473A of the Social Security Act. Some possible expenditures include:

- Contracting with Eastern Michigan University to develop, pilot and implement a pre-service/pre-licensure training curriculum for Michigan's prospective foster and adoptive parents and relative caregivers
- Statewide Foster, Adoptive and Kinship Parent conferences to further develop and support Michigan's resource parents
- Statewide conferences for CPS, foster care, licensing and adoption workers and supervisors
- Temporary staffing resources to compile closed adoption records in order to respond timely to requests from adult adoptees for information from their foster care and adoption records
- Hosting three permanency forums to focus on reducing congregate care and increasing placement stability. County teams will review placement data regarding placements in their counties and will develop a plan of action to reduce congregate care and increase placement stability
- Five licensing fairs to be held across the state for relative providers, which will provide access to training, safety items, medical evaluations, fingerprinting, and other necessary licensing services at one location. The intention is to decrease barriers relatives face when pursuing licensure
- Contract with National Council on Crime and Delinquency to assist MDHHS with the CPS Redesign
- Contract with National Council on Crime and Delinquency to revalidate the risk assessment tool utilized by MDHHS
- Regional trainings for CPS and Centralized Intake staff
- Contract to utilize human centered design in the CPS redesign project
- Funding to address safety issues for unlicensed relative with a kinship placement

- Domestic violence training for staff across the state
- Anti-racism Initiative
- Additional allowable costs/services under Part B and Part E of Title IV of the Social Security Act

ADOPTION SAVINGS EXPENDITURES

Adoption Savings Expenditures

2019 - Michigan expended Adoption Savings Expenditures on the following:

- Services to families:
 - Post Adoption Resource Centers
 - Adoption Resource Consultant Services
 - Parent to Parent services
 - Regional Resource Teams
 - Amount held harmless from counties for increases to residential programs

Michigan does not foresee challenges in accessing and spending future Adoption Savings funds.

KINSHIP NAVIGATOR PROGRAM FUNDING

Since March 2019, the Kinship Care Resource Center with Kinship Navigator Program funding has implemented the following:

- Hired program staff
- Held focus groups with kinship families
- Launched Kinship Navigator services
- Collaborated to support new relative foster care placements
- Implemented referral processes with key partners
- Outreach and engagement with kinship families and service providers
- Developed and launched database
- Engaged kinship support groups
- Conducted trainings for kinship families and service

MONTHLY CASEWORKER VISIT DATA AND FORMULA GRANT

Michigan makes concerted efforts to achieve or exceed the monthly caseworker child visit. Michigan reports monthly caseworker visits from the AFCARS submissions. The target and Michigan's performance for the percentage of children visited each month by fiscal year is:

- 2016 requirement: 95% - Michigan achieved 97.1%.
- 2017 requirement: 95% - Michigan achieved 96.4%.

- 2018 requirement: 95% - Michigan achieved 97.4%.
- 2019 requirement: 95% - Michigan achieved 97.4%.

Since federal fiscal year 2015, Michigan has consistently exceeded the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in foster care at the child’s residence. The percentage of children visited in their residence each fiscal year is:

- 2016: 97.9%
- 2017: 98.0%
- 2018: 98.3%
- 2019: 98.4%

Monthly Caseworker Visit COVID-19 Response

CSA provided guidance to caseworkers following the guidance issued on March 18, 2020 by the Children’s Bureau. The guidelines were published and communicated to all staff members outlining expectations that children are to be visited in the safest environment possible meeting the expectations outlined in section 422(b)(17) of the Social Security Act (the Act).

Michigan implemented use of video conferencing to conduct monthly face-to-face visits with children in foster care. MiSACWIS has the ability to record such video conferencing to distinguish between visitation types. In addition, the DCQI Data Management Unit developed weekly tracking reports of all caseworker visit activities to monitor COVID-19 responses.

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

In 2019 and continuing through 2021, Michigan is using the Monthly Caseworker Visit Formula Grant for the following activities:

Peer Improvement Team and Peer Learning

The Peer Improvement Team includes a Peer Review Project and a child welfare training component to support local office CPS staff. The goal of the program is to share best practices and to empower supervisors to engage with staff managing current cases to examine and improve how policy is applied in the field. The workshops enhance supervisory skill and oversight and strengthen child welfare practice and positive outcomes for children and families.

The Peer Review Project consists of program reviews in field offices throughout the state. Two full-time second-level manager positions are responsible for the coordination of 20 intermittent first-line manager positions who complete the Peer Reviews. The second-level managers are on-site for each review, conducting quality assurance activities and compiling reports. Peer Learning, the child welfare training component, delivers a variety of child welfare management trainings and skill development workshops to field-based managers. The Peer Learning program is designed to improve policy knowledge, management techniques and quality assurance to assist caseworkers to improve case management practices. These individuals provide training, resources, and support to local field office management teams.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2021: October 1, 2020 through September 30, 2021

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	38-60000134-C4	
Michigan Department of Health and Human Services		4. DUNS:	113704139	
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)		
235 S. Grand Avenue		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION		
Lansing, MI 48909				
a) Email address for grant award notices: MDHHS-Grants@michigan.gov				
REQUEST FOR FUNDING for FY 2021:				
Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:				\$9,361,070
a) Total administrative costs (not to exceed 10% of the CWS request)				\$49,106
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		\$9,043,189
a) Family Preservation Services		20%		\$1,808,638
b) Family Support Services		30%		\$2,712,957
c) Family Reunification Services		20%		\$1,808,638
d) Adoption Promotion and Support Services		20%		\$1,808,638
e) Other Service Related Activities (e.g. planning)		0%		\$0
f) Administrative costs <i>(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)</i>		10.0%		\$904,318
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 7a-f.</i>		100%		\$9,043,189
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)				\$580,261
a) Total administrative costs (not to exceed 10% of MCV request)				\$58,026
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)				\$3,142,231
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:				\$4,588,976
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).				\$350,000
11. Requested Education and Training Voucher (ETV) funds:				\$1,256,056
REALLOTMENT REQUEST(S) for FY 2020:				
<i>Complete this section for adjustments to current year awarded funding levels.</i>				
12. Identification of Surplus for Reallotment:				
a) Indicate the amount of the State's/Tribe's FY 2020 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee 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.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
JooYeun Chang, CSA Exec. Director		Joseph Bock for Jerry Milner		
Title 7/7/20		Title		
Date		Date 10/1/2020		

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization:

0 For FY 2021: OCTOBER 1, 2020 TO SEPTEMBER 30, 2021

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 734,029			\$ 3,142,231				\$ -	-	170,804	Abuse/neglect rpts	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 809,189	\$ 1,808,638		\$ -				\$ -	-	5,182	Eligible families	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 4,567,977	\$ 2,712,957		\$ -				\$ -	-	19,212	Eligible families	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ 670,279	\$ 1,808,638		\$ -				\$ -	13,334	-	Eligible children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,808,638						\$ -	4,658	-	Eligible children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)		\$ -						\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 2,530,490						\$ 37,906,560	\$ 109,462,805	15,410	-	Eligible children	Statewide
(b) GROUP/INST CARE	\$ -						\$ 41,405,294	\$ 226,226,869	1,570	-	Eligible children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 90,154,800	\$ 62,867,100	23,230	-	Eligible children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 2,937,000	\$ 7,401,400	1,210	-	Eligible children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 4,588,976		\$ -	\$ 917,795	-	1,161	Eligible youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 1,256,056	\$ -	\$ 251,211	-	459	Eligible youth	Statewide
12.) ADMINISTRATIVE COSTS	\$ 49,106	\$ 904,318	\$ 58,026				\$ 123,113,722	\$ 117,301,891				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 910,565	\$ 1,121,112				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 138,535	\$ 3,464,338				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,247,495	\$ 5,526,957				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 522,235				\$ -	\$ -				
18.) TOTAL	\$ 9,361,070	\$ 9,043,189	\$ 580,261	\$ 3,142,231	\$ 4,588,976	\$ 1,256,056	\$ 298,813,971	\$ 534,541,478				

19.) TOTALS FROM PART I	\$9,361,070	\$9,043,189	\$580,261	\$3,142,231	\$4,588,976	\$1,256,056	----	----	----	----	----	----
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	----	----	----	----	----	----

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

- On this form
- In the APSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2019

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 38-60000134-C4		
Michigan Department of Health and Human Services		235 S. Grand Avenue		4. DUNS: 113704139		
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		Lansing, MI 48909				
Description of Funds	(A) Original Planned Spending for FY 18 Grants (from CFS-101, Pt I)	(B) Actual Expenditures for FY 18 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 8,720,800	\$ 8,592,871	11,590	-	Eligible children	Statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 48,704	\$ 5,872				
7. Total title IV-B, subpart 2 (PSSF) funds:						
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 9,776,927	\$ 851,617	17,992	19,960	Eligible children and families	Statewide
a) Family Preservation Services	\$ 1,955,385	\$ 2,590,722				
b) Family Support Services	\$ 2,933,079	\$ 3,101,363				
c) Family Reunification Services	\$ 1,955,385	\$ 2,345,221				
d) Adoption Promotion and Support Services	\$ 1,955,385	\$ 413,772				
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF allotment)	\$ 977,693	\$ 130,539				
g) Total title IV-B, subpart 2 funds:						
NO ENTRY: This line displays the sum of lines a-f.	\$ 9,776,927	\$ 8,581,617				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 563,536	\$ 3,094				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 56,354	\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 4,254,800	\$ 4,289,218	3,222		Eligible youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 179,807	\$ 284,913	145		Eligible youth	Statewide
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 1,548,387	\$ 860,505	429		Eligible youth	Statewide
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.						
<i>Signature of State/Tribal Agency Official</i>			<i>Signature of Federal Children's Bureau Official</i>			
JooYeun Chang			Joseph Bock for Jerry Milner			
<i>Title</i>	<i>Date</i>	<i>Title</i>			<i>Date</i>	
CSA Executive Director	7/7/20				10/1/2020	

State of Michigan

Comparison of FFY 2021 and FFY 2005 Title IV-B, Subpart 1 Expenditures

Date: 05/11/20

Summary of Michigan Financial Status Report, forms 269 and 269-101, 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
(3) Administration & Other Services	\$7,567,068	\$10,993,304	\$18,560,372
Foster Care Board & Care (Maintenance)	\$2,169,185	\$62,810,809	\$64,979,994
Child Care	\$0	\$0	\$0
Adoption Assistance Payments	\$0	\$0	\$0
Totals	\$9,736,253	\$73,804,113	\$83,540,366

Michigan estimated expenditures for Title IV-B Child Welfare Program, period ended September 30, 2021):

	2021 Estimated Federal Funds (1)	2021 Estimated Non-Federal Funds	2021 Estimated Total Federal & Non-Federal
(3) Administration	\$49,106	\$112,746,916	\$112,796,022
Foster Care Board & Care (Maintenance)	\$2,530,490	\$109,474,636	\$112,005,126
Prevention & Family Support Services	\$4,567,977	\$0	\$4,567,977
Protective Services	\$734,029	\$0	\$734,029
Family Preservation-Crisis Intervention	\$809,189	\$0	\$809,189
Time-Limited Family Reunification	\$670,279	\$0	\$670,279
Child Care	\$0	\$0	\$0
Adoption Assistance Payments	\$0	\$0	\$0
Totals	\$9,361,070	\$222,221,552	\$231,582,622

(1) Total Title IV-B, Subpart 1 funds spent for foster care maintenance = \$2,169,185, child care = \$0, adoption assistance payments =

(2) Estimated FFY 2021 match amount from State spending on foster care maintenance payments (\$3,100,000) does not exceed the

(3) Prior to FFY 2008, ACF required distinctive tracking and reporting of foster care maintenance expenditures only. All other expenditures are reported in the second category. Beginning FFY 2008, expenditures are broken-down between administration and service areas. Estimated FFY 2021

ogram,

2005 Non-Federal Funds Used as Match (2)	2005 Amount State Exceeded Match Requirement
\$0	\$10,993,304
\$3,245,418	\$59,565,391
\$0	\$0
\$0	\$0
<u>\$3,245,418</u>	<u>\$70,558,695</u>

2021 (FFY

2021 Estimated Non-Federal Funds Used as 25% Match (2)	2021 Est. Amount State Exceeded Match Requirement
\$0	\$112,746,916
\$3,100,000	\$106,374,636
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
<u>\$3,100,000</u>	<u>\$219,121,552</u>

= \$0.

FFY 2005 match amount (\$3,245,418).

itures, services and administrative, were reported in a 21 administrative costs do not exceed 10% of grant.

Payment Limitations - Title IVB, Subpart 2

Date: 05/11/2020

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	FY2018 Expenditures ⁽¹⁾
Federal	\$ 19,096,000	\$ 164,496,725
State / Local	\$ 25,089,700	\$ 216,271,498
Total	\$ 44,185,700	\$ 380,768,223

(1) FY2016 Title IVB, subpart 2 federal grant (\$9,118,458) and required State matching funds (\$3,039,486) are not included in reported expenditure amounts.



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

**Child Abuse Prevention and Treatment Act
State Plan**

2020 Annual Update

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Michigan's Child Abuse Prevention and Treatment Act Coordinator

Colin Parks, Manager, Children's Protective Services Policy and Program Office
Michigan Department of Health and Human Services
235 S. Grand Avenue, Suite 510, P.O. Box 30037
Lansing, MI 48909-0037
517-388-5125
parksc@michigan.gov

CHILD ABUSE PREVENTION AND TREATMENT ACT 2020 ANNUAL UPDATE

Michigan’s Child Abuse Prevention and Treatment Act (CAPTA) state plan aligns with the state’s Child and Family Services Review (CFSR) goals of improving the safety, permanency and well-being of children and families. Michigan’s Child Protection Law and child protection policies and procedures are applicable to all jurisdictions in the state. Activities to address CFSR outcomes are noted in this 2020 update. Information on ward transfers from the abuse/neglect system to the juvenile justice system can be found at the end of this report. Michigan uses the 2008 baseline and continues to coordinate Children’s Protective Services (CPS) goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	2015	2016	2017	2018	2019
Number of complaints received	157,417	160,065	167,160	171,171	170,650
Percent of complaints assigned for investigation	59%	56%	56%	56%	56%
Percent of investigations resulting in confirmed abuse or neglect	25%	28%	28%	27%	22%
Maltreatment in foster care ¹	14.59	14.24	18.56	Data not available ²	Data not available ³
Recurrence of maltreatment ⁴	13.6%	14.3%	14.7%	Data not available ⁵	Data not available ⁶

¹ The rate of victimization per 100,000 days of foster care of all children in foster care.

² Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2018 performance data on recurrence of maltreatment will not be available until 2020.

³ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2019 performance data on recurrence of maltreatment will not be available until 2021.

⁴ Of all children who were victims of maltreatment during a 12-month target period, what percent were victims of another maltreatment allegation within 12 months of the initial report?

⁵ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2018 performance data on recurrence of maltreatment will not be available until 2020.

⁶ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2019 performance data on recurrence of maltreatment will not be available until 2021.

CHILDREN'S JUSTICE ACT CAPTA STATE GRANT FUNDS

CAPTA state grant funds are used for activities and contracts to reduce child abuse and neglect and improve practice. CAPTA funds support:

- Implementing the “birth match” system to identify parents whose parental rights were terminated, leading to an automatic complaint and investigation.
- Providing specialized supportive services, assessments and when needed, reviews of abuse and neglect cases through a medical services contract.
- An annual child abuse and neglect conference.
- A paternity testing contract for children in the child welfare system.
- Safe sleep programming and services support.
- Support for the CPS Advisory Committee and annual conference.
- Support for the statewide child death review contract.
- Support for the annual Medical Advisory Conference.
- CPS program office travel costs to reinforce policy and practice requirements.
- Safety assessment and safety planning training.
- Mandated Reporter training materials.

CHILD ABUSE AND NEGLECT LAWS

No substantive changes were made to Michigan law during the report period (July 1, 2018 – June 30, 2019) that will affect the state’s continued eligibility for CAPTA State Grant Funds. Recent Michigan legislation and its impact on CPS policy and practice are described below.

MCL 722.623 was amended to allow online reporting for child abuse and neglect cases. In 2018, the Michigan Online Reporting System (MORS) was made available to mandated reporters within the state of Michigan. Using MORS is not required; however, it can be utilized by any device connected to the internet. Reports made using MORS do not require a DHS-3200 to be filed as using MORS is considered making a written report based on MCL 722.623. The phone hotline is also available for use and staffed 24 hours a day, seven days a week.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

Michigan developed policies and procedures to address the needs of infants identified as affected by substances or exhibiting withdrawal symptoms. These include:

- Mandated reporters are required to report suspected child abuse or neglect if the reporters knows or, from the child’s symptoms has reasonable cause to suspect, that a

newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body, shall report to the department in the same manner as required under section 3. A report is not required under this section if the person knows that the alcohol, controlled substance, or metabolite, or the child's symptoms, are the result of medical treatment administered to the newborn infant or his or her mother. See MCL 722.623a.

- A complete list of mandated reporters is listed in MCL 722.623. The following medical professionals are mandated reporters:
 - Physicians and physician's assistants
 - Dentists and registered dental hygienists
 - Medical examiners
 - Nurses
 - Persons licensed to provide emergency medical care
- Policy requires CPS investigators to:
 - Contact medical professionals to confirm exposure and/or to identify appropriate medical treatment for the infant.
 - Review the family history.
 - Interview the parents to assess the need for substance use disorder, assessment prevention/treatment, or recovery support.
 - Determine the parents' capacity to provide adequate care of the newborn and other children in the home.
 - Develop and implement Plan of Safe Care.

Monitoring Infant Plans of Safe Care

Michigan's policies and procedures for developing an Infant Plan of Safe Care for infants identified as affected by substance use include the following:

- In 2017, policy changes included the requirement for an Infant Plan of Safe Care for infants identified as affected by substance use of their parent and/or withdrawal symptoms, or as victims of Fetal Alcohol Spectrum Disorder. In these cases, the worker must develop an Infant Plan of Safe Care to:
 - Address the health and substance use treatment needs of the mother and infant and other affected family members.
 - Ensure that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
 - Take steps to ensure services provided to the infant and family are monitored either through MDHHS involvement or another service provider.
 - Address concerns through appropriate referrals. The referral and monitoring of these services must be documented by the worker in MiSACWIS.
- In 2017, MDHHS initiated a statewide effort to enhance mandated reporter training for medical providers. The trainings continued throughout 2018. This training provides mandated reporters:

- Clarification of their legal requirements to report suspected child abuse or neglect.
- Guidance on how to identify safety concerns in situations when substance use/abuse is suspected.
- Suggested approaches for working with parents and providers to develop Infant Plans of Safe Care for infants suspected of being affected by parental substance use or withdrawal symptoms or diagnosed with Fetal Alcohol Spectrum Disorder or neonatal abstinence syndrome.
- MDHHS added requirements in all family preservation contracts for an Infant Plan of Safe Care for cases involving an infant identified as affected by substance use of their parent and/or withdrawal symptoms, or as a victim of Fetal Alcohol Spectrum Disorder.
- In confirmed complaints in which the infant requires medical treatment to address symptoms resulting from the substance exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being, a petition for court jurisdiction is required within 24 hours.
- Services must be coordinated with medical personnel, maternal infant health programs and substance use disorder assessment and treatment providers.
- Children ages 0 to 3 suspected of, or having confirmed substance exposure, and/or developmental delay must be referred to Early On.
- MDHHS employs a fulltime substance use analyst who oversees a variety of substance use projects within MDHHS, helps provide insight on substance use within child welfare, and works collaboratively with various stakeholders regarding substance use.
- MDHHS works collaboratively with stakeholders through a variety of workgroups related to substance use, specifically opioid use. This is done through various workgroups throughout the state.
- MDHHS was awarded \$1,000,000 in funding through the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. As part of this grant, MDHHS has:
 - Created a multi-disciplinary team to address opioid use by facilitating sharing of data between various systems.
 - Expanded the Substance Use Disorder Family Support Program pilot. The pilot provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. This program was expanded and is now available in nine counties as of Oct. 1, 2019.
 - Obtained intensive home-based programming to address substance use in various counties.
 - Created an online Mandated Reporter training.
 - Partnered with the University of Michigan Child and Adolescent Data Lab to analyze data to identify families impacted by substance use disorder as a way to prevent recurrence.

- Worked collaboratively with the Governor’s Task Force on Child Abuse and Neglect and the Citizen Review Panel on CPS, Foster Care and Adoption to address gaps in various systems related to substance use. The Citizen Review Panel is assessing whether creating a best practice Infant Plan of Safe Care protocol which will address systemic gaps in services to parents who are using substances. Should a protocol be developed, all stakeholders will collaborate in its creation.
- The accuracy of the information entered in MiSACWIS regarding Infant Plans of Safe Care is verified by supervision during review and prior to approval of the case. If additional information is needed, supervision returns the case to the case worker for corrections. In 2018, the Compliance Review Team (CRT) was created. Each month the Data Management Unit (DMU) provides the CRT with a randomized sample of CPS dispositions that occurred the previous month. The CRT review provides data to each county to ensure compliance with the law and policy, to improve CPS system functioning, and improve outcomes for children and families. The CRT provides feedback to local offices after each review, and to the BSCs quarterly, including feedback on and compliance with the Infant Plans of Safe Care.
- Ongoing case management staff and service providers monitor family progress regarding Infant Plans of Safe Care. Case management staff work with the family to ensure the plan is being followed and the children in the home remain safe. When additional service needs are necessary, ongoing staff will make appropriate referrals.
- MDHHS reviews a sample of family preservation cases during annual contract reviews to determine if appropriate plans/assessment are included. When required assessment information is missing, the department requires an improvement plan, as well as offering during team meetings or by phone consultations with the supervisor, program manager and all necessary staff. Family preservation providers are required to provide weekly updates to referring staff which including updates to the Infant Plans of Safe Care.
- MDHHS has engaged in technical assistance with the National Center of Substance Abuse and Child Welfare (NCSACW) to develop a coordinated statewide approach for implementing Infant Plans of Safe Care for infants affected by substance abuse. This multi-agency framework includes a combination of practice guidelines and operating procedures aligned with best practices and partner agency policies. The work will also identify changes needed to the Comprehensive Child Welfare Information System (CCWIS) to capture data required for Plan of Safe Care reporting to the National Child Abuse and Neglect Data System (NCANDS) and to inform agency leadership about Infant Plan of Safe Care implementation.

Multi-Disciplinary Outreach, Consultation and Coordination

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

- **2017 Policy Academy - MDHHS Recovery Oriented Systems of Care**
Michigan was one of 10 states selected to participate in the “2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers.” Michigan developed a cross-system plan to address the needs of infants affected by opioids and their caregivers.
- **Comprehensive Addiction and Recovery Act (CARA) workgroup**
The workgroup is developing a work plan to ensure Michigan is meeting the requirements of the 2016 CARA and the provisions of the Child Abuse Prevention and Treatment Act (CAPTA). Participants include internal and external child welfare and public health systems. The focus of the work is on:
 - Creating uniform definitions of substance affected newborns and Infant Plans of Safe Care.
 - Aligning MDHHS policies, programs and contracts with CARA.
 - Identifying and implementing cross-system responses to newborns affected by substances and their families.
 - Training and education on Infant Plans of Safe Care for birthing hospital staff, home visitation programs, infant mental health programs, family preservation services, CPS and foster care programs.
 - Establishing a plan for tracking and monitoring all infants born affected by substances, and implementation of Infant Plans of Safe Care.
- **Michigan Collaborative Quality Initiative of Birthing Hospitals**
In partnership with the initiative, MDHHS Division of Maternal and Infant Health provides education and training for birthing hospitals to screen infants for the signs and symptoms of Neonatal Abstinence Syndrome and linking families to evidence-based home visiting.

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

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

Technical Assistance to Support Infant Plans of Safe Care

- In 2019, Michigan requested technical assistance related to Plans of Safe Care. Since that time, MDHHS and the National Center on Substance Abuse and Child Welfare (NCSACW) have exchanged emails and held two information gathering phone calls. In February 2020, NCSACW provided further technical assistance guidance regarding approach and possible priorities. Since that time, MDHHS requested written feedback and suggestions from the field and created three priorities for 2020:
 - Develop a process that CPS and foster care workers can use to assess parenting capacity, parenting time, permanency planning and child safety concerns when substance use is a factor.
 - Substance use training and coaching: symptoms, warning signs, identifying the presence of treatments, relapse, and recovery planning, including how to engage parents with substance use disorder, opioid use disorder, and/or co-occurring disorders.
 - Access to resources, tools, and templates regarding Plans of Safe Care.

Justice for Victims of Trafficking Act and the Trafficking Victims Protection Act Safe Harbor

Safe Harbor was one of the key reforms in the 2014 Michigan human trafficking legislative package. Specific changes included:

- Stronger protection for victims.
- Stronger tools to hold traffickers accountable.
- Victim health and welfare provisions.
- Establishment of commissions and boards.

Preventing Sex Trafficking

In response to the growing problem of child trafficking, and in recognition of the vulnerability of foster youth to being targeted, MDHHS created a protocol for child welfare professionals, court personnel, law enforcement officials and schools. The protocol addresses the following goals:

- To provide a coordinated investigative approach while minimizing trauma to victims
- To provide protection and specialized services to victims and family members
- To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking
- To provide alternatives for handling the case after a child or youth has been identified as a victim of human trafficking

Progress in 2019 and 2020

- Training was delivered to child welfare staff in public and private agencies, and to community organizations and community partners.

- MDHHS continues to cross-train with community agencies to educate the community on identification of trafficking and resources for treating victims.
- MDHHS updated the public MDHHS website with resources.
- Improvements in MiSACWIS enhance the accuracy of data.
- Human Trafficking policy is maintained in a policy manual referenced by all program areas and updated to include a requirement to screen youth receiving foster care services who are at risk of human trafficking and all closed foster care cases receiving services.
- In 2020, MDHHS will complete a thorough review of policy, practice, and systems and review how these effect MDHHS response to child labor and sex trafficking. This will result in updates to tools used by staff to address human trafficking in Michigan.
- The CPS program office collaborated with the Office of Workforce Development and Training to create online training regarding human trafficking which is available to child welfare staff. One thousand, six hundred and eighty-one child welfare staff completed this training.
- MDHHS presents at the SCAO annual human trafficking conference. SCAO provides training assistance and support to child welfare staff on human trafficking.
- MDHHS hired a full-time position dedicated to human trafficking through the Division of Victim Services.
- The MDHHS Division of Victim Services director was appointed to the Attorney General's Commission on Human Trafficking and the Michigan Human Trafficking Advisory Board.
- The Division of Victim Services is partnering with CPS and Vista Maria in metro Detroit on a pilot project to create a comprehensive multi-disciplinary victim services treatment model for child survivors of human trafficking.
- The Division of Victim Services is collaborating with the Attorney General's Commission on Human Trafficking, the Michigan Human Trafficking Advisory Board, and Measurable Change, a human trafficking clearinghouse, to develop a statewide educational platform on human trafficking available to front-line staff and to establish a cross-disciplinary framework for data collection and victim centered services.
- The MDHHS Division of Victim Services has 1.6 million dollars in contracts with 48 agencies across the state that provide some level of services to victims of human trafficking. In Southeast Michigan for example, the Division funds services provided through agencies such as Alternatives for Girls, Wayne County Neighborhood Legal Services, Common Ground, Wayne County SAFE, Turning Point, Arab Community Center for Economic and Social Services, Centro Multicultural LaFamilia, and LGBT Detroit.

MDHHS has provisions and procedures to identify and assess all reports of known or suspected victims of child sex trafficking. Specifically:

- The MDHHS mandated reporter training includes the definition of child sex trafficking and mandated reporters' responsibility for reporting suspected child sex trafficking.
- MiSACWIS was enhanced to collect information on child victims of sex trafficking in a

- manner that allows for better tracking.
- Any child or youth identified as a sex trafficking victim must be referred to specialized services aligned to their needs. MDHHS service provision includes a contract with Vista Maria (<https://www.vistamaria.org/>), which provides supportive services and housing for sex trafficking victims.
 - The policy regarding Absent Without Legal Permission (AWOLP) indicates:
 - As soon as possible, but no later than one business day after locating the youth, the supervising agency must take the following actions:
 - Notify NCMEC that the child has been located.
 - Notify law enforcement that the child has been located.
 - As soon as possible, but no later than five business days after locating the youth, the supervising agency must meet with the youth to determine the following:
 - The primary factors that contributed to the youth running away.
 - The ways in which the youth's placement should respond to those factors.
 - The youth's activities while AWOLP, including if the youth was a victim of sex trafficking.

Training CPS Workers about Sex Trafficking

- Child welfare caseworkers are provided training on child sex trafficking and labor trafficking. An overview of sex trafficking investigation is included in the CPS Pre-Service Institute.
- Human trafficking training is available to all child welfare staff on an ongoing basis through conferences, online training, and local office training.
- MDHHS participated in trainings through various stakeholders such as the Prosecuting Attorneys Association of Michigan and SCAO.

The Infant Safe Sleep Act

Enacted in 2014, the Infant Safe Sleep Act requires hospitals and health professionals to provide readily understandable information and educational and instructional materials regarding infant safe sleep practices. Hospitals and other professionals working with families are supported with access to free educational materials to use in their work with families; 269,491 educational items were distributed by MDHHS in FY 2019. MDHHS provides a website for ongoing education that includes testimonials from parents who lost a child when a contributing factor may have been the child's sleep environment or position. The Infant Safe Sleep website can be accessed at www.michigan.gov/safesleep.

MDHHS requires CPS investigators to discuss safe sleep practices with parents of children under 12 months. If an infant is not provided with a safe sleep environment, the CPS worker must

document efforts to assist the family in creating one. The worker can utilize friends and family, community resources or local funds to assist the family.

MDHHS provides training on the basic information of infant safe sleep for all child welfare workers and includes community partners in those trainings. In 2018, MDHHS Infant Safe Sleep Program released “Safe Sleep 201” training for home visitors and child welfare workers that is available in person and online. The training addresses how child welfare workers can have more effective conversations with families to promote safe sleep practices while addressing the challenges families face in following the guidelines. In fiscal year 2019, 691 participants were trained in “Safe Sleep 201.”

Each year, Michigan reports infant deaths in which an unsafe sleep environment may have been a factor to the federal Centers for Disease Control and Prevention. Michigan reported to the centers that 151 infants died in 2018 and the sleep environment may have been a factor. MDHHS recently completed the report “[Infant Safe Sleep in Michigan: A Comprehensive Look at Sleep-Related Deaths](#).” This marks the first time Michigan has compiled data, research and information regarding local and statewide safe sleep initiatives into one comprehensive document.

MDHHS is improving the quality of CPS investigations through initiatives including:

- **CPS Child Death Alert and Report.** This software enhancement collects child death information and notifies key MDHHS personnel when a death has occurred.
- **Foster Care, Adoption and Juvenile Justice Child Death Alert and Report.** Programming helps MDHHS collect accurate death information for children under the care and supervision of MDHHS.

In 2017, MDHHS sponsored a safe child/safe sleep campaign for the prevention of child deaths.

Risk factors in child deaths include:

- Lack of smoke detectors
- Poor prenatal care
- Substance use during pregnancy
- Unsafe sleep environments
- Poor supervision
- Inappropriate selection of caregivers

In 2018 and 2019, MDHHS completed a targeted social media campaign to increase the awareness of the importance of children sleeping safely in their own crib or play pen, on their backs, and with no pillows or blankets. These campaigns were targeted towards women 18-34 years old who have a child under the age of one. The campaign was completed across multiple social media platforms. The campaigns covered 868,21 impressions and nearly 3,800 clicks onto the media. Various trends were learned about the target group as well, which will help MDHHS

educate the public regarding safe sleep in the future.

The MDHHS prevention campaign educates customers on home safety, shaken baby syndrome and creating safe sleep environments. The local offices have brochures, videos and resources available to clients and providers. MDHHS distributed Safe Sleep Kits statewide that include posters, brochures, toy cribs and dolls, reminder door hangers and an informational DVD.

The CPS program office will continue coordination with the MDHHS Safe Sleep Office, Michigan Department of Education, community providers and the state Child Death Review Team to create and maintain a statewide plan to provide the video to the public in a variety of settings, including:

- Health care settings
- Public health offices
- MDHHS county offices
- 2019 Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization grant recipient

CPS POLICY UPDATES

MDHHS updates CPS policy as needed to improve clarity of requirements, incorporate changes in federal or state law and accommodate best practices. Policy also reinforces that CPS practice be implemented with compassion, through a trauma-informed lens and is directed toward helping families provide adequate care for their children. Changes to policy in 2019 have been driven with the goal of better supporting families, providing worker relief and making policy more streamlined by:

- Obsolete policy items that were a better fit elsewhere or were already located in another section of policy.
- Removing policies to ensure the work being done by caseworkers is productive and an efficient use of time and resources.

To streamline policy, the following changes were made:

- The following policies were obsolete and/or moved to another section of policy:
 - PSM 712-09
 - PSM 713-03
 - PSM 713-09
 - PSM 713-10
 - PSM 713-12
 - PSM 716-09

- Policy was amended to provide guidance regarding threatened harm cases, as well as remove current threatened harm from policy. Threatened harm may exist when there is a historical circumstance such as history of an egregious act of child abuse or neglect, prior termination of parental rights, or a conviction of crimes against children

To omit redundancies within policy and practice, the following changes were made:

- Requirement to complete an investigation checklist was removed as the Supervisory Control Protocol (SCP) is was created to meet the criteria contained within the previous supervisor checklist
- Caseworkers may utilize Central Registry clearance results obtained during a preliminary investigation when entering information in the history and trends section
- Guidance was provided regarding when to educate and observe safe sleep

To address audit findings and ensure policy aligned with statute, the following changes were made:

- Added policy guidance on Prison Rape Elimination Act (PREA) including coordination with juvenile justice facilities on these investigations may occur
- Policy was updated to provide additional information regarding medically fragile children. In addition, guidance and direction was added regarding engaging with parents to obtain a medical examination
- Policy regarding allowances for collateral contacts for children identified as vulnerable children was expanded
- Due to the legalization of marijuana, medical marijuana was removed from policy

To reduce the impact of the child welfare system on families when child safety is not a concern, the following changes were made:

- Policy was amended to eliminate face-to-face contact with parents who are not involved in the care of the child(ren), adults residing in the home, or legal parents of other (non-victim) children. Telephone contact is allowable and acceptable with these individuals
- Policy was updated to eliminate medical exams as a requirement when specific information cannot be obtained. The requirement to obtain medical examinations on siblings of the alleged victim in certain circumstances was removed.
- Policy was amended to allow for additional visits to occur outside of the home.

To allow workers the ability to make case specific decisions based on family needs, as well as ensure workers can spend the necessary amount of time with families, the following changes were made:

- Contact with mandated reporters is no longer required. A letter with complaint disposition is still sent to the mandated reporter who reported the complaint.
- Changes were made to the definition of commencement to incorporate additional activities which could be taken to begin an investigation and successfully complete

commencement.

- The requirement to inquire about CPS history in another state was amended to only be required if an individual has lived outside of Michigan within the last ten years.
- The interview requirements for adults were amended and guidance was provided regarding the intent and direction of interviews.
- Added guidance regarding when a Safety Assessment must be completed. Requirement to complete a FANS/CANS assessment during a CPS investigation was removed.
- Policy was amended to remove the requirement to contact medical professionals to verify medication.

CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRAM AREAS

CAPTA Section 106(a)1. To improve the intake, assessment, screening and investigation of reports of abuse and neglect.

To ensure consistency in response to CPS complaints across the state, MDHHS established a statewide 24-hour Centralized Intake hotline for abuse and neglect reporting in 2012. CPS Centralized Intake ensures consistency in complaint disposition through the following activities:

- Maintain and update detailed step-by-step guidelines regarding internal procedure
- Continually assess internal procedures for consistency and compliance with statute
- Continually provide training to Centralized Intake staff
- Debrief with staff should critical incidents occur
- Centralized Intake management participates in systematic change work groups

Centralized Intake continues to complete quality assurance by reviewing all reconsideration requests from local offices. By utilizing a data-driven approach which focuses on trends, Centralized Intake has been able to ensure the correct screening decision was made during the intake process. Centralized Intake has been able to significantly (if true) reduce the number of reconsideration requests, as well as reduce the number of screening decisions overturned.

Criminal Background Clearances

Michigan utilizes an alternative procedure for fingerprint-based criminal records checks of national crime information databases, and child abuse and neglect registry checks on any adult working in a child caring institution. The procedures required in section 471(a)(20) of the Act for the checks are not appropriate for the agency for the reasons described below:

The state statute does not provide authority to complete fingerprint-based checks. Michigan will complete criminal history background checks and child abuse and neglect registry checks on any adult working in a child caring institution, for all states resided in within the past five years.

The checks will be completed by the Division of Child Welfare Licensing for child caring institution staff.

The Michigan Child Protection Law was amended to allow the department to verify that an employee, potential employee, volunteer or potential volunteer of an agency in which the person will have access to children is not on the child abuse and neglect central registry. There have been no substantive changes to the law affecting the state's eligibility for the state grant (Section 106 (b)(C)(1)).

- In 2019, the CPS program office reviewed and responded to over 5,707 requests for central registry clearance checks.

MDHHS Birth Match Process

The MDHHS birth match process matches Michigan childbirths to a list of parents whose parental rights were terminated in Michigan following child abuse and neglect court proceedings. It allows MDHHS to identify cases that may require a court petition documenting the likelihood of threatened harm based on previous termination of parental rights or a history of severe physical abuse. The process results in investigation and assessment of risk to the infant.

CAPTA Section 106(a) 2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations and improve legal preparation and representation.

MDHHS works with the Governor's Task Force on Child Abuse and Neglect, Office of Workforce Development and Training, Prosecuting Attorneys Association of Michigan, and SCAO to train public and private child welfare staff to use investigative protocols. To improve practice, MDHHS utilizes the following:

- **A Model Child Abuse Protocol** - To coordinate handling of child abuse and neglect cases among MDHHS, law enforcement and prosecuting attorneys, the Governor's Task Force created "A Model Child Abuse and Neglect Protocol with an Approach Using a Coordinated Investigative Team" in 2013. This protocol is currently being revised using a multi-disciplinary approach. The revision will be complete in 2020. In addition to printed material, training on the protocol will also be provide.
 - The Prosecuting Attorneys Association of Michigan continues to provide training to increase collaboration between prosecutors, CPS and law enforcement on multi-disciplinary team investigations.
 - In 2017, the department worked with the Prosecuting Attorneys Association of Michigan to gather local child abuse protocols to ensure collaboration between prosecutors, CPS, and law enforcement. Of the 83 counties, 36 have local multi-disciplinary team protocols.
- **Forensic Interviewing Protocol** - MDHHS assists investigative professionals to use best

practices when interviewing children. MDHHS and Central Michigan University developed the Forensic Interviewing Protocol to conduct an interview with a child in a developmentally sensitive, unbiased and truth-seeking manner that supports accurate and fair decision-making. The protocol is trained in law enforcement and child welfare programs. This protocol continues to be utilized as the primary protocol for training new child abuse and neglect investigators. In 2017, the fourth edition of the Forensic Interview Protocol was published.

- **Medical Child Abuse Protocol** - To address risk in families that includes complex medical and psychological issues, the Governor’s Task Force revised the investigative protocol “Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation, Assessment and Treatment,” and created the Medical Child Abuse Protocol that identifies medical child abuse and establishes guidelines for each discipline involved in an investigation. This update places the focus of the investigation on the abuse inflicted on the child, instead of the potential mental health concerns of the alleged perpetrator (Children’s Justice Act grant funded via the Governor’s Task Force).

The protocols above can be accessed on the Governor’s Task Force website at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_66367-77800--,00.html

- **Human Trafficking Protocol** - MDHHS created and updated a protocol that aligns with federal and state legislation. The protocol defines best practice for determining whether a child is a victim of human trafficking, and how to move forward once a child has been identified as a victim. In 2020, CPS Program Office will work with department offices and community partners to update the protocol along with system, policy, and training as needed.
- **Methamphetamine Protocol** – Through a multi-disciplinary development of the Methamphetamine Protocol, MDHHS addressed the immediate health and safety needs of children exposed to methamphetamine lab settings, established best practices and provided guidelines for coordinated efforts between MDHHS workers, law enforcement and medical services. The protocol can be reviewed here:

https://www.michigan.gov/documents/dhs/Meth_Protocol_179585_7.pdf

CAPTA Section 106(a) 3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

MDHHS will continue to improve case management and services by decreasing the number of children in out-of-home placement and enhancing the role of parents and families throughout the case planning process. MDHHS is using the following strategies:

- CPS policy requires additional supervisory oversight and pre-removal family team meetings for all investigations including cases involving children in out-of-home placement. CPS workers are required to consult with their supervisors prior to disposition.

- In 2017, MDHHS completed statewide implementation of the enhanced MiTEAM practice model. Implementation included virtual learning, structured activities, practice support, resources and feedback for improving teaming and engagement with families, assessment and mentoring skills for child welfare workers.
- In 2018, MDHHS created the Guy Thompson Parent Advisory Council. The council is comprised of parents who were previously involved with child welfare services. The goal is to improve the child welfare system by obtaining parent feedback regarding policy changes, program and protocol development, and handling of child welfare cases.
- In 2020, CSA is providing training to child welfare and juvenile justice staff to effectively utilize trauma screening and assessment tools and services.

CAPTA Section 106(a) 4. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols.

MDHHS addressed safety through changes in CPS policy through the following activities:

- The department created the Quality Improvement Council (QIC), which has a sub-committee that focuses on child safety initiatives. Although the structure and sub-teams for QIC changed in late 2019, the safety sub-team continues to function and address safety related considerations that impact practice and policy. The sub-committee meets monthly. The following initiatives received committee support:
 - Providing statewide safety planning training (Safety by Design) and threatened harm training for all child welfare staff
 - Training for all MDHHS and private agency staff on safe sleep
 - Suicide prevention initiatives, including a conference co-sponsored by MDHHS
 - In 2018, the Compliance Review Team was created. Each month the Data Management Unit (DMU) provides the CRT with a randomized sample of CPS dispositions that occurred the previous month. The goal of the reviews is to provide data to counties statewide to ensure policy and law compliance, to improve CPS system functioning and improve outcomes for children and families at the county level. The Compliance Review Team sends feedback to local offices after each review, and to the Business Service Centers quarterly.
 - In 2019, the Compliance Review Team reviewed 581 disposed cases.
- To reduce incidents of maltreatment in care and ensure child safety, the Placement Collaboration Unit (PCU) was piloted in Oakland County and implemented statewide in April 2019. The unit focuses on screened out CPS complaints involving any court wards placed in their home or in out-of-home care to address any concerns before they rise to the level of child abuse and neglect. Every complaint transferred to the PCU is reviewed by a PCU supervisor to ensure it has been appropriately transferred and does not meet criteria for CPS-MIC assignment. When it is determined that a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

Progress in 2019 and 2020

- MDHHS provided training on various child welfare topics in multiple sessions offered by the State Court Administrative Office. These trainings were open to all child welfare stakeholders. At least one session of each the following trainings occurred.
 - Unveiling Invisible Injuries: Building a Trauma Informed Court and Community (co-sponsored)
 - Michigan Human Trafficking Commission's 2018 Spring Conference (co-sponsored)
 - The Opioid Crisis: Collaborating to Improve Outcomes in the Child Welfare System
 - Child Sexual Abuse: Identification, Intervention, Safety, and Healing
 - Testifying in Court for Non-Lawyers (Child Protective Proceedings)
 - Child Welfare Essentials and Reasonable Efforts Advocacy
 - Case Practice Essentials for Child Welfare Professionals
 - Understanding Trauma, Secondary Traumatic Stress, and the Importance of Mindful Self-Care as a Child Welfare Team Member
 - Child Abuse and Neglect Mandated Reporter Training
 - Collaborating to Combat Human Trafficking
 - Implementation of the federal Every Student Succeeds Act (ESSA)
 - Working with Families Impacted by Intellectual and Developmental Disabilities
 - The Opioid Crisis: Collaborating to Improve Outcomes in the Child Welfare System
 - Collaborating to Combat Human Trafficking
 - Collaborating to Combat Human Trafficking II
 - Hearing-by-Hearing: Quality Legal Representation and Advocacy Techniques for Attorneys in Child Protective Proceedings
 - Title IV-E Child and Parent Legal Representation
 - Courtroom Confidence for Child Welfare Workers
 - Getting to Know the New MDHHS Drug Screen Contractor: Averhealth
 - History of Michigan's Forensic Interview Protocol: What You Need to Know
- Michigan began the CPS Redesign Project in 2019. The CPS Redesign Project provides a unique opportunity to assess MDHHS' current processes and make improvements to better protect children and support families. The project focuses on Centralized Intake (CI) and CPS investigation policies and procedures. The project is based on the belief that a well-designed and efficient response to CPS complaints will help staff protect children and support families by:
 - Accurately assessing risk and safety
 - Facilitating timely response to complaints of abuse and neglect
 - Ensuring complaints are assigned within the scope of the law
 - Reducing trauma experienced by children and families
 - Delivering timely and effective services

- Ensuring manageable caseloads
- Casey Family Programs is providing support to the CPS Redesign project which includes participation of staff and field policy experts. Six CPS Redesign accountability teams are focusing on the following specific areas of redesign:
 - Preliminary investigation and field assignment decisions
 - Decision for CI to receive an intake
 - Commencement definition
 - Decision-making to determine a preponderance of abuse/neglect
 - Decision-making for disposition category
 - Use of Category V dispositions
- Michigan is piloting the Safety and Facilitation Expert (SAFE) Family Team Meetings (FTM) in five counties. This evidence-based practice is based on the Team Decision-Making (TDM) model. During SAFE FTMs, objective facilitator will help determine outcomes of the child welfare case, such as removal from caregiver(s), transition to unsupervised parenting time, or return home. Those attending SAFE FTMs may include:
 - Family members inside the home
 - Family members outside of the home
 - Youth (when appropriate)
 - Support persons
 - Agency staff
 - Service providers
 - Community partners
 - Anyone else the case members would like in attendance
- MDHHS has contracted with the National Council on Crime and Delinquency on numerous projects. NCCD will provide recommendations on policy and procedure changes as necessary, including:
 - Evaluation of the safety assessment, risk assessment, and risk re-assessment in relation to child welfare outcomes.
 - Reviewing and assessing the SAFE pilot. As part of this work, NCCD will provide Team Decision Making (TDM) trainings to TDM facilitators.
 - Intake Assessment Customization and Implementation. NCCD will create various structured decision-making (SDM) tools to utilize during the intake process for alleged child abuse and neglect.
- MDHHS contracted with ideas42 to work collaboratively with NCCD and the University of Michigan to identify potential racial bias and other drivers of disproportionality during the intake process of alleged child abuse and neglect.

CAPTA Section 106(a) 5. Developing and updating systems of technology that support the program and tracking reports of child abuse and neglect.

Goal: CPS program office continues to work with the DCQI Data Management Unit and the MiSACWIS team to create reports for local managers to track outcomes and ensure that local managers are able to access and understand these reports.

Status: Development of enhanced oversight reports for supervisors is ongoing, as MiSACWIS is refined and users trained in case documentation. Data reports are published in the Inflow system and county managers receive training to accurately monitor case management activities. During 2019, new supervisor training included training opportunities for interpreting the data reports.

The Supervisory Control Protocol (SCP) was developed and implemented statewide by a team of policy and field staff in response to the Office of Auditor General's (OAG) Children's Protective Services (CPS) audit and was implemented statewide in February 2019. The SCP was designed to increase the frequency and effectiveness of supervisory review and approval of investigation activities, improve worker compliance with CPS investigation requirements and verify that required documentation occurred. Technology was developed to enable efficient application of the SCP and as a way for supervisors, program managers, county directors and Children's Services Agency (CSA) leadership to monitor practice compliance. SCP data and manual case reads by the Compliance Review Team indicate that the SCP has improved compliance with policy and law. MDHHS has observed notable improvements in areas identified as material in the OAG's final report.

MDHHS leveraged technology to develop a Mobile Investigator application. The mobile app was implemented statewide in February 2019. Key features include:

- Worker safety feature (check-in/check-out)
- Ability to remotely enter social work contacts
- Ability to scan and upload documents to MiSACWIS
- Access to Michigan's 211 platform for immediate access to local resources and services

MDHHS is continuously seeking field feedback to improve the effectiveness and efficiency of the application to support widespread user adoption and utilization.

CAPTA Section 106(a) 6. Developing, strengthening and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals and personal safety training for caseworkers.

Goal: MDHHS will provide training statewide in collaboration with stakeholders.

Status: MDHHS will continue to provide training for child welfare professionals, including:

- Michigan's annual Child Abuse and Neglect Prevention Conference will continue.
- Yearly summit conferences on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policymakers.
- In partnership with the universities, the Office of Workforce Development and Training

will continue to provide in-service training to enhance caseworker skills.

- MDHHS partners with the Governor’s Task Force on Child Abuse and Neglect to sponsor a yearly summit to increase knowledge regarding the investigation, prosecution, and juvenile justice intervention of child welfare cases. Each year over 300 participants attend the conference.
- MDHHS collaborates with the Michigan State Police to provide training for all stakeholders on drug endangered children. MDHHS will continue to work with all stakeholders to address drug endangered children in the future.
- In 2019, MDHHS partnered with various child welfare stakeholders to create the Michigan Child Welfare Professionals Safety Protocol to address worker safety. This protocol can be adopted by contracted child welfare agencies and focuses on worker safety, uniform response to incidents at the local and state level, and available resources for child welfare staff. The protocol will be distributed in 2020.

CAPTA Section 106(a) 7. Improving the skills, qualifications and availability of individuals providing services to children and families.

MDHHS provides training statewide in collaboration with stakeholders, including:

- Michigan’s annual Child Abuse and Neglect Prevention Conference.
- The CPS Advisory Committee, a group of CPS supervisors meets quarterly to discuss CPS policy, practice and implementation. The purpose of the group is for supervisors to connect with their peers, to participate in policy development and develop a network to enhance child welfare awareness and strengthen leadership skills.
- Annual training summit for child welfare stakeholders.
- In partnership with various universities throughout the state, the Office of Workforce Development and Training continues to provide in-service training to enhance caseworker skills. (Children’s Justice Act funded via the Governor’s Task Force).

MDHHS continues to implement the Child Welfare Certificate Program through a partnership with the Michigan schools of social work. Bachelor level students participating in the program complete 60 social work credit hours in child welfare-related course work and a 400-hour internship in a CPS, foster care or adoption program at MDHHS or a child-placing or tribal agency. When students with child welfare certification are hired into child welfare positions, they are able to attend a condensed version of the Pre-Service Institute. Thirteen universities participated in Michigan’s Child Welfare Certificate Program in 2019.

There were 1,649 CPS workers allocated in Michigan in 2019. MDHHS collaborates with Michigan State University and other schools of social work and the Michigan Department of Civil Service to identify and hire qualified candidates and develop internship programs. MDHHS partners with Wayne State University of Social Work on implementation of enhanced

recruitment and retention strategies for current and prospective child welfare staff in southeast Michigan.

MDHHS updated the curriculum for the CPS Pre-Service Institute to ensure the content is relevant, up-to-date and effective in preparing new workers. MDHHS continues to explore alternative delivery methods for the knowledge-based segments of the training.

Web based trainings available through MDHHS that were provided in 2019:

- New State and Federal Child Welfare Laws Regarding Older Youth in Foster Care
- Michigan law on Safe Delivery of Newborns
- Accommodating Parents with Disabilities in the Child Protection System
- Michigan Indian Family Preservation Act and Indian Child Welfare Act: A Court Resource Guide
- Human Trafficking and Michigan's Dependency Law
- Juvenile Guardianships and the Guardianship Assistance Program

MDHHS collaborates with the Governor's Task Force to provide trainings to child welfare staff. The 23rd Annual Governor's Task Force on Child Abuse and Neglect Summit occurred on Nov. 14-15, 2019. The theme was "Substance Use and Child Endangerment – Breaking Through the Stigma and Shame." The conference featured breakout sessions addressing Opioid Use Disorder, drug endangered children, engaging and supporting pregnant and parenting women with substance use disorder, drug courts, supporting infant-parent relationship, and secondary trauma.

Progress in 2019

The Governor's Task Force on Child Abuse and Neglect provided training and resources in 2019 to address child welfare legal issues. The task force developed an interagency agreement with SCAO to train child welfare professionals via the printing, distribution and implementation of resource guides, practice manuals, and other materials. The Governor's Task Force presented specialized trainings in 2019 that include:

- **The Opioid Crisis: Collaborating to Improve Outcomes in the Child Welfare System.**
This training provided information about cross-system collaboration efforts to better serve children and families affected by the opioid crisis. Participants gained an understanding of the opioid crisis in Michigan and critical information was provided about Medication Assisted Treatment. In addition, the stigma associated with opioid use and medication assisted treatment was discussed, along with plans of safe care.
- **Child Sexual Abuse: Identification, Intervention, Safety, and Healing.**
Participants gained an understanding of how the motivation of offenders provides critical insight to a broader understanding of the issues to be addressed when completing assessments, implementing interventions, and safety planning. In addition, training participants learned how to identify child sexual abuse victimization and how to

help children and families heal. Small group discussion was included to allow participants an opportunity to learn how to put the theories discussed to practice.

- **Child Death Scene Investigation Training.**

This training program was provided in partnership with the Michigan Public Health Institute (MPHI). Participants were trained on death scene investigation techniques including scene evaluation, evidence collection, doll re-enactments, response to Sudden Unexpected Infant Death (SUID) and the use of the State of Michigan Sudden & Unexplained Child Death Scene Investigation tool. The primary focus of the seminar was on the response to child deaths utilizing a tool developed to standardize investigations and assist Medical Examiners in determining cause and manner of death when “a child under the age of 2 years dies within this state under circumstances of sudden death, case unknown.”

- **Collaborating to Combat Human Trafficking II.**

As a follow-up to the Human Trafficking Conference held in January 2019, Judge-led collaborative teams learned about Human Trafficking laws, the University of Michigan Human Trafficking Clinic, and how to process a juvenile dependency petition. Furthermore, county teams learned about the challenges, successes, and lessons learned from innovative court programs to better serve minor victims of human trafficking.

- **Web-based Meetups.**

SCAO offered web-based short trainings on topics including:

- Mandated reporting
- Working with families impacted by intellectual and developmental disabilities
- Title IV-E child and parent legal representation grant

- **Co-sponsored Human Trafficking Conference.**

The focus of this year’s conference was on victims and victim services.

CAPTA Section 106(a) 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

MDHHS trains mandated reporters on their responsibility to report suspected abuse and neglect as required under Michigan’s Child Protection Law. The CPS program office provides technical assistance to the field, professional groups and the public regarding the role of CPS.

The CPS program office works with county offices and other local and state partners to provide statewide mandated reporter training. In 2019, CPS unit within the CSA enhanced mandated reporter training through the following strategies:

- Distributed online training
- Revised the mandated reporter training PowerPoint

A contact phone number is provided to mandated reporters who have questions about their role or concerns about a complaint they submitted. Centralized Intake staff provide assistance

with:

- Distribution of the Mandated Reporter’s Resource Guide.
- Guidance and training regarding mandated reporting as requested.
- Maintaining a statewide mandated reporter training initiative. This initiative ensures that trainers are available in every county MDHHS office throughout the state.

Progress in 2019

Online Reporting for Mandated Reporters

- In 2019, the MDHHS Michigan Online Reporting System was made available for mandated reporters to report suspected child abuse and neglect. The online reporting system decreases wait time for mandated reporters reporting alleged abuse and neglect. Allowing mandated reporters the ability to report suspected child abuse and neglect online has provided an additional avenue for reporting and increase the likelihood that reports of abuse/neglect were made in a timely manner.
 - Centralized Intake receives over 100 complaints a day utilizing the reporting system.
- MDHHS created a Detroit office for Centralized Intake to:
 - Increase the ability to obtain and retain qualified applicants.
 - Ensure MDHHS had a contingency plan for technology outages.
 - Should one office have a technology outage, the other office could continue to fully function and maintain operations.

Planned Activities for 2021

- MDHHS is working with the Mandated Reporter Committee to address the following:
 - Update the mandated reporter training
 - Develop and distribute new mandated reporter brochures
 - Provide training to thousands of mandated reporters

CAPTA Section 106(a) 9. Developing and implementing programs to assist obtaining services for families of infants who are disabled.

MDHHS chairs the Medical Advisory Committee, which reviews policies and makes recommendations on how MDHHS can meet the medical needs of children. The committee provides a bi-monthly forum to discuss medical issues pertaining to child abuse and neglect.

Topics of past meetings included:

- CPS policy and practices
- Child maltreatment/child abuse and neglect
- Examination and assessments
- Substance-exposed infants
- Sentinel injuries

The committee creates training initiatives and facilitates discussions on issues related to medical child abuse and neglect. In 2019, the Medical Advisory Committee worked with MDHHS to provide new hire and local county training that educates field staff concerning medical child abuse.

Planned Activities for 2021

- The Medical Advisory Committee developed a training to assist workers in assessing abuse and neglect. These trainings will be co-trained with child abuse pediatricians. Regional trainings have begun and will continue throughout 2021.
- The following trainings which will be provided to child welfare stakeholders in 2021:
 - Update the mandated reporter training
 - Develop and distribute new mandated reporter brochures
 - Provide training to thousands of mandated reporters

Early On

CAPTA requires all child victims, ages birth to 36 months in confirmed cases of CPS categories I, II, and III to be referred to a Part C-funded early intervention service. Michigan's early intervention service, Early On, assists families with infants and toddlers that display developmental delays or have a diagnosed disability.

MDHHS focuses on enhancing developmental information provided by CPS workers about Early On to ensure appropriate services are provided. In 2019, MDHHS referred 7,929 children to Early On. Of these:

- Approximately 56 percent (4,476) of infants born were substance affected.
- Approximately 69 percent (5,487) were infants less than 12 months old.

As of March 31, 2020, 4,658 children were referred for an Early On assessment or services in the first half of FY 2020. Of these, 2,763 (approximately 59 percent) were exposed to substances prenatally and 3,445 (approximately 74 percent) were less than 1-year-old at the time of referral to Early On.

Planned Activities for 2021

In 2021, MDHHS will focus on the following projects related to Early On:

- Service coordination between MDHHS staff and Early On to enhance and maintain a comprehensive early intervention system of services, referring children who are primarily eligible for Early On services and/or meet the requirements of CAPTA.
- Training to MDHHS field staff regarding the MDHHS Early On referral process and services Early On provides.
- Ongoing provision of resources to MDHHS field staff, through the Early On link of MiSACWIS, so MDHHS staff can readily access information related to the 0-3 aged population.

- Collaboration with Early On agency partners, remaining aware of updated projects and policies.

CAPTA Section 106(a) 10. Developing and delivering information to improve public education on the roles and responsibilities of the child protection system.

Goal: MDHHS will continue to partner with child welfare stakeholders to improve public education on the roles and responsibilities of the child protection system.

Status: MDHHS is currently in the process of completing a systemic change to the child protection system. MDHHS is transforming the child protection system to a system which provides services and supports to families at risk to prevent maltreatment as well as ensuring child safety. To do this, MDHHS is:

- Completing the CPS Redesign project.
- Organizing and participating in child welfare stakeholder meetings.
- Obtaining technical assistance from national experts
- Improving decision-making tools utilized by Centralized Intake and CPS.
- Updating policies to reflect systemic changes as a result of the CPS Redesign Project.

CAPTA Section 106(a) 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies.

Citizen Review Panels

Michigan’s three citizen review panels are:

- The Citizen Review Panel on Prevention.
- The Citizen Review Panel on CPS, Foster Care and Adoption.
- The Citizen Review Panel on Child Fatalities.

Citizen Review Panel for Prevention

Since 1999, the Children’s Trust Fund has administered the Citizen Review Panel for Prevention. The purpose of the panel is to develop and improve prevention services. The Children’s Trust Fund promotes the health, safety and well-being of children and families by funding community-based abuse prevention programs.

Citizen Review Panel on CPS, Foster Care and Adoption

This panel functions as a committee of the Governor’s Task Force and serves as a stakeholder group for Michigan’s Child and Family Services Review and the Child and Family Services Plan. In 2019, this panel focused on the impact of substance use disorder on children and their families and ways to prevent negative outcomes.

Citizen Review Panel on Child Fatalities

The Michigan Child Death State Advisory Team serves as the Citizen Review Panel for Child Fatalities. The panel is comprised of MDHHS, law enforcement, medical examiners, hospitals,

the courts, educational professionals and other advocates. The panel examines child fatality cases in which the family had previous interaction with CPS. The Child Death State Advisory Team is managed through a contract with the Michigan Public Health Institute, which helps coordinate the Michigan Child Death Review Program.

CAPTA Section 106 (a) 12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.

MDHHS Juvenile Justice Programs formed a work group to create and modify dual ward policy and practice. Dual wards are youth who are both abuse/neglect and delinquent court wards. The group developed policies on service provision and coordination.

Juvenile Programs update

MDHHS published policy on case management of dual wards that requires early identification of “crossover” youth to ensure coordination of services and planning with other programs including CPS and foster care. Juvenile justice youth under the care and supervision of the department have case management activities and case service plans documented in MiSACWIS. If a dual ward youth is in a state run or private, contracted juvenile justice residential treatment facility, the residential record and treatment planning is also documented in MiSACWIS. This allows for caseworkers to readily identify other workers assigned to activities with the dual ward youth to effectively collaborate and coordinate services with current information shared across programs.

Goal: MDHHS will improve data collection to assess the targeting of services to crossover youth and dual wards.

Status: The Data Management Unit is working with the Department of Technology, Management and Budget to integrate juvenile justice data into a single repository to produce cohesive juvenile justice and child welfare reports. MDHHS Juvenile Justice Programs worked with the Data Management Unit to incorporate juvenile justice data into monthly reports on child welfare populations. Reports now include the state facility populations, a breakdown of the juvenile justice population by legal status and the population of dual wards. Efforts continue to ensure improved data collection and analysis. In addition, a report has been developed to identify abuse/neglect and juvenile justice youth that have been reported as absent without leave in the MiSACWIS system. This allows for follow-up by the Education and Youth Services unit with workers to ensure appropriate actions are being taken to locate the youth.

Goal: MDHHS will improve services to youth reentering the community from residential placement.

Status: Medicaid now allows for Wraparound services to be provided by the community mental

health system to youth reentering the community for up to 180 days prior to the release date. Juvenile Justice Programs will continue to collaborate with the Division of Mental Health Services to Children and Families and the Office of Workforce Development and Training to provide guidance to workers of the effective use and implementation of this extended service availability.

Planned Activities for 2021

Planning is ongoing for the enhancement of programs and services for youth impacted by the juvenile justice system including:

- Enhancing re-entry services to disabled youth who can work or be rehabilitated so that supports are available to help them return to the community.
- Working with the Education and Youth Services unit on the development of a best practice guide for working with youth who identify as lesbian, gay, bisexual, transgender or intersex.
- MDHHS complies with federal regulation 28 CFR 115.341 (c) and (d) which requires the collection and recording of sexual orientation, gender identity, and gender expression data in MiSACWIS. CPS and foster care workers complete this information to help ensure children are placements are selected that meet the youth's needs.
- Residential facilities obtain sexual orientation, gender identity, and gender expression information upon intake to ensure the child's needs are met.
- MDHHS created a tool to assist child welfare workers in obtaining and documenting sexual orientation, gender identity, and gender expression data.
- CSA will provide training to child welfare and juvenile justice staff to effectively utilize trauma screening and assessment tools and services.
- Enhancement of MDHHS' juvenile justice website to include information on the evaluation of competency to proceed in delinquency matters for youth involved in the juvenile justice system.

CAPTA Section 106(a) 13. Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services.

Goal: MDHHS will work collaboratively with community partners to promote better outcomes for children.

Status: MDHHS collaborates with other agencies and community partners through:

- The Governor's Task Force on Child Abuse and Neglect which is coordinated through the CPS program office. The Governor's Task Force promotes effective handling of CPS complaints through collaborative efforts in initiatives, protocols and publications.
- Participating in the statewide infant safe sleep steering committee focused on prevention of sleep related fatalities, support for at-risk families and education for Michigan families regarding safe sleep practices.

- CSA participates in an MDHHS workgroup addressing opioid use across systems within MDHHS.
- CSA participates in the Opioid Stakeholders Workgroup which consists of internal and external stakeholders, including publicly funded behavioral health and community health departments to address opioid use.
- Family preservation program management and staff conduct quarterly meetings with family preservation provider agencies.
- Family Reunification Program staff lead a Family First Prevention Services Act subgroup with family preservation agency managers. This subgroup works collaboratively with the Chapin Hall Michigan Assessment Team to implement the act and the state five-year Family First Prevention Services Act prevention plan.
- The state will convene a Family First Prevention Services Act steering committee which includes public health agencies, CPS and private community-based programs to provide child abuse and neglect prevention and treatment services.
- MDHHS utilizes the substance abuse block grant to provide services in four counties in a pilot to provide services to parents who are using substances. The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. The program provides skill-based interventions and support for families when a parent is alcohol or drug affected or has been found to have a co-occurring disorder.
- The Children’s Trust Fund Local Councils have, as part of their application process, a question which identifies the agencies within the community with whom they are collaborating. Of the 72 councils that completed the 2019 application process, the following represents the number of councils that collaborate with the identified agencies:
 - Domestic violence related agency: 59
 - Great Start Collaborative: 68
 - Homeless Youth Agency: 19
 - Substance use treatment center: 31
 - Faith based organization: 39
 - Other (representing a variety of community agencies): 37
- MDHHS was awarded \$1,000,000 in funding through the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. As part of this grant, MDHHS has:
 - Created a multi-disciplinary team to address opioid use by facilitating sharing of data between various systems.
 - Expanded the Substance Use Disorder Family Support Program pilot. The pilot provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. This program was expanded and is now available in

nine counties as of Oct. 1, 2019.

- MDHHS has 22 home visiting programs with an estimated capacity of 1,740 families annually. MDHHS funds home visiting programs to support families with children 0-5. These include: Healthy Families America, Nurse Family Partnership, Early Head Start, and Parents as Teachers. Children's Trust Fund provides grants to support three home visiting programs including Healthy Families America, Parents as Teachers and Nurturing Parenting. The Children's Trust Fund home visiting programs serve approximately 665 families annually. Eighty-three Medicaid supported Maternal Infant Health Program providers serve approximately 21,605 families in FY 2019.

CAPTA Section 106(a) 14. Developing and implementing procedures for collaboration among CPS, domestic violence services and other agencies.

Domestic violence is present in more than half of all CPS investigations and in open CPS services cases. In 2015, the department contracted with David Mandel and Associates (now the Safe and Together Institute) to introduce the Safe and Together approach to handling domestic violence cases in child welfare. Training was mandatory for all public and private child welfare staff and supervisors and was completed in 2018. Additional in-service trainings are now occurring.

The goal for CPS is that in every investigation, domestic violence should be evaluated. Based on policy expectations the field is to effectively identify protective strategies of the non-offending parent as well as the perpetrator patterns that impact the safety of the child(ren) in the home. The field will work with the non-offending parent to enhance protective efforts and engage in safety planning that expands upon these efforts and takes into consideration the perpetrators patterns and risk to the family. The focus of service is intended to result in behavioral changes of the perpetrator.

CHILD MALTREATMENT DEATHS

Michigan receives reports on child fatalities from various sources, including law enforcement agencies, medical examiners and local Child Death Review teams. Because fatality reports are obtained from these sources in their roles as mandated reporters, the reports are not inserted into Michigan's National Child Abuse and Neglect Data System (NCANDS) submission until a link between the child fatality and maltreatment is established following a CPS investigation. If the link between the death and maltreatment is confirmed, it is recorded as a fatality due to abuse and/or neglect in MiSACWIS and included in NCANDS submissions.

Michigan's reports are informed by data from the MDHHS Division for Vital Records and Health Statistics, as well as through the CDC-funded Sudden Unexplained Infant Death Case Registry

(SUID-CR). The Vital Stats and SUID-CR data is compiled by the Michigan Public Health Institute and is incorporated with the information obtained from local Child Death Review teams, law enforcement, local health departments medical examiners, and others into the Annual *Child Deaths in Michigan* Report, required by statute to be provided to the governor and Michigan legislature. This report can be accessed at: http://michigan.gov/dhs/0,4562,7-124-5459_61179_7695_8366---,00.html.

Michigan Child Death State Advisory Committee

The Michigan Child Death State Advisory Team (CDSAT) reviews findings and data from local Child Death Review teams and discusses them at their quarterly meetings in order to develop the statutorily-required recommendations for policy-makers, as well as to guide statewide education and training efforts with the ultimate goal of preventing child deaths. These recommendations are included in the annual reports referenced above. A subcommittee of the CDSAT also serves as the Citizen Review Panel (CRP) on Child Fatalities. MPHI works closely with the CPS program office to conduct in-depth case review at the state level on those child fatalities with significant CPS histories, with the goal of making recommendations for improvement to the state's child protection system. This panel's information and recommendations are compiled by the CPS program office with the other two Michigan CRP's each year into one final annual report that is submitted to the National CRP program. The project coordinator of the National CRP program has recognized the review process of Michigan's Fatality CRP as a model for other states' panels.

Child Death Investigation Training

Training for Child Death Review (CDR) team members is offered annually to those professional volunteers involved in local review teams (CPS staff, medical examiners, law enforcement and other professionals). Participants are trained in three main areas: information on specific causes of child deaths, the roles of each discipline within the review process, and CDR process best practices. This training is designed to increase the efficacy of the local teams and receives high marks each year when evaluated by attendees.

The Office of Family Advocate

The Office of Family Advocate (OFA) receives an alert when fatality investigations are reported to Centralized Intake. In 2019, the OFA received 327 such alerts. Of these 327 cases, the OFA completed an in-depth review of cases based on selection criteria, including all fatality cases in which the child was a ward of the state, those in which a child was currently or recently involved with CPS, and in circumstances under which the Office of Children's Ombudsmen will not be reviewing the case. Each year, the OFA completes an annual fatality report regarding foster care ward deaths which can be found at: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_72316---,00.html.

The OFA collaborates with numerous stakeholders including the CRP Panel on Child Fatalities. The OFA also works with the Violence and Injury Prevention Unit within MDHHS to address suicide prevention. MDHHS also has suicide prevention trainers. A grant received from the University of Michigan allows child welfare staff to be trained in suicide prevention and awareness. Under this grant, the University of Michigan collaborated with the OFA to survey over 280 child welfare staff regarding suicide prevention and published a nationally recognized paper on the results of the project. The OFA also works with the Safe Delivery of Newborns Committee and the state's Safe Sleep Advisory Committee.

Child Safety Forward

MDHHS was one of five demonstration sites in the nation chosen for a U.S. Department of Justice, Office for Victims of Crime demonstration grant in 2019. The three-year funding initiative was created to develop multidisciplinary strategies and responses to address fatalities and near-death injuries because of child abuse and neglect. To do this, MDHHS has convened a collaborative body of diverse stakeholders to provide the necessary guidance and expertise to achieve the goals of this initiative.

Stakeholders will work collaboratively to identify ways in which policies and practices can be revised or strengthened in alignment with other efforts to implement reforms within Michigan's child welfare system. MDHHS and its partners will work to develop a statewide strategy to address issues surrounding child maltreatment, including efforts to:

- Increase collaboration between state and local infrastructure among child protection-related organizations.
- Improve the comprehensiveness and accessibility of available data sources on child maltreatment fatality and injury.
- Develop and implement innovative outreach strategies that reinforce the shared role of family, community members, and professionals in the identification and reduction of child maltreatment.
- Address barriers to equitable access to culturally responsive support services for victims of child maltreatment and at-risk families.
- Establish a clear plan to move forward and sustain collaborative efforts.

EXPANDING AND STRENGTHENING CHILDREN'S PROTECTIVE SERVICES

Michigan developed unique approaches to prevent and effectively respond to risk and safety factors that may contribute to child abuse and neglect, including:

- Utilizing the Safe and Together approach to domestic violence in child welfare cases. Workers statewide are trained in utilization of Safe and Together and the skills it provides are incorporated into Michigan's case practice model, MiTEAM.

- Statewide Safety by Design training for frontline workers and supervisors. This training provides a child-centered approach to effective safety planning.
- Ongoing training and support to prevent infant deaths in which the sleep environment may be a factor.
- Utilizing the Quality Improvement Council Safety sub-team to improve placement assessment and decision-making. Child-centered safety approaches are discussed, and information is brought to the teams for support and planning.
- Collaborated with Casey Family Programs and the National Council on Crime and Delinquency to determine strategies for improving the safety of children in foster and relative placements and the effectiveness in meeting the child's and family's needs.
- In 2019, MDHHS collaborated with the National Council on Crime and Delinquency regarding the revalidation process of the safety and risk assessment tools to improve caseworker response, service delivery and child and family outcomes.
- In 2018, the results of an audit on CPS investigations was released to the public. MDHHS is dedicating considerable time and resources to addressing all audit findings. These efforts include policy changes, database changes, utilizing technology to improve the child welfare system and creation of various work groups such as the Compliance Review Team and Peer Led Supervisor Team.
- In 2019, MDHHS implemented technology and training to address child and worker safety.
 - The Supervisory Control Protocol was created to ensure supervisors check the status of policy requirements at three checkpoints during the investigation phase of the complaint. This technology allows supervisors the ability to evaluate what has been completed on a case, what needs to be completed, and address any concerns they have.
 - Self-Defense/Personal Safety training for child welfare staff was developed in collaboration with the Michigan State Police. In the five-day training, workers received instruction on situational awareness, risks approaching homes, body language and responding to threatening behavior, as well as basic defensive tactics if an assault should occur.
 - The Mobile Worker Application was created to allow workers the ability to enter contacts quickly and accurately from the field. The application also provides workers with the questions which must be asked during an interview.
 - The Mobile Worker Application allows workers to “check in” and “check out” to ensure their safety. Should a worker not “check out” timely, their supervisor will receive alerts.
- In 2019, MDHHS, along with various child welfare stakeholders created the Michigan Child Welfare Professionals Safety Protocol to address worker safety. This protocol can be adopted by contracted child welfare agencies. The protocol focuses on worker safety, uniform response to incidents at the local and state level, and available resources for child welfare staff. The protocol will be distributed in 2020.

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

Goal: MDHHS will improve the skills, qualifications and availability of staff and supervisors that provide services to children and families.

Status: In 2020, 1,649 CPS positions were allocated, an increase of 81 positions over FY 2019.

The following CPS staffing ratios were defined by the modified settlement agreement and remain the standard for MDHHS:

- CPS cases per ongoing worker: 17 to 1, for CPS categories I, II and III
- CPS cases per investigation worker: 12 to 1
- CPS worker to supervisor: 5 to 1

CPS workers must possess a bachelor's or master's degree with a major in one of the following:

- Behavioral Science
- Community Services
- Counseling Psychology
- Criminal Justice Administration
- Early Childhood Studies
- Family Ecology
- Family Life Education
- Family Studies
- Family and/or Child Development
- Guidance/School Counseling
- Human Development and Family Studies
- Human Services
- Psychology
- Social Work
- Sociology

CPS workers must successfully complete a nine-week pre-service training and a minimum of 270 hours of competency-based classroom and field training. During this time, the new hire spends four weeks in a classroom setting and five weeks training in the field. The employee is required to pass a competency-based performance evaluation, including a written examination. In addition to program specific knowledge, new workers receive training related to risk factors, forensic interviewing, database entry, trauma informed child welfare practices, completing family team meetings, continuum of care, legal training, the Indian Child Welfare Act and the Michigan Indian Family Preservation Act, structured decision making tools, family engagement, safety planning, domestic violence, and completing a mock trial.

During the training process, new workers are assigned mentors from the local office. The mentors provide guidance to the workers during the beginning phase of their career. The new hires shadow experienced workers in the field as well as their mentor during the training process. Once the new hire begins to receive case assignments their mentors will go with them into the field to help the new hires learn the job.

The CPS supervisor training is a competency-based 40-hour curriculum for child welfare supervisors who have not previously had supervisory training. At the conclusion of the training, the supervisor must pass a competency-based evaluation. MDHHS will continue to provide program-specific training for supervisors related to the monitoring of staff performance, policy and case reading.

To ensure child welfare staff acquire current knowledge on a variety of subjects, staff who complete case management activities must complete 32 hours of training each year. Managers who oversee caseworkers must complete 16 hours of training per year. Trainings are offered on-line, in classrooms, and webinar format throughout the state on a variety of topics.

The demographic information for CPS worker allocations includes their location in the state, by county. Statewide and county level CPS worker information is in APSR 2020 Attachment E: CPS Staffing Allocation.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2019, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 33 percent of total child victims. The percentage of identified victims ages 3 and younger has been between 38 and 40 percent during the previous three reporting years (2016: 39 percent, 2017: 40 percent, 2018: 38 percent).

The policies and services described below are directed toward this vulnerable population and remained in place in 2019. Policy enhancements and services described earlier are applicable and available to all children regardless of their age, except where specific populations are noted.

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

1. **Multiple Complaint Policy.** The multiple complaint policy requires that whenever MDHHS Centralized Intake receives a third complaint in a home with a child under 3 years of age, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest

children are not screened out, but at a minimum, undergo investigation to determine risk to the children and their service needs.

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

JUVENILE JUSTICE TRANSFERS

Eighty-eight young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2019. This data was obtained from the wardship coding in MiSACWIS that

counted those children and youth whose type of wardship changed from abuse/neglect to juvenile justice or who became dual abuse/neglect-juvenile justice wards in FY 2019. As of March 30, 2020, there were 175 dual abuse/neglect-juvenile justice wards in Michigan.

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. County courts may refer a youth to MDHHS for delinquency care and supervision as a temporary delinquent court ward under the Social Welfare Act, 1939 PA 280 or commit the youth as a public ward under the Youth Rehabilitation Services Act, 1974 PA 150 as dispositional options under the Probate Code, 1939 PA 288.

Juvenile Supervision in Michigan

In Michigan, most youth in the juvenile justice system remain the responsibility of the local court. Some youth who have had open foster care cases enter the juvenile justice system and remain under court supervision. The state does not have access to case management systems used by court programs; therefore, determining the number of dual wards is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

- **Status:** Juvenile Justice Programs continues participation in a statewide work group formed by county family courts entitled Juvenile Justice Vision 20/20.

Services to Court-Supervised Youth

In Michigan, court-supervised youth are treated in the community, in county or court-operated juvenile facilities, or in privately operated juvenile facilities under contract to the court or county. Some youth are in foster homes licensed through the court. These youth are often younger than those the state supervises, have committed less severe offenses, and generally do not require specialized services. The Child Care Fund is the primary funding mechanism for juvenile justice services in Michigan. This fund reimburses counties for 50 percent of eligible costs for juvenile justice and non-Title IV-E-eligible youth. Many counties utilize their Child Care Fund allocations to develop effective lower cost community-based interventions for youth adjudicated as delinquents.

Regional Detention Support Services

Regional Detention Support Services is a nationally recognized program. The purpose of Regional Detention Support Services is to provide alternatives to jail and detention for juveniles who have been detained and are awaiting a hearing and/or a placement. Service components include holdover, home detention, transportation, and tether. Eligible jurisdictions include 53 rural counties that do not have secure detention facilities in Michigan and Native American Tribal jurisdictions. Local MDHHS office juvenile justice specialists may utilize all Regional Detention Support Services program components through establishment of a protocol with the local court.

Services to State-Supervised Youth

Youth referred or committed to MDHHS for juvenile justice services are provided with case management by MDHHS juvenile justice specialists. A youth may remain in home or in a community-based out-of-home placement and receive local services or be placed through the Juvenile Justice Assignment Unit in public or private residential treatment facilities.

FY2020 STAFFING ALLOCATION

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FY2020 STAFFING ALLOCATION

Executive Summary

FY2020 STAFFING ALLOCATION

Executive Summary

Overview

The FY2020 Field Staffing Allocation is for BSC use and county-specific information that is intended to be advisory in nature. Positions are specifically set aside for BSC redistribution/utilization in the Child Welfare (CW) portion of this package and positions in other staffing categories may be adjusted or realigned in accordance with the Staffing Guidelines, Union Provisions, and Civil Service Rules and Regulations.

The FY2020 staffing allocation for Outstate and Wayne County Operations totals 9508.5 positions, which is a *net decrease of 13.0* from FY2019 that includes an increase of 7 Donated Funds positions.

Allocations by staffing category are reflected in the following chart. This allocation represents the allocation of *all* positions with no distinction between permanent, limited-term and seasonal employees.

	<u>FY2019 Allocation</u>	<u>FY2020 Allocation</u>	<u>Difference</u>
Eligibility Specialists/PATH	3073.0	3073.0	
Family Independence Specialists	288.0	288.0	
Adult Services	530.0	530.0	
Juvenile Justice Workers	34.0	34.0	
Child Welfare Workers	2990.0	2975.0	(15.0)
Other Workers	232.5	239.5	7.0
Administrative Support Workers	1040.0	1033.0	(7.0)
1st Line Supervisors	983.0	983.0	
2nd Line Supr. & Program Technical	216.0	218.0	2.0
Sub-Total	9386.5	9373.5	(13.0)
 Field Management and Administration	 87.0	 88.0	 1.0
Migrant Services Workers	48.0	47.0	(1.0)
Total Positions Allocated	9521.5	9508.5	(13.0)

Single and Dual Counties

The allocation charts are organized by Business Service Centers. Within each area, the single counties are listed in alphabetical order, followed by the dual and tri-counties.

Positions Allocated Outside of a Formula

A total of 854.0 positions are allocated to counties and Economic Stability Administration (ESA) and Children's Services Administration (CSA), outside of allocation formulas, to meet unique staffing needs. These positions are taken from the total positions available prior to the application of any formulas.

40.0	(37.0 ES, 3.0 1 st Line) Recoupment Positions
116.0	(49.0 ES, 56.0 Admin Support, 7.0 1 st -Line, 4.0 2 nd -Line) Central Operations
82.0	Child Welfare Funding Specialists (formerly Title IV-E Positions)
50.0	Mi-Team QA (formerly Peer Coaches)
5.0	Court Liaisons
34.0	Health Liaisons
42.0	MYOI Positions
15.0	Education Planners
6.0	URM Foster Care
4.0	Scholar Services Specialist
1.0	(Administrative Support) Direct Care Credit Check
3.0	(JJ) Wayne Juvenile Justice Positions
75.0	(7.0 Admin Support, 1.0 1 st -Line, 67.0 2 nd -Line/Program Tech) BSC Offices
24.0	(22.0 Admin Support, 2.0 1 st -Line) ASC Offices
5.0	(2 nd -Line) Adult Supervisors
6.0	(4.0 Admin Support, 2 - 2 nd -Line/Program Tech) HR Student Assist., CSA/ESA HR Liaisons
6.0	(2 nd -Line/Program Tech) Child Welfare Administrative Assistants
6.0	(Administrative Support) Child Welfare County Directors' Secretaries
1.0	(Administrative Support) Wayne County (Cash) Director's Secretary
5.0	(Administrative Support) CCF Accounting Staff
1.0	(2 nd -Line/Program Tech) Wayne County (Cash) Administrative Assistant
3.0	(2 nd -Line/Program Tech) Wayne County (CW) Administrative Assistant
12.0	(1.0 Admin Support, 10.0 DA12, 1.0 DM14) Regional Placement Unit
9.0	(9.0 Services Specialist, 2.0 1 st Line) Placement Collaboration Unit
174.0	(2.0 Admin Support, 1.0 Dir. Sec., 140.0 Services Specialist, 28.0 1 st Line, 3.0 2 nd Line/Prog. Tech) Centralized Intake
54.0	(45.0 Services Specialists 12, 9.0 1 st Line) MIC
12.0	(7 DA9-11, 5 Dept. Tech) Expungement/Redaction Team
50.0	MiSACWIS
4.0	Adoption Subsidy Unit
4.0	IV-E Analysts
1.0	CSA Directors Office
1.0	MiFamily & Med. Unit Director Office
2.0	CSA Peer Improvement
1.0	CSA Native American SAM15

854.0 **TOTAL**

FY2020 STAFFING ALLOCATION

Allocation Summary and Comparison Charts:

- 1. Detailed Comparison of Allocation Increases and Decreases, Statewide Totals**
- 2. FY2020 Allocation Summary by Staffing Category, by County**
- 3. FY2020 Allocation Total Compared to FY2019 Total, by County**
- 4. FY2020 Compared to FY2019, by Staffing Category, by County**

FY2020 Staffing Allocation								
Detailed Comparison By Staffing Category								
November 21, 2019								
Staffing Category	FY2018 Allocation	Subtotals	FY 2019 Allocation	Subtotals	FY2020 Allocation	Subtotals	FY19/FY20 Difference	Subtotals
Eligibility Specialists	2,950.00	2,950.00	2,950.00	2,950.00	2,950.00	2,950.00	-	
ES Off-the-tops								
- Recoupment Specialists	37.00		37.00		37.00		-	
- Central Operations	50.00		49.00		49.00		-	
ES Off-the-tops		87.00		86.00		86.00		
FIS P2P Expansion	47.00	47.00	47.00	47.00	47.00	47.00	-	
Family Independence Specialists	241.00	241.00	241.00	241.00	241.00	241.00	-	
ES/FIS Sub-total		3,325.00		3,324.00		3,324.00	-	-
PATH Coordinators	37.00	37.00	37.00	37.00	37.00	37.00	-	0.00
Adult Services Workers	530.00	530.00	530.00	530.00	530.00	530.00	-	
Juvenile Justice Workers	34.00	34.00	34.00	34.00	34.00	34.00	-	
Foster Care & Foster Home Licensing Wkrs.	828.00		828.00		828.00		-	
CPS Workers	1,549.00		1,678.00		1,649.00		(29.00)	
Non-Caseload Carrying								
- MIC Workers	35.00		35.00		45.00		10.00	
- MiTeam Analyst DA9-11 (formerly Peer Coaches, PPCC's)	50.00		50.00		50.00		-	
- Health Liaisons (Direct Care)	34.00		34.00		34.00		-	
- Educational Planners	15.00		15.00		15.00		-	
- MYOI Workers	42.00		42.00		42.00		-	
- Scholar Services Specialist (2 Wash - 2 Kzoo)	4.00		4.00		4.00		-	
- Court Liaisons	4.00		4.00		5.00		1.00	
- Child Welfare Funding Specialists (IV-E)	82.00		82.00		82.00		-	
- Centralized Intake	140.00		140.00		140.00		-	
- Adoption Subsidy Unit			4.00		4.00		-	
- MISACWIS			50.00		50.00		-	
- IV-E Analysts			4.00		4.00		-	
- CSA Directors Office			1.00		1.00		-	
- MiFamily & Med Unit Director Office			1.00		1.00		-	
- CSA Peer Improvement			2.00		2.00		-	
- Placement Colaboration Unit			6.00		9.00		3.00	
- Regional Placement Unit			10.00		10.00		-	
		2,783.00		2,918.00		2,975.00		(15.00)
Administrative Support Workers	921.00		922.00		922.00		-	
Administrative Support Off-the-top								
- BSC Staff (Admin Support/Placement Unit/HR)	6.00		8.00		8.00		-	
- Dept. Tech (Redact. And Expungement Team)			5.00		5.00		-	
- Accounting Service Centers	29.00		29.00		22.00		(7.00)	
- CCF Accounting Staff - Wayne	5.00		5.00		5.00		-	
- Wayne County Secretary (Cash)	1.00		1.00		1.00		-	
- CW Bifurcated Directors' Secretaries (Inc Cent. Intake)	7.00		7.00		7.00		-	
- CSA (Direct Care Credit Check)	1.00		1.00		1.00		-	
- Non-Career Student Assistants - OHR CCHP	4.00		4.00		4.00		-	
- Central Operations	55.00		56.00		56.00		-	
- Centralized Intake	2.00		2.00		2.00		-	
		1,032.00		1,040.00		1,033.00		(7.00)
First-Line Supervisors (Cash Assistance)	330.00		330.00		330.00		-	
First-Line Supervisors (Adult Services)	44.00		44.00		45.00		1.00	
First-Line Supervisors (Child Welfare)	519.00		546.00		546.00		-	
First-Line Supervisors (CW Ad Support)	9.00		9.00		9.00		-	
First-Line Supervisors Off-the-tops								
- Central Operations	7.00		7.00		7.00		-	
- Recoupment	3.00		3.00		3.00		-	
- BSC 5 Staff (Contracts Unit)	1.00		1.00		1.00		-	
- Regional Placement Unit (1-DM14)			1.00		1.00		-	
- Placement Colaboration Unit (2-SPM14)			1.00		2.00		1.00	
- ASC Staff	6.00		6.00		2.00		(4.00)	
- Centralized Intake	28.00		28.00		28.00		-	
- MIC	7.00		7.00		9.00		2.00	
		954.00		983.00		983.00		-
2nd-Line Supervisors/ProgTechs	115.00		116.00		119.00		3.00	
2nd-Line Supervisors Off-the-tops								
- Adult 2nd-Line	5.00		5.00		5.00		-	
- HR Liaisons (CSA-ESA positions)	18.00		17.00		2.00		(15.00)	
- CW Bifurcated Administrative Assistants	6.00		6.00		6.00		-	
- Wayne County AA - Cash	1.00		1.00		1.00		-	
- Wayne County AA -CW Districts	3.00		3.00		3.00		-	
- Central Operations (Program Tech/2nd Line)	4.00		4.00		4.00		-	
- BSC Staff (Program Tech/2nd Line, Inc. BCLs)	53.00		54.00		67.00		13.00	
- DA 9-11 (Expungement Team)			7.00		7.00		-	
- Centralized Intake (Program Tech/2nd Line)	3.00		3.00		3.00		-	
- CSA Native Am. SAM15					1.00		1.00	
		208.00		216.00		218.00		2.00
Community Resource Coordinators	57.00		57.00		57.00		-	
Indian Outreach Workers	12.00		12.00		12.00		-	
Field Management & Administration								
- BSC Directors (Inc. Deputy Director)	5.00		5.00		6.00		1.00	
- BSC 4 Adult Prog. District Manager (Oakman)	1.00		1.00		1.00		-	
- County Directors	45.00		45.00		45.00		-	
- Cash District Managers (Incl Wayne Dep & Added Kent)	21.00		21.00		21.00		-	
- Child Welfare Bifurcated Directors (Incl. Central Intake)	7.00		7.00		7.00		-	
- Child Welfare Dist. Mgr. & Deputy Dir.	8.00		8.00		8.00		-	
		87.00		87.00		88.00		1.00
Migrant Services Program	47.50		48.00		47.00		(1.00)	
		203.50		205.00		204.00		-
Donated Funds	158.50		163.50		170.50			
Total (Non-Field Staff S & W)		158.50		163.50		170.50		-
TOTALS		9,265.00		9,449.50		9,508.50		(20.00)

FY2020 COUNTY STAFF COMPARISON
(Excludes *Migrant Services and Management and Administration*)

Run Date: 12.10.19	FY2019		FY2020		% of Change
	Total County Staff	Total County Staff	Change		
STATEWIDE	9,082.50	9,053.50	(29.00)	-0.32%	
BSC 1	36.00	36.00	-	0.00%	
ALCONA/	9.00	7.00	(2.00)	-22.22%	
IOSCO	39.00	37.00	(2.00)	-5.13%	
ALPENA/	38.00	36.00	(2.00)	-5.26%	
MONTMORENCY	11.00	10.00	(1.00)	-9.09%	
ALGER/	10.00	7.00	(3.00)	-30.00%	
MARQUETTE/	56.00	54.00	(2.00)	-3.57%	
SCHOOLCRAFT	9.00	10.00	1.00	11.11%	
ANTRIM/	19.00	18.00	(1.00)	-5.26%	
CHARLEVOIX/	-	-	-	-	
EMMET	53.00	56.00	3.00	5.66%	
BARAGA/	12.00	10.00	(2.00)	-16.67%	
HOUGHTON/	28.00	28.00	-	0.00%	
KEWEENAW	2.00	2.00	-	0.00%	
BENZIE/	13.00	12.00	(1.00)	-7.69%	
MANISTEE	30.00	29.00	(1.00)	-3.33%	
CHEBOYGAN/	39.00	38.00	(1.00)	-2.56%	
PRESQUE ISLE	10.00	10.00	-	0.00%	
CHIPPEWA/	42.00	36.00	(6.00)	-14.29%	
LUCE/	10.00	8.00	(2.00)	-20.00%	
MACKINAC	10.00	10.00	-	0.00%	
CRAWFORD/	18.00	19.00	1.00	5.56%	
OSCODA/	11.00	11.00	-	0.00%	
OTSEGO	39.00	38.00	(1.00)	-2.56%	
DELTA/	39.00	37.00	(2.00)	-5.13%	
DICKINSON/	20.00	20.00	-	0.00%	
MENOMINEE	19.00	20.00	1.00	5.26%	
GOGEBIC/	27.00	26.00	(1.00)	-3.70%	
IRON/	14.00	13.00	(1.00)	-7.14%	
ONTONAGON	9.00	9.00	-	0.00%	
GR. TRAVERSE/	80.00	81.00	1.00	1.25%	
KALKASKA/	17.00	16.00	(1.00)	-5.88%	
LEELANAU	-	-	-	-	
OGEMAW/	43.00	40.00	(3.00)	-6.98%	
ROSCOMMON	21.00	20.00	(1.00)	-4.76%	
MISSAUKEE/	-	-	-	-	
WEXFORD	60.00	65.00	5.00	8.33%	
TOTAL	893.00	869.00	(24.00)	-2.69%	
BSC 2	37.00	34.00	(3.00)	-8.11%	
GENESEE	316.00	307.00	(9.00)	-2.85%	
INGHAM CASH	160.50	156.00	(4.50)	-2.80%	
INGHAM CSA	122.00	126.00	4.00	3.28%	
SAGINAW	194.00	193.00	(1.00)	-0.52%	
ARENAC/	17.00	14.00	(3.00)	-17.65%	
BAY	116.00	118.00	2.00	1.72%	
CLARE/	31.00	32.00	1.00	3.23%	
ISABELLA	70.00	73.00	3.00	4.29%	
CLINTON/	30.00	29.00	(1.00)	-3.33%	
EATON	82.50	85.00	2.50	3.03%	
GLADWIN/	24.00	23.00	(1.00)	-4.17%	
MIDLAND	75.00	75.00	-	0.00%	
GRATIOT/	27.00	31.00	4.00	14.81%	
SHIAWASSEE	72.00	67.00	(5.00)	-6.94%	
HURON/	23.00	23.00	-	0.00%	
LAPEER/	42.00	42.00	-	0.00%	
TUSCOLA	70.00	65.00	(5.00)	-7.14%	
ST. CLAIR/	155.00	162.00	7.00	4.52%	
SANILAC	33.00	35.00	2.00	6.06%	
TOTAL	1,697.00	1,690.00	(7.00)	-0.41%	

FY2020 COUNTY STAFF COMPARISON
(Excludes *Migrant Services and Management and Administration*)

Run Date: 12.10.19	FY2019		FY2020		% of Change
	Total County Staff	Total County Staff	Change		
BSC 3	44.00	42.00	(2.00)		-4.55%
BERRIEN	159.00	171.00	12.00		7.55%
CALHOUN	162.00	171.00	9.00		5.56%
KALAMAZOO	270.00	273.00	3.00		1.11%
KENT CASH	284.00	279.00	(5.00)		-1.76%
MUSKEGON	235.00	241.00	6.00		2.55%
OTTAWA	125.00	133.00	8.00		6.40%
VAN BUREN	97.00	96.00	(1.00)		-1.03%
ALLEGAN/ BARRY	105.00	108.00	3.00		2.86%
CASS/ ST. JOSEPH	32.00	31.00	(1.00)		-3.13%
IONIA/ MONTCALM	43.00	44.00	1.00		2.33%
LAKE/ NEWAYGO	81.00	77.00	(4.00)		-4.94%
MASON/ OCEANA	60.00	65.00	5.00		8.33%
MECOSTA/ OSCEOLA	56.00	62.00	6.00		10.71%
TOTAL	1964.00	1998.00	34.00		1.73%
BSC 4	28.00	29.00	1.00		3.57%
JACKSON	181.50	185.50	4.00		2.20%
LIVINGSTON	78.00	77.00	(1.00)		-1.28%
MACOMB	354.00	360.00	6.00		1.69%
OAKLAND	397.00	389.00	(8.00)		-2.02%
WASHTENAW	172.00	170.00	(2.00)		-1.16%
WAYNE	1,388.00	1,402.00	14.00		1.01%
BRANCH/ HILLSDALE	36.00	36.00	-		0.00%
LENAWEE/ MONROE	61.00	70.00	9.00		14.75%
TOTAL	2,871.50	2,893.50	22.00		0.77%
BSC 5	62.00	62.00	-		0.00%
GENESEE CSA	185.00	184.00	(1.00)		-0.54%
KENT CSA	187.00	181.00	(6.00)		-3.21%
MACOMB CSA	175.00	164.00	(11.00)		-6.29%
OAKLAND CSA	216.00	210.00	(6.00)		-2.78%
WAYNE CSA	629.00	612.00	(17.00)		-2.70%
TOTAL	1,454.00	1,413.00	(41.00)		-2.82%
ESA & CSA Central	203.00	190.00	(13.00)		-6.40%
STATEWIDE	9,082.50	9,053.50	(29.00)		-0.32%

FY2020 COUNTY ALLOCATION COMPARISON BY STAFFING CATEGORY
(Excludes Migrant Services and Management and Administration)

Run Date: 12.10.19	FY2019 ES/FIS/ PATH			FY2020 ES/FIS/ PATH			FY2019 Juvenile Justice			FY2020 Juvenile Justice			FY2019 Child Welfare			FY2020 Child Welfare			FY2019 Other			FY2020 Other			FY2019 Admin Support			FY2020 Admin Support			FY2019 1st Line			FY2020 1st Line			FY2019 2nd Line/ PT			FY2020 2nd Line/ PT		
	Wkrs	Wkrs	change	Adult Wkrs	Adult Wkrs	change	Wkrs	Wkrs	change	Wkrs	Wkrs	change	Wkrs	Wkrs	change	Wkrs	Wkrs	change	Wkrs	Wkrs	change	Wkrs	Wkrs	change	Wkrs	Wkrs	change	1st Line Supv	1st Line Supv	change	2nd Line/ PT	2nd Line/ PT	change	2nd Line/ PT	2nd Line/ PT	change						
STATEWIDE	3,361.00	3,361.00	-	530.00	530.00	-	34.00	34.00	-	2,662.00	2,715.00	(28.00)	232.50	239.50	7.00	1,030.00	1,024.00	(6.00)	946.00	943.00	(3.00)	206.00	207.00	1.00	14.00	16.00	2.00	14.00	16.00	2.00	206.00	207.00	1.00	14.00	16.00	2.00						
BSC 1	1.00	1.00	-	2.00	2.00	-	-	-	-	15.00	16.00	1.00	-	-	-	3.00	1.00	(2.00)	1.00	-	(1.00)	14.00	16.00	2.00	-	-	-	-	-	-	-	-	-	-	-	-						
ALCONA/	2.00	1.00	(1.00)	-	-	-	-	-	-	4.00	3.00	(1.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							
IOSCO	12.00	12.00	-	3.00	2.00	(1.00)	-	-	-	12.00	11.00	(1.00)	1.00	1.00	-	4.00	4.00	-	6.00	6.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-							
ALPENA/	11.00	11.00	-	3.00	2.00	(1.00)	-	-	-	12.00	12.00	-	1.00	1.00	-	4.00	4.00	-	6.00	5.00	(1.00)	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-							
MONTMORENCY/	4.00	4.00	-	-	-	-	1.00	1.00	-	3.00	2.00	(1.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							
ALGER/	4.00	3.00	(1.00)	-	-	-	-	-	-	3.00	1.00	(2.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							
MARQUETTE	17.00	18.00	1.00	3.00	2.00	(1.00)	-	-	-	19.00	17.00	(2.00)	2.00	2.00	-	5.00	5.00	-	9.00	9.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-							
SCHOOLCRAFT	3.00	4.00	1.00	-	-	-	-	-	-	3.00	3.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
ANTRIM/	7.00	7.00	-	-	-	-	-	-	-	8.00	7.00	(1.00)	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
CHARLEVOIX/	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
EMMET	14.00	13.00	(1.00)	3.00	3.00	-	1.00	1.00	-	19.00	23.00	4.00	2.00	2.00	-	5.00	5.00	-	8.00	8.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
BARAGA	3.00	3.00	-	-	-	-	-	-	-	5.00	3.00	(2.00)	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
HOUGHTON/	9.00	9.00	-	2.00	1.00	(1.00)	-	-	-	7.00	8.00	1.00	1.00	1.00	-	3.00	3.00	-	5.00	5.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
KEWEENAW	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
BENZIE/	5.00	5.00	-	-	-	-	-	-	-	5.00	4.00	(1.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
MANISTEE	8.00	8.00	-	4.00	4.00	-	-	-	-	9.00	8.00	(1.00)	1.00	1.00	-	3.00	3.00	-	4.00	4.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
CHEBOYGAN/	11.00	10.00	(1.00)	3.00	3.00	-	-	-	-	12.00	12.00	-	2.00	2.00	-	4.00	4.00	-	6.00	6.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
PRESQUE ISLE	4.00	4.00	-	-	-	-	-	-	-	3.00	3.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
CHIPPEWA/	10.00	10.00	-	2.00	2.00	-	1.00	-	(1.00)	14.00	10.00	(4.00)	3.00	3.00	-	4.00	4.00	-	7.00	6.00	(1.00)	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
LUCE	3.00	3.00	-	-	-	-	-	-	-	3.00	1.00	(2.00)	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
MACKINAC	3.00	3.00	-	-	-	-	-	-	-	3.00	3.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
CRAWFORD/	6.00	6.00	-	-	-	-	-	-	-	9.00	10.00	1.00	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
OSCODA	4.00	4.00	-	-	-	-	-	-	-	3.00	3.00	-	-	-	-	3.00	3.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
OTSEGO	10.00	10.00	-	4.00	4.00	-	-	-	-	11.00	10.00	(1.00)	2.00	2.00	-	4.00	4.00	-	7.00	7.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
DELTA/	12.00	12.00	-	3.00	3.00	-	-	-	-	11.00	9.00	(2.00)	-	-	-	4.00	4.00	-	8.00	8.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
DICKINSON/	8.00	8.00	-	-	-	-	-	-	-	8.00	8.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
MENOMINEE	7.00	7.00	-	-	-	-	1.00	1.00	-	6.00	7.00	1.00	2.00	2.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
GOGEBIC/	8.00	8.00	-	-	-	-	1.00	1.00	-	8.00	7.00	(1.00)	1.00	1.00	-	3.00	3.00	-	5.00	5.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
IRON	5.00	5.00	-	2.00	2.00	-	-	-	-	4.00	3.00	(1.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
ONTONAGON	3.00	3.00	-	-	-	-	-	-	-	2.00	2.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
GR. TRAVERSE/	24.00	24.00	-	7.00	7.00	-	-	1.00	1.00	27.00	26.00	(1.00)	3.00	4.00	1.00	8.00	8.00	-	10.00	10.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
KALKASKA	7.00	7.00	-	-	-	-	-	-	-	6.00	5.00	(1.00)	-	-	-	3.00	3.00	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
LEELANAU	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
OGEMAW/	10.00	10.00	-	5.00	4.00	(1.00)	1.00	1.00	-	13.00	12.00	(1.00)	2.00	2.00	-	4.00	4.00	-	7.00	6.00	(1.00)	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
ROSCOMMON	10.00	10.00	-	-	-	-	-	-	-	8.00	7.00	(1.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
MISSAUKEE/	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-						
WEXFORD	19.00	19.00	-	3.00	3.00	-	1.00	1.00	-	22.00	26.00	4.00	1.00	1.00	-	6.00	6.00	-	7.00	8.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-						
TOTAL	265.00	263.00	(2.00)	49.00	44.00	(5.00)	7.00	7.00	-	297.00	282.00	(15.00)	30.00	31.00	1.00	119.00	117.00	(2.00)	98.00	95.00	(3.00)	28.00	30.00	2.00	10.00	12.00	2.00	10.00	12.00	2.00	28.00	30.00	2.00	10.00	12.00	2.00						
BSC 2	-	-	-	2.00	2.00	-	-	-	-	19.00	19.00	-	-	-	-	5.00	1.00	(4.00)	1.00	-	(1.00)	10.00	12.00	2.00	-	-	-	-	-	-	-	-	-	-	-	-						
GENESEE	218.00	210.00	(8.00)	23.00																																						

FY2020 COUNTY ALLOCATION COMPARISON BY STAFFING CATEGORY
(Excludes Migrant Services and Management and Administration)

Run Date: 12.10.19	FY2019 ES/FIS/ PATH Wkrs	FY2020 ES/FIS/ PATH Wkrs	change	FY2019 Adult Wkrs	FY2020 Adult Wkrs	change	FY2019 Juvenile Justice Wkrs	FY2020 Juvenile Justice Wkrs	change	FY2019 Child Welfare Wkrs	FY2020 Child Welfare Wkrs	change	FY2019 Other Wkrs	FY2020 Other Wkrs	change	FY2019 Admin Support Wkrs	FY2020 Admin Support Wkrs	change	FY2019 1st Line Supv	FY2020 1st Line Supv	change	FY2019 2nd Line/ PT	FY2020 2nd Line/ PT	change
BSC 3		0.00		2.00	2.00	-				26.00	27.00	1.00				5.00	1.00	(4.00)	1.00	-	(1.00)	10.00	12.00	2.00
BERRIEN	55.00	55.00	-	8.00	9.00	1.00	1.00	2.00	1.00	54.00	62.00	8.00	5.00	6.00	1.00	16.00	16.00	-	18.00	19.00	1.00	2.00	2.00	-
CALHOUN	55.00	56.00	1.00	5.00	6.00	1.00	1.00	1.00	-	60.00	64.00	4.00	4.00	5.00	1.00	16.00	17.00	1.00	19.00	20.00	1.00	2.00	2.00	-
KALAMAZOO	85.00	85.00	-	11.00	12.00	1.00	1.00	1.00	-	108.00	109.00	1.00	4.00	4.00	-	25.00	26.00	1.00	32.00	32.00	-	4.00	4.00	-
KENT CASH	187.00	184.00	(3.00)	19.00	20.00	1.00	-	-	-	-	-	-	19.00	17.00	(2.00)	35.00	34.00	(1.00)	21.00	21.00	-	3.00	3.00	-
MUSKEGON	82.00	87.00	5.00	9.00	9.00	-	1.00	1.00	-	82.00	82.00	-	8.00	8.00	-	23.00	24.00	1.00	27.00	27.00	-	3.00	3.00	-
OTTAWA	39.00	41.00	2.00	5.00	5.00	-	-	-	-	48.00	53.00	5.00	5.00	4.00	(1.00)	12.00	13.00	1.00	14.00	15.00	1.00	2.00	2.00	-
VAN BUREN	27.00	26.00	(1.00)	3.00	3.00	-	2.00	1.00	(1.00)	38.00	40.00	2.00	6.00	5.00	(1.00)	9.00	9.00	-	11.00	11.00	-	1.00	1.00	-
ALLEGAN/ BARRY	26.00	26.00	-	6.00	5.00	(1.00)	1.00	1.00	-	42.00	44.00	2.00	1.00	2.00	1.00	9.00	10.00	1.00	18.00	18.00	-	2.00	2.00	-
CASS/ ST. JOSEPH	12.00	12.00	-	-	-	-	-	-	-	16.00	15.00	(1.00)	-	-	-	4.00	4.00	-	-	-	-	-	-	-
IONIA/ MONTCALM	14.00	15.00	1.00	-	-	-	-	-	-	24.00	24.00	-	-	-	-	5.00	5.00	-	-	-	-	-	-	-
LAKE/ NEWAYGO	20.00	20.00	-	5.00	6.00	1.00	-	-	-	28.00	25.00	(3.00)	4.00	3.00	(1.00)	7.00	7.00	-	15.00	14.00	(1.00)	2.00	2.00	-
MASON/ OCEANA	16.00	16.00	-	-	-	-	-	-	-	22.00	25.00	3.00	1.00	1.00	-	5.00	6.00	1.00	14.00	15.00	1.00	2.00	2.00	-
MECOSTA/ OSCEOLA	20.00	20.00	-	4.00	5.00	1.00	-	1.00	1.00	25.00	28.00	3.00	1.00	1.00	-	6.00	7.00	1.00	-	-	-	-	-	-
	8.00	6.00	(2.00)	-	-	-	-	-	-	5.00	6.00	1.00	-	-	-	3.00	3.00	-	-	-	-	-	-	-
	17.00	18.00	1.00	3.00	3.00	-	-	-	-	25.00	23.00	(2.00)	1.00	2.00	1.00	6.00	6.00	-	10.00	9.00	(1.00)	1.00	1.00	-
	10.00	10.00	-	-	-	-	-	-	-	12.00	12.00	-	2.00	2.00	-	3.00	3.00	-	7.00	7.00	-	1.00	1.00	-
	10.00	10.00	-	3.00	3.00	-	-	-	-	12.00	10.00	(2.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-
	20.00	20.00	-	5.00	5.00	-	-	-	-	27.00	25.00	(2.00)	1.00	1.00	-	7.00	7.00	-	8.00	8.00	-	1.00	1.00	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	703.00	707.00	4.00	88.00	93.00	5.00	7.00	8.00	1.00	654.00	674.00	20.00	62.00	61.00	(1.00)	199.00	201.00	2.00	215.00	216.00	1.00	36.00	38.00	2.00
BSC 4		0.00		2.00	2.00	-				11.00	12.00	1.00				4.00	1.00	(3.00)	1.00	-	(1.00)	10.00	14.00	4.00
JACKSON	56.00	56.00	-	8.00	9.00	1.00	-	-	-	69.00	70.00	1.00	6.50	8.50	2.00	17.00	17.00	-	22.00	22.00	-	3.00	3.00	-
LIVINGSTON	26.00	25.00	(1.00)	3.00	4.00	1.00	1.00	1.00	-	28.00	25.00	(3.00)	3.00	4.00	1.00	7.00	8.00	1.00	9.00	9.00	-	1.00	1.00	-
MACOMB	230.00	233.00	3.00	44.00	47.00	3.00	-	-	-	-	-	-	5.00	5.00	-	45.00	45.00	-	26.00	26.00	-	4.00	4.00	-
OAKLAND	238.00	234.00	(4.00)	56.00	60.00	4.00	-	-	-	-	-	-	23.00	16.00	(7.00)	48.00	47.00	(1.00)	28.00	28.00	-	4.00	4.00	-
WASHTENAW	70.00	69.00	(1.00)	10.00	10.00	-	-	-	-	45.00	45.00	-	10.00	10.00	-	18.00	17.00	(1.00)	17.00	17.00	-	2.00	2.00	-
WAYNE	903.00	918.00	15.00	157.00	147.00	(10.00)	-	-	-	-	-	-	37.00	44.00	7.00	177.00	177.00	-	98.00	100.00	2.00	16.00	16.00	-
BRANCH/ HILLSDALE/ LENAWEE/ MONROE	13.00	13.00	-	-	-	-	-	-	-	19.00	19.00	-	-	-	-	4.00	4.00	-	-	-	-	-	-	-
	14.00	14.00	-	3.00	4.00	1.00	-	-	-	24.00	28.00	4.00	2.00	3.00	1.00	5.00	6.00	1.00	12.00	13.00	1.00	1.00	2.00	1.00
	27.00	26.00	(1.00)	-	-	-	-	-	-	26.00	26.00	-	1.00	1.00	-	7.00	7.00	-	-	-	-	-	-	-
	36.00	36.00	-	6.00	7.00	1.00	-	-	-	39.00	36.00	(3.00)	2.00	3.00	1.00	11.00	11.00	-	19.00	19.00	-	2.00	3.00	1.00
TOTAL	1,613.00	1,624.00	11.00	289.00	290.00	1.00	1.00	1.00	-	261.00	261.00	-	89.50	94.50	5.00	343.00	340.00	(3.00)	232.00	234.00	2.00	43.00	49.00	6.00
BSC 5										38.00	41.00	3.00				8.00	3.00	(5.00)	2.00	1.00	(1.00)	14.00	17.00	3.00
GENESEE CSA							2.00	2.00	-	135.00	135.00	-	1.00	1.00	-	14.00	14.00	-	29.00	28.00	(1.00)	4.00	4.00	-
KENT CSA							2.00	2.00	-	137.00	133.00	(4.00)	1.00	1.00	-	14.00	13.00	(1.00)	29.00	28.00	(1.00)	4.00	4.00	-
MACOMB CSA							2.00	2.00	-	129.00	120.00	(9.00)	-	-	-	13.00	12.00	(1.00)	27.00	26.00	(1.00)	4.00	4.00	-
OAKLAND CSA							3.00	3.00	-	159.00	155.00	(4.00)	-	-	-	16.00	15.00	(1.00)	33.00	32.00	(1.00)	5.00	5.00	-
WAYNE CSA							3.00	3.00	-	463.00	449.00	(14.00)	2.00	2.00	-	49.00	48.00	(1.00)	97.00	95.00	(2.00)	15.00	15.00	-
TOTAL	-	-	-	-	-	-	12.00	12.00	-	980.00	1,033.00	(28.00)	4.00	4.00	-	114.00	105.00	(9.00)	217.00	210.00	(7.00)	46.00	49.00	3.00
ESA & CSA	86.00	86.00	-							14.00		(14.00)				71.00	83.00	12.00	11.00	15.00	4.00	21.00	6.00	(15.00)
STATEWIDE	3,361.00	3,361.00	-	530.00	530.00	-	34.00	34.00	-	2,662.00	2,715.00	(28.00)	232.50	239.50	7.00	1,030.00	1,024.00	(6.00)	946.00	943.00	(3.00)	206.00	207.00	1.00

FY 2020 STAFFING ALLOCATION SUMMARY

	ES/FIS/ PATH Wkrs	Adult Wkrs	Juvenile Justice Wkrs	Child Welfare Wkrs	Other Wkrs	Admin Support Wkrs	1st Line Supv	2nd Line/ PT	Total County Staff Excludes Migrant & Mgmt/Admin
STATEWIDE	3,361.00	530.00	34.00	2,715.00	239.50	1,024.00	943.00	207.00	9,053.50
BSC 1	1.00	2.00	-	16.00	-	1.00	-	16.00	36.00
ALCONA/	1.00	-	-	3.00	-	3.00	-	-	7.00
IOSCO	12.00	2.00	-	11.00	1.00	4.00	6.00	1.00	37.00
ALPENA/	11.00	2.00	-	12.00	1.00	4.00	5.00	1.00	36.00
MONTMORENCY	4.00	-	1.00	2.00	-	3.00	-	-	10.00
ALGER/	3.00	-	-	1.00	-	3.00	-	-	7.00
MARQUETTE/	18.00	2.00	-	17.00	2.00	5.00	9.00	1.00	54.00
SCHOOLCRAFT	4.00	-	-	3.00	-	3.00	-	-	10.00
ANTRIM/	7.00	-	-	7.00	1.00	3.00	-	-	18.00
CHARLEVOIX/									
EMMET	13.00	3.00	1.00	23.00	2.00	5.00	8.00	1.00	56.00
BARAGA/	3.00	-	-	3.00	1.00	3.00	-	-	10.00
HOUGHTON/	9.00	1.00	-	8.00	1.00	3.00	5.00	1.00	28.00
KEWEENAW	1.00	-	-	-	-	1.00	-	-	2.00
BENZIE/	5.00	-	-	4.00	-	3.00	-	-	12.00
MANISTEE	8.00	4.00	-	8.00	1.00	3.00	4.00	1.00	29.00
CHEBOYGAN/	10.00	3.00	-	12.00	2.00	4.00	6.00	1.00	38.00
PRESQUE ISLE	4.00	-	-	3.00	-	3.00	-	-	10.00
CHIPPEWA/	10.00	2.00	-	10.00	3.00	4.00	6.00	1.00	36.00
LUCE/	3.00	-	-	1.00	1.00	3.00	-	-	8.00
MACKINAC	3.00	-	-	3.00	1.00	3.00	-	-	10.00
CRAWFORD/	6.00	-	-	10.00	-	3.00	-	-	19.00
OSCODA/	4.00	-	-	3.00	-	3.00	1.00	-	11.00
OTSEGO	10.00	4.00	-	10.00	2.00	4.00	7.00	1.00	38.00
DELTA/	12.00	3.00	-	9.00	-	4.00	8.00	1.00	37.00
DICKINSON/	8.00	-	-	8.00	1.00	3.00	-	-	20.00
MENOMINEE	7.00	-	1.00	7.00	2.00	3.00	-	-	20.00
GOGEBIC/	8.00	-	1.00	7.00	1.00	3.00	5.00	1.00	26.00
IRON/	5.00	2.00	-	3.00	-	3.00	-	-	13.00
ONTONAGON	3.00	-	-	2.00	1.00	3.00	-	-	9.00
GR. TRAVERSE/	24.00	7.00	1.00	26.00	4.00	8.00	10.00	1.00	81.00
KALKASKA/	7.00	-	-	5.00	-	3.00	1.00	-	16.00
LEELANAU									
OGEMAW/	10.00	4.00	1.00	12.00	2.00	4.00	6.00	1.00	40.00
ROSCOMMON	10.00	-	-	7.00	-	3.00	-	-	20.00
MISSAUKEE/									
WEXFORD	19.00	3.00	1.00	26.00	1.00	6.00	8.00	1.00	65.00
TOTAL	263.00	44.00	7.00	282.00	31.00	117.00	95.00	30.00	869.00
BSC 2		2.00	-	19.00	-	1.00	-	12.00	34.00
GENESEE	210.00	23.00	-	-	10.00	39.00	22.00	3.00	307.00
INGHAM CASH	97.00	18.00	-	-	8.00	19.00	12.00	2.00	156.00
INGHAM CSA	-	-	1.00	92.00	-	10.00	20.00	3.00	126.00
SAGINAW	83.00	12.00	1.00	49.00	6.00	20.00	20.00	2.00	193.00
ARENAC/	6.00	-	1.00	4.00	-	3.00	-	-	14.00
BAY	37.00	7.00	-	41.00	4.00	11.00	16.00	2.00	118.00
CLARE/	15.00	-	-	13.00	-	4.00	-	-	32.00
ISABELLA	17.00	5.00	1.00	24.00	5.00	6.00	13.00	2.00	73.00
CLINTON/	13.00	-	-	12.00	-	4.00	-	-	29.00
EATON	25.00	7.00	-	29.00	2.00	8.00	12.00	2.00	85.00
GLADWIN/	11.00	-	-	9.00	-	3.00	-	-	23.00
MIDLAND	20.00	7.00	-	26.00	3.00	7.00	11.00	1.00	75.00
GRATIOT/	12.00	-	-	13.00	2.00	4.00	-	-	31.00
SHIawassee	20.00	5.00	-	23.00	1.00	6.00	11.00	1.00	67.00
HURON/	11.00	-	1.00	8.00	-	3.00	-	-	23.00
LAPEER/	20.00	-	-	16.00	1.00	5.00	-	-	42.00
TUSCOLA	18.00	6.00	-	18.00	1.00	6.00	14.00	2.00	65.00
ST. CLAIR/	52.00	11.00	1.00	53.00	5.00	15.00	22.00	3.00	162.00
SANILAC	14.00	-	-	16.00	1.00	4.00	-	-	35.00
TOTAL	681.00	103.00	6.00	465.00	49.00	178.00	173.00	35.00	1,690.00

FY 2020 STAFFING ALLOCATION SUMMARY

	ES/FIS/ PATH Wkrs	Adult Wkrs	Juvenile Justice Wkrs	Child Welfare Wkrs	Other Wkrs	Admin Support Wkrs	1st Line Supv	2nd Line/ PT	Total County Staff Excludes Migrant & Mgmt/Admin
BSC 3	-	2.00	-	27.00	-	1.00	-	12.00	42.00
BERRIEN	55.00	9.00	2.00	62.00	6.00	16.00	19.00	2.00	171.00
CALHOUN	56.00	6.00	1.00	64.00	5.00	17.00	20.00	2.00	171.00
KALAMAZOO	85.00	12.00	1.00	109.00	4.00	26.00	32.00	4.00	273.00
KENT CASH	184.00	20.00	-	-	17.00	34.00	21.00	3.00	279.00
MUSKEGON	87.00	9.00	1.00	82.00	8.00	24.00	27.00	3.00	241.00
OTTAWA	41.00	5.00	-	53.00	4.00	13.00	15.00	2.00	133.00
VAN BUREN	26.00	3.00	1.00	40.00	5.00	9.00	11.00	1.00	96.00
ALLEGAN	26.00	5.00	1.00	44.00	2.00	10.00	18.00	2.00	108.00
BARRY/	12.00	-	-	15.00	-	4.00	-	-	31.00
CASS/	15.00	-	-	24.00	-	5.00	-	-	44.00
ST. JOSEPH	20.00	6.00	-	25.00	3.00	7.00	14.00	2.00	77.00
IONIA/	16.00	-	-	25.00	1.00	6.00	15.00	2.00	65.00
MONTCALM	20.00	5.00	1.00	28.00	1.00	7.00	-	-	62.00
LAKE/	6.00	-	-	6.00	-	3.00	-	-	15.00
NEWAYGO	18.00	3.00	-	23.00	2.00	6.00	9.00	1.00	62.00
MASON	10.00	-	-	12.00	2.00	3.00	7.00	1.00	35.00
OCEANA	10.00	3.00	-	10.00	-	3.00	-	-	26.00
MECOSTA/ OSCEOLA	20.00	5.00	-	25.00	1.00	7.00	8.00	1.00	67.00
	-	-	-	-	-	-	-	-	-
TOTAL	707.00	93.00	8.00	674.00	61.00	201.00	216.00	38.00	1,998.00
BSC 4		2.00	-	12.00	-	1.00	-	14.00	29.00
JACKSON	56.00	9.00	-	70.00	8.50	17.00	22.00	3.00	185.50
LIVINGSTON/	25.00	4.00	1.00	25.00	4.00	8.00	9.00	1.00	77.00
MACOMB	233.00	47.00	-	-	5.00	45.00	26.00	4.00	360.00
OAKLAND	234.00	60.00	-	-	16.00	47.00	28.00	4.00	389.00
WASHTENAW	69.00	10.00	-	45.00	10.00	17.00	17.00	2.00	170.00
WAYNE	918.00	147.00	-	-	44.00	177.00	100.00	16.00	1,402.00
BRANCH/	13.00	-	-	19.00	-	4.00	-	-	36.00
HILLSDALE	14.00	4.00	-	28.00	3.00	6.00	13.00	2.00	70.00
LENAWEE	26.00	-	-	26.00	1.00	7.00	-	-	60.00
MONROE	36.00	7.00	-	36.00	3.00	11.00	19.00	3.00	115.00
TOTAL	1,624.00	290.00	1.00	261.00	94.50	340.00	234.00	49.00	2,893.50
BSC 5	-	-	-	41.00	-	3.00	1.00	17.00	62.00
GENESEE CSA	-	-	2.00	135.00	1.00	14.00	28.00	4.00	184.00
KENT CSA	-	-	2.00	133.00	1.00	13.00	28.00	4.00	181.00
MACOMB CSA	-	-	2.00	120.00	-	12.00	26.00	4.00	164.00
OAKLAND CSA	-	-	3.00	155.00	-	15.00	32.00	5.00	210.00
WAYNE CSA	-	-	3.00	449.00	2.00	48.00	95.00	15.00	612.00
TOTAL	-	-	12.00	1,033.00	4.00	105.00	210.00	49.00	1,413.00
ESA & CSA	86.00	-	-	-	-	83.00	15.00	6.00	190.00
STATEWIDE	3,361.00	530.00	34.00	2,715.00	239.50	1,024.00	943.00	207.00	9,053.50

FY2020 STAFFING ALLOCATION

Section I: Family Independence Specialists, Eligibility Specialists and PATH Coordinators

Allocation Summary:

241.0	Family Independence Specialists (FIS)
47.0	FIS P2P
2950.0	Eligibility Specialists
37.0	PATH Coordinators
86.0	ES <i>Off-the-top</i> positions
	37.0 Recoupment Specialists
	49.0 Central Operations ES Workers
<hr/>	
3361.0	Total FIS and ES Allocation

FY2020 FAMILY INDEPENDENCE SPECIALIST AND ELIGIBILITY SPECIALIST ALLOCATION AND PATH COORDINATOR ASSIGNMENT

General Overview:

In FY2020, the formula methodology for both Family Independence Specialists (FIS) and Eligibility Specialists (ES) essentially remained as it was in FY2019 and overall, there was no change in the number of positions from FY2019. FIS staffing levels remained the same as FY2019 with an exception for some counties previously distributed P2P FIS allocation. The remaining allocations in excess of their current P2P staffing level were redistributed.

A listing of the 37.0 PATH Coordinator assignments is included on the “FY2020 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP” page that follows. The number of PATH Coordinators remained at the FY2019 staffing level.

FAMILY INDEPENDENCE SPECIALISTS (FIS)

For FY2020, a total of 288.0 rounded FIS worker positions are allocated by formula and there are no *off-the-top* assignments for this staffing category. The total number of FIS workers allocated in FY2020 remains at the FY2019 staffing level.

FIS Formula:

For each county, the number of FIS positions is determined by applying a 150:1 ratio to the 12-month average FIP caseload (as reported in the DHHS Green Book Report of Key Program Statistics) for the period ending June, 2019. With the exception of Alcona, Keweenaw, Charlevoix, Leelanau, and Missaukee, each county, including those in a single-site arrangement, received a minimum of 1.00 position during the rounding process.

FIS Rounding Formula:

For FY2020, all FIS positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

Every county (except Alcona, Keweenaw, Charlevoix, Leelanau and Missaukee) received a minimum of 1.0 FIS position.

ELIGIBILITY SPECIALISTS (ES)

For FY2020, there are a total of 3,036.0 ES Workers which represents no increase from FY2019. Of the 3,036.0 Total ES positions, 2,950.0 are allocated by formula and 86.0 are allocated *off-the-top* for assignment in the following areas;

- 37.0 Recoupment Specialists remain assigned to Central Office. Note: First-Line Supervisors for Recoupment Specialists are shown in the First-Line Supervisor portion of the allocation package.
- 49.0 Central Operations ES Workers positions. Note: Administrative Support Workers, First-Line Supervisors and Second-Line Supervisors/Program Technical for Central Operations are shown in those sections of the allocation package.

ES Formula:

The FY2020 ES formula includes the same components used in the FY2019 allocation. As in the past, a ratio is applied to each county's caseload and for each of the formula components, the most recent 12-month caseload average is used (July 2018 through June 2019).

The caseload ratios for each of the staffing components were developed from work measurement time studies during the time period of July 2018 through June 2019. Due to changes in the time study, separate ratios are no longer available for Adult and Family MA or HMP.

<u>Formula Component</u>	<u>Data Source</u>	<u>Ratio</u>
CDC Payments	Green Book	330:1
Registrations	MH-332	98:1
MA Adult	Green Book	2304:1
MA Family	Green Book	2304:1
NPA FAP	Green Book	1033 :1
SDA	Green Book	594:1
SSI	Green Book	7452:1
HMP	DCH/HMP Counts	2304:1

The calculated number of ES workers had to be restated at 94.45% in order to allocate within the number of supportable positions.

ES Rounding Formula:

For FY2020, all ES positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

PATH COORDINATORS

These 37.0 positions have been assigned by the Economic Stability Administration and many cover multiple counties.

FY2020 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP

Run date 11.21.19	Total Adjusted FIS @ 150	FIS Change from FY2019	Total Rounded ES Workers	ES Change from FY2019	ES Off-the-Tops		Total FY'20 FIS and ES Worker Allocation	Total FY'19 FIS and ES Worker Allocation	FIS and ES Worker Change	Total PATH Coord. Assign.
					Central Operations ES	Recoup- ment ES				
STATE TOTAL	288.00	0.00	2950.00	0.00	49.00	37.00	3324.00	3324.00	0.00	37.00
BSC 1	0.00	0.00					0.00			1.00
ALCONA/	0.00	0.00	1.00	-1.00			1.00	2.00	-1.00	
IOSCO	1.00	0.00	11.00	0.00			12.00	12.00	0.00	
ALPENA/	1.00	0.00	10.00	0.00			11.00	11.00	0.00	
MONTMORENCY	1.00	0.00	3.00	0.00			4.00	4.00	0.00	
ALGER/	1.00	-1.00	2.00	0.00			3.00	4.00	-1.00	
MARQUETTE/	1.00	0.00	17.00	1.00			18.00	17.00	1.00	
SCHOOLCRAFT	1.00	0.00	3.00	1.00			4.00	3.00	1.00	
ANTRIM/	1.00	0.00	6.00	0.00			7.00	7.00	0.00	
CHARLEVOIX/	0.00	0.00	0.00	0.00			0.00	0.00	0.00	
EMMET	1.00	0.00	12.00	-1.00			13.00	14.00	-1.00	
BARAGA/	1.00	0.00	2.00	0.00			3.00	3.00	0.00	
HOUGHTON/	1.00	0.00	8.00	0.00			9.00	9.00	0.00	
KEWEENAW	0.00	0.00	1.00	0.00			1.00	1.00	0.00	
BENZIE/	1.00	0.00	4.00	0.00			5.00	5.00	0.00	
MANISTEE	1.00	0.00	7.00	0.00			8.00	8.00	0.00	
CHEBOYGAN/	1.00	-1.00	8.00	0.00			9.00	10.00	-1.00	1.00
PRESQUE ISLE	1.00	0.00	3.00	0.00			4.00	4.00	0.00	
CHIPPEWA/	1.00	0.00	9.00	0.00			10.00	10.00	0.00	
LUCE/	1.00	0.00	2.00	0.00			3.00	3.00	0.00	
MACKINAC	1.00	0.00	2.00	0.00			3.00	3.00	0.00	
CRAWFORD/	1.00	0.00	5.00	0.00			6.00	6.00	0.00	
OSCODA/	1.00	0.00	3.00	0.00			4.00	4.00	0.00	
OTSEGO	1.00	0.00	9.00	0.00			10.00	10.00	0.00	
DELTA/	1.00	0.00	11.00	0.00			12.00	12.00	0.00	
DICKINSON/	1.00	0.00	7.00	0.00			8.00	8.00	0.00	
MENOMINEE	1.00	0.00	6.00	0.00			7.00	7.00	0.00	
GOGEBIC/	2.00	0.00	6.00	0.00			8.00	8.00	0.00	
IRON/	1.00	0.00	4.00	0.00			5.00	5.00	0.00	
ONTONAGON	1.00	0.00	2.00	0.00			3.00	3.00	0.00	
GR TRAVERSE/	1.00	0.00	22.00	0.00			23.00	23.00	0.00	1.00
KALKASKA/	1.00	0.00	6.00	0.00			7.00	7.00	0.00	
LEELANAU	0.00	0.00	0.00	0.00			0.00	0.00	0.00	
OGEAW/	2.00	0.00	8.00	0.00			10.00	10.00	0.00	
ROSCOMMON	1.00	0.00	9.00	0.00			10.00	10.00	0.00	
MISSAUKEE/	0.00	0.00	0.00	0.00			0.00	0.00	0.00	
WEXFORD	2.00	0.00	17.00	0.00			19.00	19.00	0.00	
TOTAL	34.00	-2.00	226.00	0.00	0.00	0.00	260.00	262.00	-2.00	3.00
BSC 2										
GENESEE	26.00	-5.00	182.00	-3.00			208.00	216.00	-8.00	2.00
INGHAM	5.00	-2.00	91.00	-1.00			96.00	99.00	-3.00	1.00
								0.00		
SAGINAW	7.00	0.00	75.00	0.00			82.00	82.00	0.00	1.00
ARENAC/	1.00	0.00	5.00	-1.00			6.00	7.00	-1.00	
BAY	3.00	0.00	33.00	-1.00			36.00	37.00	-1.00	1.00
CLARE/	2.00	0.00	13.00	0.00			15.00	15.00	0.00	
ISABELLA	1.00	0.00	16.00	0.00			17.00	17.00	0.00	
CLINTON/	1.00	0.00	12.00	1.00			13.00	12.00	1.00	
EATON	1.00	0.00	24.00	1.00			25.00	24.00	1.00	
GLADWIN/	2.00	0.00	8.00	0.00			10.00	10.00	0.00	1.00
MIDLAND	1.00	0.00	19.00	0.00			20.00	20.00	0.00	
GRATIOT/	1.00	0.00	11.00	0.00			12.00	12.00	0.00	
SHIAWASSEE	2.00	-1.00	18.00	0.00			20.00	21.00	-1.00	
HURON/	3.00	0.00	8.00	0.00			11.00	11.00	0.00	
LAPEER/	1.00	0.00	18.00	-1.00			19.00	20.00	-1.00	1.00
TUSCOLA	3.00	0.00	15.00	-1.00			18.00	19.00	-1.00	
ST. CLAIR/	4.00	0.00	47.00	1.00			51.00	50.00	1.00	1.00
SANILAC	2.00	0.00	12.00	0.00			14.00	14.00	0.00	
TOTAL	66.00	-8.00	607.00	-5.00	0.00	0.00	673.00	686.00	-13.00	8.00

FY2020 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP

Run date 11.21.19	Total Adjusted FIS @ 150	FIS Change from FY2019	Total Rounded ES Workers	ES Change from FY2019	ES Off-the-Tops		Total FY'20 FIS and ES Worker Allocation	Total FY'19 FIS and ES Worker Allocation	FIS and ES Worker Change	Total PATH Coord. Assign.
					Central Operations ES	Recoupment ES				
BSC 3										
BERRIEN	4.00	0.00	50.00	0.00			54.00	54.00	0.00	1.00
CALHOUN	3.00	0.00	52.00	1.00			55.00	54.00	1.00	1.00
KALAMAZOO	8.00	0.00	76.00	0.00			84.00	84.00	0.00	1.00
KENT	14.00	0.00	168.00	-3.00			182.00	185.00	-3.00	2.00
MUSKEGON	13.00	5.00	73.00	0.00			86.00	81.00	5.00	1.00
OTTAWA	1.00	0.00	40.00	2.00			41.00	39.00	2.00	
VAN BUREN	1.00	0.00	24.00	-1.00			25.00	26.00	-1.00	1.00
ALLEGAN/ BARRY	2.00	0.00	24.00	0.00			26.00	26.00	0.00	
CASS/ ST. JOSEPH	1.00	0.00	11.00	0.00			12.00	12.00	0.00	
CASS/ ST. JOSEPH	1.00	0.00	14.00	1.00			15.00	14.00	1.00	
IONIA/ MONTCALM	1.00	0.00	19.00	0.00			20.00	20.00	0.00	
IONIA/ MONTCALM	1.00	0.00	15.00	0.00			16.00	16.00	0.00	
LAKE/ NEWAYGO	1.00	0.00	18.00	0.00			19.00	19.00	0.00	1.00
LAKE/ NEWAYGO	1.00	-1.00	5.00	-1.00			6.00	8.00	-2.00	
MASON/ OCEANA	1.00	0.00	16.00	1.00			17.00	16.00	1.00	1.00
MASON/ OCEANA	1.00	0.00	9.00	0.00			10.00	10.00	0.00	
MASON/ OCEANA	1.00	0.00	9.00	0.00			10.00	10.00	0.00	
MECOSTA/ OSCEOLA	1.00	0.00	19.00	0.00			20.00	20.00	0.00	
MECOSTA/ OSCEOLA			0.00						0	
TOTAL	56.00	4.00	642.00	0.00	0.00	0.00	698.00	694.00	4.00	9.00
BSC 4										
JACKSON	6.00	0.00	49.00	0.00			55.00	55.00	0.00	1.00
LIVINGSTON	3.00	0.00	22.00	-1.00			25.00	26.00	-1.00	
MACOMB	13.00	0.00	218.00	3.00			231.00	228.00	3.00	2.00
OAKLAND	15.00	0.00	217.00	-4.00			232.00	236.00	-4.00	2.00
WASHTENAW	3.00	0.00	65.00	-1.00			68.00	69.00	-1.00	1.00
WAYNE	87.00	8.00	821.00	7.00			908.00	893.00	15.00	10.00
BRANCH/ HILLSDALE	1.00	0.00	12.00	0.00			13.00	13.00	0.00	
BRANCH/ HILLSDALE	2.00	0.00	12.00	0.00			14.00	14.00	0.00	
LENAWEE/ MONROE	1.00	-1.00	25.00	0.00			26.00	27.00	-1.00	
LENAWEE/ MONROE	1.00	-1.00	34.00	1.00			35.00	35.00	0.00	1.00
TOTAL	132.00	6.00	1475.00	5.00	0.00	0.00	1607.00	1596.00	11.00	17.00
ESA					49.00	37.00	86.00	86.00	0.00	
STATEWIDE	288.00	0.00	2950.00	0.00	49.00	37.00	3324.00	3324.00	0.00	37.00

FY2020 FIS AND ES WORKER ALLOCATION

Run date 11.21.19	FIS			Eligibility Specialists																FY'20 FIS/ES Allocation with no Off-the-tops	Change from FY'19 Allocation			
	12 Month FIP Average	Rounded FIS @ 150.00	Rounded FIS @ 100.0%	12 Month CDC Pym't @ 330	12 Month Average Regs	100% @ 98	12 Month Adult MA Average	100% @ 2304	12 Month Family MA Average	100% @ 2304	12 Month NPA FAP Average	100% @ 1033	12 Month SDA Average	@ 594	12 Month SSI Average	@ 7452	12 Month HMP Case Average	@ 2304	Total Calculated ES			ES @ 94.45%	Rounded ES Workers	
	16477	109.85	288.00	19856.33	60.121	173492	1767.134	206463	89.592	649398	281.804	631898	611.909	3044	5.131	276259	37.070	626350	271.801			3124.61	2951.19	2950.00
STATE TOTAL																						3238.00	0.00	
BSC 1																						0.00		
ALCONA/IOSCO	11	0.07	1.00	11.50	0.035	0	0.000	328	0.142	602	0.261	670	0.649	6	0.010	317	0.043	682	0.296	1.44	1.36	1.00	1.00	-1.00
ALPENA/MONTMORENCY	44	0.29	1.00	68.08	0.206	731	7.441	908	0.394	1920	0.833	2208	2.138	13	0.022	831	0.111	1986	0.862	12.01	11.34	11.00	12.00	0.00
ALGER/MARQUETTE/	60	0.40	1.00	58.92	0.178	574	5.849	1002	0.435	2001	0.868	2257	2.186	10	0.016	1154	0.155	2109	0.915	10.60	10.01	10.00	11.00	0.00
SCHOOLCRAFT/	15	0.10	1.00	7.33	0.022	181	1.848	308	0.134	624	0.271	587	0.569	3	0.004	321	0.043	608	0.264	3.16	2.98	3.00	4.00	0.00
ANTRIM/CHARLEVOIX/	6	0.04	1.00	11.42	0.035	137	1.399	209	0.090	456	0.198	421	0.408	1	0.002	170	0.023	498	0.216	2.37	2.24	2.00	3.00	-1.00
EMMET	69	0.46	1.00	107.50	0.325	991	10.095	1437	0.624	3342	1.450	3181	3.080	38	0.063	1095	0.147	3955	1.716	17.50	16.53	17.00	18.00	1.00
BARAGA/	16	0.10	1.00	8.92	0.027	153	1.558	273	0.118	573	0.248	537	0.520	3	0.005	244	0.033	602	0.261	2.77	2.62	3.00	4.00	1.00
HOUGHTON/	12	0.08	1.00	21.67	0.066	349	3.554	538	0.234	1383	0.600	948	0.918	5	0.008	447	0.060	1403	0.609	6.05	5.71	6.00	7.00	0.00
KEWEENAW	19	0.12	1.00	59.33	0.180	767	7.817	1153	0.501	3140	1.363	1820	1.763	11	0.019	970	0.130	3027	1.314	13.09	12.36	12.00	13.00	-1.00
BENZIE/	13	0.08	1.00	13.83	0.042	143	1.454	234	0.102	535	0.232	521	0.504	5	0.008	173	0.023	579	0.251	2.62	2.47	2.00	3.00	0.00
MANISTEE	37	0.24	1.00	33.58	0.102	435	4.434	954	0.414	1791	0.777	1708	1.653	20	0.034	598	0.080	2059	0.893	8.39	7.92	8.00	9.00	0.00
CHEBOYGAN/	1	0.01	1.00	2.33	0.007	33	0.333	48	0.021	79	0.034	88	0.085	1	0.001	31	0.004	129	0.056	0.54	0.51	1.00	1.00	0.00
PRESQUE ISLE	11	0.08	1.00	7.42	0.022	281	2.865	422	0.183	1048	0.455	736	0.713	3	0.004	300	0.040	1066	0.462	4.74	4.48	4.00	5.00	0.00
CHIPPEWA/	30	0.20	1.00	26.75	0.081	411	4.189	705	0.306	1513	0.656	1553	1.504	4	0.006	697	0.094	1653	0.717	7.55	7.13	7.00	8.00	0.00
LUCE/	30	0.20	1.00	26.83	0.081	450	4.581	766	0.333	1896	0.823	1619	1.568	13	0.022	723	0.097	1955	0.849	8.35	7.89	8.00	9.00	-1.00
MACKINAC	10	0.07	1.00	14.08	0.043	177	1.803	374	0.162	748	0.325	727	0.704	6	0.010	358	0.048	820	0.356	3.45	3.26	3.00	4.00	0.00
CRAWFORD/	39	0.26	1.00	45.17	0.137	533	5.432	744	0.323	2178	0.945	1749	1.694	31	0.052	901	0.121	2091	0.907	9.61	9.08	9.00	10.00	0.00
OSCODA/	11	0.07	1.00	3.08	0.009	120	1.219	194	0.084	404	0.175	416	0.403	2	0.004	219	0.029	386	0.168	2.09	1.97	2.00	3.00	0.00
QTCGO	12	0.08	1.00	4.08	0.012	127	1.295	278	0.120	569	0.247	479	0.463	0	0.000	205	0.027	588	0.255	2.42	2.29	2.00	3.00	0.00
DELTA/	20	0.13	1.00	17.75	0.054	273	2.779	487	0.211	1040	0.451	1046	1.013	5	0.009	418	0.056	979	0.425	5.00	4.72	5.00	6.00	0.00
DICKINSON/	11	0.07	1.00	4.75	0.014	177	1.804	328	0.142	617	0.268	703	0.681	6	0.009	321	0.043	622	0.270	3.23	3.05	3.00	4.00	0.00
MENOMINEE	22	0.15	1.00	93.92	0.284	518	5.278	719	0.312	1891	0.821	1606	1.555	7	0.012	598	0.080	1652	0.717	9.06	8.56	9.00	10.00	0.00
GOGEBIC/	33	0.22	1.00	86.50	0.262	616	6.278	1083	0.470	2342	1.016	2359	2.284	12	0.020	976	0.131	2327	1.010	11.47	10.83	11.00	12.00	0.00
IRON/	10	0.07	1.00	52.50	0.159	425	4.326	649	0.282	1559	0.676	1127	1.091	4	0.006	512	0.069	1398	0.607	7.22	6.82	7.00	8.00	0.00
ONTONAGON	12	0.08	1.00	29.08	0.088	331	3.372	606	0.263	1282	0.556	1150	1.114	6	0.010	474	0.064	1222	0.530	6.00	5.67	6.00	7.00	0.00
GR TRAVERSE/	19	0.13	2.00	20.92	0.063	343	3.492	626	0.271	1042	0.452	1303	1.262	8	0.014	459	0.062	1134	0.492	6.11	5.77	6.00	8.00	0.00
KALKASKA/	24	0.16	1.00	12.75	0.039	243	2.475	521	0.226	733	0.318	739	0.716	5	0.009	293	0.039	752	0.326	4.15	3.92	4.00	5.00	0.00
LEELANAU	3	0.02	1.00	4.08	0.012	114	1.159	239	0.104	244	0.106	406	0.394	6	0.010	148	0.020	381	0.165	1.97	1.86	2.00	3.00	0.00
OGEMAW/	29	0.19	1.00	125.17	0.379	1383	14.082	1985	0.861	5214	2.263	3341	3.235	20	0.034	1484	0.199	5247	2.277	23.33	22.04	22.00	23.00	0.00
ROSCOMMON	20	0.13	1.00	34.08	0.103	366	3.725	582	0.252	1441	0.625	1131	1.095	7	0.012	446	0.060	1247	0.541	6.41	6.05	6.00	7.00	0.00
MISSAUKEE/	39	0.26	2.00	34.25	0.104	468	4.762	817	0.354	1684	0.731	2016	1.952	10	0.018	837	0.112	1695	0.735	8.77	8.28	8.00	10.00	0.00
WEXFORD	39	0.26	1.00	18.00	0.055	525	5.346	840	0.364	1760	0.764	2056	1.991	4	0.007	889	0.119	2040	0.885	9.53	9.00	9.00	10.00	0.00
TOTAL	802	5.35	34.00	1147.42	3.474	13391	136.400	21759	9.442	49675	21.554	44526	43.120	295	0.499	19097	2.562	50257	21.808	238.88	225.62	226.00	260.00	-2.00
BSC 2																								
GENESEE	1454	9.69	26.00	1802.67	5.458	10935	111.381	9651	4.188	35661	15.475	39809	38.550	206	0.347	16566	2.223	35376	15.351	192.97	182.26	182.00	208.00	-8.00
INGHAM	408	2.72	5.00	634.83	1.922	5794	59.019	5310	2.304	17583	7.630	16972	16.435	107	0.180	7921	1.063	18858	8.183	96.74	91.37	91.00	96.00	-3.00
SAGINAW	711	4.74	7.00	903.92	2.737	4341	44.215	4933	2.141	15108	6.556	16968	16.432	74	0.124	8580	1.151	14537	6.308	79.66	75.24	75.00	82.00	0.00
ARENAC/	17	0.11	1.00	25.00	0.076	296	3.015	536	0.233	1096	0.476	1129	1.094	4	0.007	477	0.064	1004	0.436	5.40	5.10	5.00	6.00	-1.00
BAY	222	1.48	3.00	320.08	0.969	1890	19.248	2823	1.225	6759	2.933	7765	7.519	53	0.090	3274	0.439	6906	2.997	35.42	33.45	33.00	36.00	-1.00
CLARE/	70	0.47	2.00	57.83	0.175	710	7.235	1166	0.506	2620	1.137	3063	2.966	10	0.018	1271	0.171	2481	1.076	13.28	12.54	13.00	15.00	0.00
ISABELLA	47	0.32	1.00	71.92	0.218	985	10.037	1213	0.526	3536	1.534	3278	3.174	6	0.010	1292	0.173	3868	1.679	17.35	16.39	16.00	17.00	0.00
CLINTON/	41	0.27	1.00	75.58	0.229	747	7.610	829	0.360	3111	1.350	2003	1.940	13	0.021	830	0.111	2410	1.046	12.67	11.97	12.00	13.00	1.00
EATON	86	0.58	1.00	172.58	0.523	1512	15.402	1625	0.705	5617	2.438	3976	3.850	22	0.038	1740	0.233	4567	1.982	25.17	23.77	24.00	25.00	1.00
GLADWIN/	50	0.33	2.00	52.83	0.160	471	4.799	764	0.332	1722	0.747	1966	1.904	10	0.016	875	0.117	1731	0.751	8.83	8.34	8.00	10.00	0.00

FY2020 STAFFING ALLOCATION

Section II: Adult Services

Allocation Summary:

183.94	Adult Protective Services workers
6.20	Adult Community Placement workers
313.32	Independent Living Services workers
26.54	Rounding Positions
<hr/>	
530.00	Total Adult Services workers

FY2020 ADULT SERVICES WORKER ALLOCATION

General Overview:

A total of 530.0 positions are allocated for Adult Services workers for FY2020 which is the same allocated in FY2019.

ADULT SERVICES

For FY2020, all ratios for Adult Services Workers remain as established in FY2005 when they were developed based on recommendations from the Adult Services Program Office. These ratios, listed below, are used for each of the three formula components: Adult Protective Services (APS), Adult Community Placement (ACP) and Independent Living Services (ILS).

Each BSC was given 2 positions off the top before the remaining positions were distributed.

APS

The total number of APS positions is calculated by applying a 25:1 caseload ratio to the monthly average of active APS cases. For FY2020, a total of 183.94 APS workers are allocated to each county based on its relative percentage of the average number of active APS Cases (12-month average from the period of 7/18 through 6/19).

ACP and ILS

The ratios indicated below are applied to the average active cases for both ACP and ILS to allocate staff in these areas. The calculated number of ACP and ILS workers is restated at 56.00% in order to allocate within the number of supportable positions.

The recommended caseload ratios are applied to a 12-month caseload average (7/18 through 6/19).

<u>Formula Component</u>	<u>Ratio</u>	<u>Data Source</u>
Adult Protective Services	25:1	Adult Services Management Report
Adult Community Placement	125:1	Adult Services Management Report
Independent Living Services	100:1	Adult Services Management Report

Rounding

For FY2020, all Adult Services Worker positions are added together within county groups and rounded to a whole number. Less than .1 rounds down and .1 or greater rounds up.

FY2020 ADULT SERVICES WORKER ALLOCATION

Run Date: 11/21/19	ACP and ILS						Adult Protective Service				Total Calculated Adult Workers	FY2020 Total Adult Worker Allocation	FY2019 Total Adult Worker Allocation	Change from FY2019
	7/18 - 6/19 Average ACP Cases	ACP @ 125	7/18 - 6/19 Average ILS Cases	ILS @ 100	Total ACP & ILS Calculated Workers	Total ACP & ILS Workers @ 56.00%	Average Active During Month	Relative %	Rel % X 183.940	Total Calculated APS Workers				
STATE TOTAL	1385.08	11.081	55949.25	559.493	570.573	319.52	4598.50	100.000%	183.940	183.94	503.46	530.00	0.00	
BSC 1											2	2	0.00	
ALCONA/IOSCO	0.92	0.007	40.83	0.408	0.416	0.23	7.33	0.159%	0.293	0.29				
ALPENA/MONTMORENCY	1.17	0.009	160.75	1.608	1.617	0.91	13.50	0.294%	0.540	0.54	1.97	2.00	3.00	-1.00
ALGER/MARQUETTE/SCHOOLCRAFT	5.67	0.045	94.50	0.945	0.990	0.55	14.83	0.323%	0.593	0.59	1.67	2.00	3.00	-1.00
ANTRIM/CHARLEVOIX/EMMET	0.00	0.000	48.08	0.481	0.481	0.27	6.25	0.136%	0.250	0.25				
BARAGA/HOUGHTON/KEWEENAW	0.00	0.000	15.42	0.154	0.154	0.09	3.00	0.065%	0.120	0.12				
BENZIE/MANISTEE/CHEBOYGAN/PRESQUE ISLE	5.25	0.042	114.17	1.142	1.184	0.66	20.42	0.444%	0.817	0.82	2.09	2.00	3.00	-1.00
CHIPPEWA/LUCE/MACKINAC/CRAWFORD/OSCODA/OTSEGO	9.33	0.075	41.08	0.411	0.486	0.27	3.33	0.072%	0.133	0.13				
DELTA/DICKINSON/MENOMINEE	5.58	0.045	64.50	0.645	0.690	0.39	13.42	0.292%	0.537	0.54				
GOGEBIC/IRON/ONTONAGON	5.00	0.040	113.25	1.133	1.173	0.66	22.67	0.493%	0.907	0.91	2.49	3.00	3.00	0.00
GR. TRAVERSE/KALKASKA/LEELANAU	0.00	0.000	29.75	0.298	0.298	0.17	1.50	0.033%	0.060	0.06				
OGEMAW/ROSCOMMON	4.67	0.037	58.92	0.589	0.627	0.35	9.17	0.199%	0.367	0.37	1.00	1.00	2.00	-1.00
MISSAUKEE/WEXFORD	0.00	0.000	3.50	0.035	0.035	0.02	1.00	0.022%	0.040	0.04				
TOTAL	6.67	0.053	55.25	0.553	0.606	0.34	26.33	0.573%	1.053	1.05				
BSC 2	0.00	0.000	144.50	1.445	1.445	0.81	23.00	0.500%	0.920	0.92	3.12	4.00	4.00	0.00
GENESEE	6.75	0.054	131.58	1.316	1.370	0.77	17.58	0.382%	0.703	0.70	2.28	3.00	3.00	0.00
INGHAM	9.00	0.072	53.17	0.532	0.604	0.34	11.75	0.256%	0.470	0.47				
INGHAM CSA	6.83	0.055	70.58	0.706	0.761	0.43	13.92	0.303%	0.557	0.56	1.43	2.00	2.00	0.00
SAGINAW	3.75	0.030	9.58	0.096	0.126	0.07	1.42	0.031%	0.057	0.06				
ARENAC/BAY	0.00	0.000	14.00	0.140	0.140	0.08	6.08	0.132%	0.243	0.24				
CLARE/ISABELLA	3.00	0.024	101.83	1.018	1.042	0.58	17.17	0.373%	0.687	0.69				
CLINTON/EATON	0.00	0.000	53.17	0.532	0.532	0.30	7.33	0.159%	0.293	0.29				
GLADWIN/MIDLAND	3.58	0.029	169.25	1.693	1.721	0.96	13.17	0.286%	0.527	0.53	3.35	4.00	4.00	0.00
GRATIOT/SHIAWASSEE	9.25	0.074	75.17	0.752	0.826	0.46	10.08	0.219%	0.403	0.40	2.21	3.00	3.00	0.00
HURON/LAPEER/TUSCOLA	4.83	0.039	62.00	0.620	0.659	0.37	4.92	0.107%	0.197	0.20				
ST. CLAIR/SANILAC	1.42	0.011	80.25	0.803	0.814	0.46	8.08	0.176%	0.323	0.32				
TOTAL	2.08	0.017	41.75	0.418	0.434	0.24	7.75	0.169%	0.310	0.31				
ARENAC/BAY	0.00	0.000	35.67	0.357	0.357	0.20	5.50	0.120%	0.220	0.22	1.21	2.00	2.00	0.00
CLARE/ISABELLA	0.00	0.000	25.00	0.250	0.250	0.14	2.33	0.051%	0.093	0.09				
CLINTON/EATON	29.25	0.234	184.08	1.841	2.075	1.16	96.67	2.102%	3.867	3.87	6.19	7.00	7.00	0.00
GLADWIN/MIDLAND	20.75	0.166	80.25	0.803	0.969	0.54	15.50	0.337%	0.620	0.62				
HURON/LAPEER/TUSCOLA	0.00	0.000	274.75	2.748	2.748	1.54	13.17	0.286%	0.527	0.53	3.85	4.00	5.00	-1.00
ST. CLAIR/SANILAC	7.75	0.062	116.58	1.166	1.228	0.69	27.33	0.594%	1.093	1.09				
TOTAL	23.50	0.188	186.42	1.864	2.052	1.15	25.92	0.564%	1.037	1.04	2.19	3.00	3.00	0.00
TOTAL	176.00	1.408	2749.58	27.496	28.904	16.19	471.42	10.252%	18.857	18.86	35.04	44.00	49.00	-5.00
BSC 2											2.00	2.00	0.00	
GENESEE	82.25	0.658	2154.83	21.548	22.206	12.44	250.83	5.455%	10.033	10.03	22.47	23.00	23.00	0.00
INGHAM	13.75	0.110	1674.83	16.748	16.858	9.44	192.25	4.181%	7.690	7.69	17.13	18.00	19.00	-1.00
INGHAM CSA	48.75	0.390	1578.92	15.789	16.179	9.06	68.08	1.481%	2.723	2.72	11.78	12.00	14.00	-2.00
SAGINAW	9.50	0.076	123.58	1.236	1.312	0.73	10.83	0.236%	0.433	0.43				
ARENAC/BAY	17.33	0.139	644.50	6.445	6.584	3.69	50.25	1.093%	2.010	2.01	6.86	7.00	8.00	-1.00
CLARE/ISABELLA	0.67	0.005	192.83	1.928	1.934	1.08	29.92	0.651%	1.197	1.20				
CLINTON/EATON	7.50	0.060	219.58	2.196	2.256	1.26	30.58	0.665%	1.223	1.22	4.77	5.00	5.00	0.00
GLADWIN/MIDLAND	0.00	0.000	169.33	1.693	1.693	0.95	30.17	0.656%	1.207	1.21				
GRATIOT/SHIAWASSEE	6.75	0.054	356.33	3.563	3.617	2.03	52.75	1.147%	2.110	2.11	6.29	7.00	6.00	1.00
HURON/LAPEER/TUSCOLA	2.17	0.017	162.83	1.628	1.646	0.92	22.83	0.497%	0.913	0.91				
ST. CLAIR/SANILAC	19.67	0.157	452.42	4.524	4.682	2.62	47.00	1.022%	1.880	1.88	6.34	7.00	6.00	1.00
TOTAL	16.92	0.135	136.75	1.368	1.503	0.84	18.58	0.404%	0.743	0.74				
ARENAC/BAY	9.00	0.072	305.25	3.053	3.125	1.75	32.42	0.705%	1.297	1.30	4.63	5.00	5.00	0.00
CLARE/ISABELLA	29.75	0.238	105.42	1.054	1.292	0.72	19.92	0.433%	0.797	0.80				
CLINTON/EATON	14.92	0.119	176.00	1.760	1.879	1.05	22.25	0.484%	0.890	0.89				
GLADWIN/MIDLAND	18.50	0.148	197.58	1.976	2.124	1.19	33.08	0.719%	1.323	1.32	5.98	6.00	6.00	0.00
HURON/LAPEER/TUSCOLA	16.42	0.131	684.75	6.848	6.979	3.91	106.17	2.309%	4.247	4.25	10.44	11.00	10.00	1.00
ST. CLAIR/SANILAC	19.08	0.153	201.17	2.012	2.164	1.21	26.92	0.585%	1.077	1.08				
TOTAL	332.92	2.663	9536.92	95.369	98.033	54.90	1044.83	22.721%	41.793	41.79	96.69	103.00	104.00	-1.00

FY2020 ADULT SERVICES WORKER ALLOCATION

Run Date: 11/21/19	ACP and ILS						Adult Protective Service				Total Calculated Adult Workers	FY2020 Total Adult Worker Allocation	FY2019 Total Adult Worker Allocation	Change from FY2019
	7/18 - 6/19 Average ACP Cases	ACP @ 125	7/18 - 6/19 Average ILS Cases	ILS @ 100	Total ACP & ILS Calculated Workers	Total ACP & ILS Workers @ 56.00%	Average Active During Month	Relative %	Rel % X 183.940	Total Calculated APS Workers				
BSC 3												2	2	0.00
BERRIEN	78.00	0.624	752.92	7.529	8.153	4.57	94.08	2.046%	3.763	3.76	8.33	9.00	8.00	1.00
CALHOUN	51.17	0.409	457.42	4.574	4.984	2.79	74.67	1.624%	2.987	2.99	5.78	6.00	5.00	1.00
KALAMAZOO	17.25	0.138	835.08	8.351	8.489	4.75	159.92	3.478%	6.397	6.40	11.15	12.00	11.00	1.00
KENT	89.67	0.717	1895.17	18.952	19.669	11.01	212.58	4.623%	8.503	8.50	19.52	20.00	19.00	1.00
MUSKEGON	26.58	0.213	1007.00	10.070	10.283	5.76	78.58	1.709%	3.143	3.14	8.90	9.00	9.00	0.00
OTTAWA	39.25	0.314	344.17	3.442	3.756	2.10	66.50	1.446%	2.660	2.66	4.76	5.00	5.00	0.00
VAN BUREN	7.25	0.058	279.08	2.791	2.849	1.60	32.67	0.710%	1.307	1.31	2.90	3.00	3.00	0.00
ALLEGAN/	15.67	0.125	300.42	3.004	3.130	1.75	41.25	0.897%	1.650	1.65	5.00	5.00	6.00	-1.00
BARRY	16.67	0.133	128.33	1.283	1.417	0.79	20.00	0.435%	0.800	0.80				
CASS/	8.67	0.069	142.00	1.420	1.489	0.83	52.50	1.142%	2.100	2.10				
ST. JOSEPH	14.58	0.117	170.58	1.706	1.823	1.02	39.25	0.854%	1.570	1.57	5.52	6.00	5.00	1.00
IONIA/	23.67	0.189	170.33	1.703	1.893	1.06	28.33	0.616%	1.133	1.13				
MONTCALM	24.42	0.195	180.75	1.808	2.003	1.12	30.08	0.654%	1.203	1.20	4.52	5.00	4.00	1.00
LAKE/	2.42	0.019	140.25	1.403	1.422	0.80	7.75	0.169%	0.310	0.31				
NEWAYGO	5.83	0.047	155.33	1.553	1.600	0.90	18.25	0.397%	0.730	0.73	2.73	3.00	3.00	0.00
MASON/	14.17	0.113	117.17	1.172	1.285	0.72	19.50	0.424%	0.780	0.78				
OCEANA	16.67	0.133	142.92	1.429	1.563	0.88	11.75	0.256%	0.470	0.47	2.84	3.00	3.00	0.00
MECOSTA/ OSCEOLA	15.67	0.125	359.42	3.594	3.720	2.08	66.67	1.450%	2.667	2.67	4.75	5.00	5.00	0.00
TOTAL	467.58	3.741	7578.33	75.783	79.524	44.53	1054.33	22.928%	42.173	42.17	86.71	93.00	88.00	5.00
BSC 4												2	2	0.00
JACKSON	34.33	0.275	713.58	7.136	7.411	4.15	111.50	2.425%	4.460	4.46	8.61	9.00	8.00	1.00
LIVINGSTON	4.00	0.032	244.58	2.446	2.478	1.39	46.08	1.002%	1.843	1.84	3.23	4.00	3.00	1.00
MACOMB	10.58	0.085	6913.42	69.134	69.219	38.76	203.08	4.416%	8.123	8.12	46.89	47.00	44.00	3.00
OAKLAND	75.67	0.605	6583.17	65.832	66.437	37.20	571.75	12.433%	22.870	22.87	60.07	60.00	56.00	4.00
WASHTENAW	10.75	0.086	1090.42	10.904	10.990	6.15	82.42	1.792%	3.297	3.30	9.45	10.00	10.00	0.00
WAYNE	167.67	1.341	19707.92	197.079	198.421	111.12	884.25	19.229%	35.370	35.37	146.49	147.00	157.00	-10.00
BRANCH/	0.00	0.000	52.58	0.526	0.526	0.29	24.00	0.522%	0.960	0.96				
HILLSDALE	38.58	0.309	154.67	1.547	1.855	1.04	23.92	0.520%	0.957	0.96	3.25	4.00	3.00	1.00
LENAWEE/	59.92	0.479	229.42	2.294	2.774	1.55	40.33	0.877%	1.613	1.61				
MONROE	7.08	0.057	394.67	3.947	4.003	2.24	40.58	0.883%	1.623	1.62	7.03	7.00	6.00	1.00
TOTAL	408.58	3.269	36084.42	360.844	364.113	203.90	2027.92	44.100%	81.117	81.12	285.02	290.00	289.00	1.00
BSC 5														
GENESEE CSA														
KENT CSA														
MACOMB CSA														
OAKLAND CSA														
WAYNE CSA														
TOTAL	0.00	0	0.00	0.000	0.000	0.00	0.00	0.000%	0.00	0.00	0.00	0.00	0.00	0.00
STATEWIDE	1385.08	11.081	55949.25	559.493	570.573	319.52	4598.50	100.00%	183.94	183.94	503.46	530.00	530.00	0.00

FY2020 STAFFING ALLOCATION

Section III: Juvenile Justice Workers

Allocation Summary

31.0 Juvenile Justice Workers

3.0 Off-the-Top Positions: Wayne County

34.0 Total

FY2020 JUVENILE WORKER ALLOCATION

General Overview:

For FY2020, the Juvenile Justice (JJ) allocation continues as stand-alone allocation that is no longer combined with Adult Services. Caseload information was obtained from the Data Management Unit for the months of August 2018 through July 2019. The calculated number of Juvenile Justice positions had to be restated at 98% in order to allocate within the number of positions supportable. A total of 34.0 positions are allocated for Juvenile Justice with Wayne County continuing to be assigned 3.0 positions.

The allocation to Outstate counties uses caseload data provided by DMU with 12-month averages for both Residential/Purchase of Service cases and Direct Service cases. A combined ratio of 25:1 is used to allocate each type of staff.

<u>Formula Component</u>	<u>Ratio</u>	<u>Data Source</u>
Residential/Purchase	25:1	DMU 08/18 – 07/19
Direct Services	25:1	DMU 08/18 – 07/19

Rounding Formula:

The calculated workers for Juvenile Justice are added together within county groups and rounded. All JJ positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

FY2020 JUVENILE JUSTICE WORKER ALLOCATION

	Average Direct & Purchase of Service Cases @ 25		Calculated Juvenile Justice Workers	FY2020 Juvenile Justice Workers @ 98.00%	FY2020 Total Juvenile Justice Workers	FY2020 JJ Allocation	Change from FY2019	FY2019 JJ Allocation
STATE TOTAL	829.08	33.163	33.163	35.50	35.50	34.00	0.00	34.00
BSC 1								
ALCONA/	1.33	0.053	0.053	0.05				
IOSCO	9.50	0.380	0.380	0.37	0.42	0.00	0.00	0.00
ALPENA/	13.33	0.533	0.533	0.52				
MONTMORENCY	1.83	0.073	0.073	0.07	0.59	1.00	0.00	1.00
ALGER/	0.92	0.037	0.037	0.04				
MARQUETTE/	6.83	0.273	0.273	0.27	0.35	0.00	0.00	0.00
SCHOOLCRAFT	1.08	0.043	0.043	0.04				
ANTRIM/	2.58	0.103	0.103	0.10				
CHARLEVOIX/								
EMMET	11.00	0.440	0.440	0.43	0.53	1.00	0.00	1.00
BARAGA/	5.25	0.210	0.210	0.21				
HOUGHTON/	4.42	0.177	0.177	0.17	0.39	0.00	0.00	0.00
KEWEENAW	0.33	0.013	0.013	0.01				
BENZIE/	0.08	0.003	0.003	0.00				
MANISTEE	2.08	0.083	0.083	0.08	0.08	0.00	0.00	0.00
CHEBOYGAN/	10.08	0.403	0.403	0.40	0.41	0.00	0.00	0.00
PRESQUE ISLE	0.50	0.020	0.020	0.02				
CHIPPEWA/	9.33	0.373	0.373	0.37	0.38	0.00	-1.00	1.00
LUCE/	0.25	0.010	0.010	0.01				
MACKINAC	0.08	0.003	0.003	0.00				
CRAWFORD/	1.00	0.040	0.040	0.04				
OSCODA/	2.08	0.083	0.083	0.08				
OTSEGO	2.92	0.117	0.117	0.11	0.24	0.00	0.00	0.00
DELTA/	6.42	0.257	0.257	0.25	0.69			
DICKINSON/	2.17	0.087	0.087	0.08				
MENOMINEE	9.00	0.360	0.360	0.35		1.00	0.00	1.00
GOGEBIC/	10.50	0.420	0.420	0.41	0.64	1.00	0.00	1.00
IRON/	2.17	0.087	0.087	0.08				
ONTONAGON	3.75	0.150	0.150	0.15				
GR. TRAVERSE/	9.50	0.380	0.380	0.37	0.50	1.00	1.00	0.00
KALKASKA/	3.25	0.130	0.130	0.13				
LEELANAU								
OGEANAW/	13.75	0.550	0.550	0.54		1.00	0.00	1.00
ROSCOMMON	6.17	0.247	0.247	0.24	0.78			
MISSAUKEE/								
WEXFORD	13.67	0.547	0.547	0.54	0.54	1.00	0.00	1.00
TOTAL	167.17	6.687	6.687	6.55	6.55	7.00	0.00	7.00
BSC 2								
GENESEE								
INGHAM								
INGHAM CSA	32.33	1.293	1.293	1.27	1.27	1.00	0.00	1.00
SAGINAW	12.92	0.517	0.517	0.51	0.51	1.00	0.00	1.00
ARENAC/	3.92	0.157	0.157	0.15	0.61	1.00	0.00	1.00
BAY	11.58	0.463	0.463	0.45				
CLARE/	4.83	0.193	0.193	0.19				
ISABELLA	12.75	0.510	0.510	0.50	0.69	1.00	0.00	1.00
CLINTON/	1.08	0.043	0.043	0.04				
EATON	8.42	0.337	0.337	0.33	0.37	0.00	0.00	0.00
GLADWIN/	4.17	0.167	0.167	0.16	0.44	0.00	0.00	0.00
MIDLAND	7.08	0.283	0.283	0.28				
GRATIOT/	2.33	0.093	0.093	0.09				
SHIAWASSEE	9.83	0.393	0.393	0.39	0.48	0.00	-1.00	1.00
HURON/	25.67	1.027	1.027	1.01	1.31	1.00	0.00	1.00
LAPEER/	1.08	0.043	0.043	0.04				
TUSCOLA	6.75	0.270	0.270	0.26				
ST. CLAIR/	29.75	1.190	1.190	1.17	1.26	1.00	0.00	1.00
SANILAC	2.42	0.097	0.097	0.09				
TOTAL	176.92	7.077	7.077	6.94	6.94	6.00	-1.00	7.00

FY2020 JUVENILE JUSTICE WORKER ALLOCATION

	Average Direct & Purchase of Service Cases @ 25		Calculated Juvenile Justice Workers	FY2020 Juvenile Justice Workers @ 98.00%	FY2020 Total Juvenile Justice Workers	FY2020 JJ Allocation	Change from FY2019	FY2019 JJ Allocation
BSC 3								
BERRIEN	42.33	1.693	1.693	1.66	1.66	2.00	1.00	1.00
CALHOUN	23.83	0.953	0.953	0.93	0.93	1.00	0.00	1.00
KALAMAZOO	25.50	1.020	1.020	1.00	1.00	1.00	0.00	1.00
KENT								
MUSKEGON	16.42	0.657	0.657	0.64	0.64	1.00	0.00	1.00
OTTAWA	4.92	0.197	0.197	0.19	0.19	0.00	0.00	0.00
VAN BUREN	37.75	1.510	1.510	1.48	1.48	1.00	-1.00	2.00
ALLEGAN/ BARRY	16.00	0.640	0.640	0.63	0.69	1.00	0.00	1.00
CASS/ ST. JOSEPH	1.58	0.063	0.063	0.06				
	3.75	0.150	0.150	0.15				
	7.08	0.283	0.283	0.28	0.42	0.00	0.00	0.00
IONIA/ MONTCALM	4.50	0.180	0.180	0.18				
	9.33	0.373	0.373	0.37	0.54	1.00	1.00	0.00
LAKE/ NEWAYGO	0.08	0.003	0.003	0.00				
	2.33	0.093	0.093	0.09	0.09	0.00	0.00	0.00
MASON/ OCEANA	1.67	0.067	0.067	0.07				
	1.00	0.040	0.040	0.04	0.10	0.00	0.00	0.00
MECOSTA/ OSCEOLA	5.92	0.237	0.237	0.23	0.23	0.00	0.00	0.00
TOTAL	204.00	8.160	8.160	8.00	8.00	8.00	1.00	7.00
BSC 4								
JACKSON	2.58	0.103	0.103	0.10	0.10	0.00	0.00	0.00
LIVINGSTON	24.50	0.980	0.980	0.96	0.96	1.00	0.00	1.00
MACOMB								
OAKLAND								
WASHTENAW	11.17	0.447	0.447	0.44	0.44	0.00	0.00	0.00
WAYNE								
BRANCH	0.17	0.007	0.007	0.01				
HILLSDALE/ LENAWEE/ MONROE	1.17	0.047	0.047	0.05	0.05	0.00	0.00	0.00
	4.50	0.180	0.180	0.18				
	3.58	0.143	0.143	0.14	0.32	0.00	0.00	0.00
TOTAL	47.67	1.907	1.907	1.87	1.87	1.00	0.00	1.00
BSC 5								
GENESEE CSA	48.08	1.923	1.923	1.88	1.88	2.00	0.00	2.00
KENT CSA	47.08	1.883	1.883	1.85	1.85	2.00	0.00	2.00
MACOMB CSA	55.25	2.210	2.210	2.17	2.17	2.00	0.00	2.00
OAKLAND CSA	82.92	3.317	3.317	3.25	3.25	3.00	0.00	3.00
WAYNE CSA				3.00	3.00	3.00	0.00	3.00
TOTAL	233.33	9.333	9.333	12.15	12.15	12.00	0.00	12.00
ESA								
STATEWIDE	829.08	33.163	33.163	35.50	35.50	34.00	0.00	34.00

FY2020 STAFFING ALLOCATION

Section IV: Child Welfare Workers

Allocation Summary:

2477.00 Workers by Category:

708.00 Foster Care
120.00 Foster Home Licensing/Recruitment
1649.00 Children's Protective Services

436.00 Non-Case Load Carrying – Off the Top Positions:

82.00 Title IV-E Workers (CWFS)
34.00 Health Liaisons
5.00 Court Liaisons
42.00 MYOI Workers
4.00 Scholarship Program Workers
45.00 MIC Workers
9.00 Placement Collaboration Unit (PCU)
10.00 Regional Placement Unit (RPU)
140.00 Centralized Intake
50.00 MiTEAM
15.00 Educational Planners

2913.00 Child Welfare Workers

FY2020 CHILD WELFARE WORKER ALLOCATION

General Overview:

For FY2020, a total of 2913 Child Welfare (CW) positions are allocated. Of these, 2477 positions are based on allocation formula and 436 are non-caseload carrying positions assigned for specific purposes. The FY2020 CW total represents no increase of field positions from FY2019 levels. The County Level MVT Rate (encompassing County Level Medical Leave of Absences, Vacancy and Training Rates) was applied to the CPS, Foster Care and Foster Home Licensing and Recruitment worker allocations to assist local offices in meeting their Modified Implementation, Sustainability, and Exit Plan (M-ISEP) caseload requirements by providing a sufficient number of staff to cover vacancies, medical leaves of absences, and other situations where staff might not be available for work.

Non-Caseload Carrying Positions:

The CSA *non-caseload carrying* positions include the following:

140 Centralized Intake

45 MIC (Maltreatment in Care)

10 Regional Placement Unit Workers

9 Placement Collaboration Unit Specialist (6 of these were combined with MIC in FY19)

34 Health Liaisons

42 MYOI (Michigan Youth Opportunity Initiative)

82 Child Welfare Funding Specialists (CWFS)

5 Court Liaisons (Increase of 1 for Wayne County)

4 Scholarship Program Workers (2-Washtenaw Blavin – 2-Kalamazoo Seit)

15 Educational Planners

50 MiTEAM

Foster Care Workers and Foster Home Recruitment/Licensing Workers

For FY2020, a total of 708.0 Foster Care workers were deemed supportable. A County Level MVT Rate was determined to assist local offices in meeting their M-ISEP caseload requirements. This number was calculated on data collected from August 2018 through July 2019. A 5% MVT Rate was retained at the BSC Level which resulted in 32 Foster Care flex positions. Flex positions distributed to BSC Directors are used to allocate additional caseload carrying first line staff (CPS, Foster Care, Home Licensing and Recruitment and POS) only.

For FY2020, a total of 120 Recruitment/Licensing workers were deemed supportable. A County Level MVT Rate was determined to assist local offices in meeting their M-ISEP caseload requirements. This number was calculated on data collected from August 2018 through July 2019. A 5% MVT Rate was retained at the BSC Level which resulted in 7 flex positions.

Foster Care Worker Formula:

All FY 2020 Foster Care ratios are defined as follows:

<u>Staffing Category</u>	<u>Ratio</u>	<u>Data Source/Time Period</u>
Direct Services Cases	13:1	DMU Report 08/18 – 07/19
Private Agency/POS Cases	90:1	DMU Report 08/18 – 07/19
DHS Licensed Homes	30:1	DMU Report 08/18 – 07/19
DHS Homes Licensed During the Month	30:1	DMU Report 08/18 – 07/19

Initial staffing levels for both Foster Care Workers and Foster Home Licensing and Recruitment (FHL) Workers are calculated by dividing each county’s average caseloads by the ratios indicated above. The caseload data is a full twelve months. In dual-/tri-county arrangements, the caseload averages for Foster Home Licensing and Recruitment Workers are combined and shown in one county which does not necessarily reflect the actual location of the worker(s).

The total FY2020 Earned Foster Care Rounded workers statewide amounted to 772. The county totals were restated at 90.85% in order to allocate within the number deemed supportable.

The total FY2020 Earned FHL workers statewide amounted to 127. The county totals were restated at 96.90% in order to allocate within the number deemed supportable.

Note: Supervision for all Foster Care and FHL workers is calculated as if ALL of the workers added by the County Level MVT Flex Positions are in the county office, per calculation. Thus, there are no BSC Supervisor Flex Positions.

Children's Protective Services Workers

For FY2020, a total of 1678 Children's Protective Services (CPS) workers were deemed supportable. A County Level MVT Rate was determined to assist local offices in meeting their M-ISEP caseload requirements. This number was calculated on data collected from August 2018 through July 2019. A 5% MVT Rate was retained for Children’s Protective Services (CPS) workers resulting in 70 rounded flex positions. A total of 29 CPS positions were redirected to support various statewide initiatives as identified by CSA.

CPS Worker Formula:

The following CPS ratios remain as defined by the M-ISEP:

<u>Staffing Category</u>	<u>Ratio</u>	<u>Data Source</u>
Ongoing:	17:1	Fact Sheet Data – 08/18-07/19
Investigations:	12:1	Fact Sheet Data - 08/18-07/19

Average caseloads were determined by county using 12-month caseload average with the removal of the lowest 3 months in each county. Initial staffing levels are determined by dividing each county's average caseloads by the ratios indicated above. The 12-month caseload averages include the linked investigations as well as guardianship cases. The 12-month caseload average for Assigned Investigations in each local office has been increased by 151.1% prior to application of the ratio. This multiplier is calculated based on the following logic:

An investigation can take a total of 44 days to complete– from case assignment to supervisory approval. The total days for 12 cases opened for 44 days is 528 days (12*44). On average, 10% of investigations (1.2 cases) are granted an extension for 20 days – this adds 24 additional days to the 528 days (1.2 * 20). Therefore, the average days for 12 investigations and approved extensions is 552 (528+24). The average days for a case to be on a caseload is 46 (552/12). The standard for the average days per month is 30.44. Dividing the average number of days for a caseload (46) by the average days per month (30.44) the factor of 1.511 is derived.

The total FY2020 Earned CPS workers statewide amounted to 1756. The county totals were restated at 93.95% in order to allocate within the number deemed supportable less the 29 positions redirected by CSA for statewide initiatives.

Note: Supervision for all CPS workers is calculated as if ALL of the workers added by the County Level MVT Flex positions are in the county office, per calculation. Thus, there are no BSC Supervisor Flex Positions.

Rounding Formula

As requested by CSA, the rounding of positions within Child Welfare was modified for FY2020.

Foster Care Workers and Foster Home Licensing and Recruitment Workers are each rounded separately and are shown as whole positions. Less than 0.3 rounds down and 0.3 and greater rounds up.

CPS Workers are each rounded separately and are shown as whole positions. Less than 0.5 rounds down and 0.5 and greater rounds up.

Rounding was considered after the restated adjustments were applied.

FY2020 CHILD WELFARE ROLL-UP

Run Date:11 21 19	FY2020 Final Foster Care Workers	FY2020 BSC Flex Allocation	FY2020 Final FHL Workers	FY2020 BSC Flex Allocation	FY2020 Final CPS Workers	FY2020 BSC Flex Allocation	Off-The-Top Positions						FY2020 Total CSA Positions	FY2019 Total CSA Positions (no MIC)	Change from FY2019
							Health Liaisons	MI Team	Funding Special (CWFS)	Ed. Plan.	Ct. Liaison URM Scholar	MYOI Staff			
STATE TOTAL	675.00	33.00	113.00	7.00	1579.00	70.00	34.00	50.00	82.00	15.00	15.00	42.00	2715.00	2743.00	-28.00
BSC 1		3.00		1.00		8.00	3.00		1.00				16.00	15.00	1.00
ALCONA/	1.00					2.00							3.00	4.00	-1.00
IOSCO	4.00		1.00			5.00					1.00		11.00	12.00	-1.00
ALPENA/	4.00		1.00			5.00		1.00				1.00	12.00	12.00	0.00
MONTMORENCY	1.00		0.00			1.00							2.00	3.00	-1.00
ALGER/	0.00		0.00			1.00							1.00	3.00	-2.00
MARQUETTE/	2.00		1.00			11.00		1.00	1.00			1.00	17.00	19.00	-2.00
SCHOOLCRAFT	1.00		0.00			2.00							3.00	3.00	0.00
ANTRIM/	2.00		0.00			5.00							7.00	8.00	-1.00
CHARLEVOIX/	0.00		0.00			0.00									
EMMET	4.00		1.00			15.00		1.00	1.00			1.00	23.00	19.00	4.00
BARAGA/	1.00		0.00			1.00			1.00				3.00	4.00	-1.00
HOUGHTON/	1.00		1.00			6.00							8.00	7.00	1.00
KEWEENAW	0.00		0.00			0.00									
BENZIE/	1.00		0.00			3.00							4.00	5.00	-1.00
MANISTEE	2.00		0.00			5.00		1.00					8.00	9.00	-1.00
CHEBOYGAN/	2.00		1.00			6.00		1.00	1.00			1.00	12.00	13.00	-1.00
PRESQUE ISLE	1.00		0.00			2.00							3.00	3.00	0.00
CHIPPEWA/	2.00		1.00			6.00		1.00					10.00	14.00	-4.00
LUCE/	0.00		0.00			1.00							1.00	3.00	-2.00
MACKINAC	1.00		0.00			2.00							3.00	3.00	0.00
CRAWFORD/	4.00		2.00			3.00			1.00				10.00	9.00	1.00
OSCODA/	1.00		0.00			2.00							3.00	3.00	0.00
OTSEGO	3.00		0.00			5.00		1.00				1.00	10.00	11.00	-1.00
DELTA/	2.00		0.00			6.00		1.00					9.00	10.00	-1.00
DICKINSON/	2.00		2.00			4.00							8.00	8.00	0.00
MENOMINEE	1.00		0.00			5.00				1.00			7.00	7.00	0.00
GOGEBIC/	2.00		1.00			3.00						1.00	7.00	8.00	-1.00
IRON/	1.00		0.00			2.00							3.00	4.00	-1.00
ONTONAGON	1.00		0.00			1.00							2.00	2.00	0.00
GRAND TRAVERSE/	4.00		1.00			17.00		1.00	1.00	1.00		1.00	26.00	27.00	-1.00
KALKASKA/	1.00		0.00			4.00							5.00	6.00	-1.00
LEELANAU	0.00		0.00			0.00									
OGEMAW/	3.00		2.00			4.00		1.00	1.00			1.00	12.00	13.00	-1.00
ROSCOMMON	2.00		0.00			5.00							7.00	8.00	-1.00
MISSAUKEE/	0.00		0.00			0.00									
WEXFORD	5.00		2.00			17.00			1.00			1.00	26.00	22.00	4.00
TOTAL	62.00	3.00	17.00	1.00	157.00	8.00	3.00	11.00	8.00	2.00	0.00	10.00	282.00	297.00	-15.00
BSC 2		5.00		2.00		12.00							19.00	19.00	0.00
GENESEE	0.00		0.00			0.00									
INGHAM	24.00		4.00			55.00		2.00	1.00	3.00		2.00	92.00	90.00	2.00
SAGINAW	10.00		2.00			33.00		1.00	1.00	1.00			49.00	47.00	2.00
ARENAC/	2.00		0.00			2.00							4.00	6.00	-2.00
BAY	10.00		4.00			22.00		1.00	1.00	1.00	1.00		41.00	38.00	3.00
CLARE/	4.00		0.00			9.00							13.00	12.00	1.00
ISABELLA	4.00		5.00			12.00		1.00	1.00			1.00	24.00	23.00	1.00
CLINTON/	2.00		0.00			8.00					1.00		12.00	12.00	0.00
EATON	5.00		3.00			18.00		1.00	1.00	1.00			29.00	30.00	-1.00
GLADWIN/	3.00		0.00			6.00							9.00	10.00	-1.00
MIDLAND	8.00		3.00			12.00		1.00	1.00			1.00	26.00	27.00	-1.00
GRATIOT/	3.00		0.00			9.00			1.00				13.00	11.00	2.00
SHIAWASSEE	5.00		4.00			12.00		1.00				1.00	23.00	24.00	-1.00
HURON/	2.00		0.00			6.00							8.00	8.00	0.00
LAPEER/	4.00		0.00			10.00		1.00	1.00				16.00	16.00	0.00
TUSCOLA	4.00		4.00			9.00						1.00	18.00	20.00	-2.00
ST. CLAIR/	13.00		7.00			28.00		1.00	1.00	2.00		1.00	53.00	49.00	4.00
SANILAC	6.00		0.00			10.00							16.00	14.00	2.00
TOTAL	109.00	5.00	36.00	2.00	261.00	12.00	6.00	9.00	12.00	2.00	2.00	9.00	465.00	456.00	9.00

FY2020 CHILD WELFARE ROLL-UP

Run Date:11 21 19	FY2020 Final Foster Care Workers	FY2020 BSC Flex Allocation	FY2020 Final FHL Workers	FY2020 BSC Flex Allocation	FY2020 Final CPS Workers	FY2020 BSC Flex Allocation	Off-The-Top Positions						FY2020 Total CSA Positions	FY2019 Total CSA Positions (no MIC)	Change from FY2019	
							Health Liaisons	MiTeam	Funding Special (CWFS)	Ed. Plan.	Ct. Liaison URM Scholar	MYOI Staff				
BSC 3		8.00		2.00		16.00	1.00							27.00	26.00	1.00
BERRIEN	20.00		3.00		34.00		1.00	1.00	2.00			1.00	62.00	54.00	8.00	
CALHOUN	22.00		4.00		32.00		1.00	1.00	2.00	1.00		1.00	64.00	60.00	4.00	
KALAMAZOO	27.00		3.00		69.00		2.00	1.00	4.00		2.00	1.00	109.00	108.00	1.00	
KENT	0.00		0.00		0.00											
MUSKEGON	25.00		3.00		47.00		1.00	1.00	3.00	1.00		1.00	82.00	82.00	0.00	
OTTAWA	10.00		3.00		36.00		1.00	1.00	1.00			1.00	53.00	48.00	5.00	
VAN BUREN	16.00		5.00		15.00		1.00	1.00	1.00			1.00	40.00	38.00	2.00	
ALLEGAN/ BARRY	12.00 4.00		3.00 0.00		26.00 11.00			1.00	1.00			1.00	44.00 15.00	42.00 16.00	2.00 -1.00	
CASS/ ST. JOSEPH	8.00 9.00		3.00 0.00		9.00 14.00		1.00	1.00	1.00	1.00		1.00	24.00 25.00	25.00 27.00	-1.00 -2.00	
IONIA/ MONTCALM	7.00 7.00		0.00 3.00		15.00 18.00			1.00	1.00			1.00	25.00 28.00	22.00 25.00	3.00 3.00	
LAKE/ NEWAYGO	2.00 6.00		0.00 2.00		4.00 12.00								6.00 23.00	5.00 25.00	1.00 -2.00	
MASON/ OCEANA	3.00 1.00		0.00 1.00		8.00 7.00				1.00			1.00	12.00 10.00	12.00 12.00	0.00 -2.00	
MECOSTA/ OSCEOLA	4.00 0.00		1.00 0.00		17.00 0.00			1.00	1.00			1.00	25.00	27.00	-2.00	
TOTAL	183.00	8.00	34.00	2.00	374.00	16.00	9.00	11.00	20.00	3.00	2.00	12.00	674.00	654.00	20.00	
BSC 4		4.00		1.00		7.00							12.00	11.00	1.00	
JACKSON	19.00		2.00		43.00		1.00	1.00	2.00	1.00		1.00	70.00	69.00	1.00	
LIVINGSTON	5.00		2.00		15.00			1.00	1.00			1.00	25.00	28.00	-3.00	
MACOMB OAKLAND																
WASHTENAW	8.00		3.00		29.00		1.00		1.00		2.00	1.00	45.00	45.00	0.00	
WAYNE BRANCH	8.00				11.00								19.00	19.00	0.00	
HILLSDALE/ LENAWEE/ MONROE	9.00 6.00 11.00		3.00 4.00		13.00 18.00 19.00			1.00 1.00	1.00 1.00			1.00	28.00 26.00 36.00	24.00 26.00 39.00	4.00 0.00 -3.00	
TOTAL	66.00	4.00	14.00	1.00	148.00	7.00	2.00	4.00	7.00	1.00	2.00	5.00	261.00	261.00	0.00	
BSC 5		13.00		1.00		27.00							41.00	38.00	3.00	
GENESEE CSA	34.00		2.00		88.00		2.00	2.00	4.00	1.00	1.00	1.00	135.00	135.00	0.00	
KENT CSA	12.00		1.00		106.00		1.00	2.00	6.00	0.00	4.00	1.00	133.00	137.00	-4.00	
MACOMB CSA	30.00		3.00		76.00		2.00	2.00	4.00	1.00	1.00	1.00	120.00	129.00	-9.00	
OAKLAND CSA	37.00		3.00		103.00		2.00	2.00	5.00	1.00	1.00	1.00	155.00	159.00	-4.00	
WAYNE CSA	142.00		3.00		266.00		7.00	7.00	16.00	4.00	2.00	2.00	449.00	463.00	-14.00	
TOTAL	255.00	13.00	12.00	1.00	639.00	27.00	14.00	15.00	35.00	7.00	9.00	6.00	1033.00	1061.00	-28.00	
CSA														14.00	-14.00	
STATE TOTAL	675.00	33.00	113.00	7.00	1579.00	70.00	34.00	50.00	82.00	15.00	15.00	42.00	2715.00	2743.00	-28.00	

FY2020 FOSTER CARE WORKER ALLOCATION ~ COUNTY LEVEL MVT

Run date: 11/21/19	08/18-07/19		08/18-07/19		Total Calculated Foster Care Workers	County Level MVT RATE	Additional Positions for MVT Rate	Total Rounded FC Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FC Worker BSC Flex Allocation	FY 20 Foster Care Final Calculated Workers	FY 19 Foster Care Rounded Workers	FY 19 Foster Care Rounded Workers	Change from FY 19	FY 20 Supportable Foster Care Rounded Workers	Final Calculated FC Wkrs adjusted as supportable
	Average Direct Services Cases	@ 13	Average Private Agency Cases	@ 90												
STATE TOTAL	7302.00	561.692	6121.50	68.017	629.71		96.18	740.00	31.49	32.00	757.37	772.00	708.00	0.00	708.00	90.85%
BSC 1										3.00		3.00	3.00	0.00	3.00	
ALCONA/IOSCO	10.50	0.808	7.25	0.081	0.89	19.64%	0.17	1.00	0.04		1.11	1.00	1.00	0.00	1.00	0.97
ALPENA/MONTMORENCY	42.17	3.244	21.50	0.239	3.48	19.64%	0.68	4.00	0.17		4.34	4.00	4.00	0.00	4.00	3.79
ALGER/MARQUETTE/SCHOOLCRAFT	51.00	3.923	11.75	0.131	4.05	0.00%	0.00	4.00	0.20		4.26	4.00	3.00	1.00	4.00	3.68
ANTRIM/CHARLEVOIX/EMMET	11.50	0.885	7.00	0.078	0.96	0.00%	0.00	1.00	0.05		1.01	1.00	1.00	0.00	1.00	0.87
BARAGA/HOUGHTON/KEWEENAW	1.67	0.128	1.83	0.020	0.15	0.00%	0.00	0.00	0.01		0.16	0.00	1.00	-1.00	0.00	0.13
BENZIE/MANISTEE	17.83	1.372	17.00	0.189	1.56	5.78%	0.09	2.00	0.08		1.73	2.00	2.00	0.00	2.00	1.50
CHEBOYGAN/PRESQUE ISLE	7.50	0.577	2.17	0.024	0.60	1.48%	0.01	1.00	0.03		0.64	1.00	1.00	0.00	1.00	0.55
CHIPPEWA/LUCE/MACKINAC	27.58	2.122	1.50	0.017	2.14	2.03%	0.04	2.00	0.11		2.29	2.00	2.00	0.00	2.00	1.98
CRAWFORD/OSCODA/OTSEGO	35.50	2.731	8.83	0.098	2.83	16.95%	0.96	4.00	0.14		3.93	4.00	3.00	1.00	4.00	3.44
DELTA/DICKINSON/MENOMINEE	2.92	0.224	2.00	0.022	0.25	42.20%	0.10	1.00	0.01		0.36	1.00	1.00	0.00	1.00	0.32
GOGEBIC/IRON/ONTONAGON	7.67	0.590	2.50	0.028	0.62	0.00%	0.00	1.00	0.03		0.65	1.00	1.00	0.00	1.00	0.56
GR. TRAVERSE/KALKASKA/LEELANAU	10.17	0.782	12.33	0.137	0.92	45.48%	0.42	2.00	0.05		1.38	2.00	1.00	0.00	1.00	1.21
INGHAM/SAGINAW	15.33	1.179	23.08	0.256	1.44	45.08%	0.65	2.00	0.07		2.16	2.00	2.00	0.00	2.00	1.89
ISABELLA/CLINTON/EATON	22.92	1.763	11.83	0.131	1.89	19.46%	0.37	2.00	0.09		2.36	2.00	2.00	0.00	2.00	2.06
LAPPEER/TUSCOLA	10.67	0.821	8.33	0.093	0.91	0.00%	0.00	1.00	0.05		0.96	1.00	1.00	0.00	1.00	0.83
MIDLAND/ST. CLAIR/SANILAC	21.08	1.622	35.17	0.391	2.01	11.36%	0.23	2.00	0.10		2.34	2.00	3.00	-1.00	2.00	2.04
ROSCOMMON/WEXFORD	3.42	0.263	3.75	0.042	0.30	0.00%	0.00	1.00	0.02		0.32	1.00	1.00	-1.00	0.00	0.28
SHIAWASSEE	8.58	0.660	3.42	0.038	0.70	0.00%	0.00	1.00	0.03		0.73	1.00	1.00	0.00	1.00	0.63
ST. CLAIR/SANILAC	38.00	2.923	13.00	0.144	3.07	21.64%	0.66	4.00	0.15		3.88	4.00	3.00	1.00	4.00	3.39
TUSCOLA	5.67	0.436	3.67	0.041	0.48	4.76%	0.02	1.00	0.02		0.52	1.00	1.00	0.00	1.00	0.45
WEXFORD	33.08	2.545	21.50	0.239	2.78	6.75%	0.19	3.00	0.14		3.11	3.00	3.00	0.00	3.00	2.70
TOTAL	627.58	48.276	452.58	5.029	53.30		7.89	67.00	2.67	3.00	63.86	70.00	66.00	-1.00	65.00	
BSC 2										5.00		5.00	5.00	0.00	5.00	
GENESEE																
INGHAM	274.58	21.122	282.58	3.140	24.26	8.70%	2.11	27.00	1.21		27.59	27.00	25.00	-1.00	24.00	23.96
SAGINAW	117.83	9.064	68.83	0.765	9.83	5.89%	0.58	11.00	0.49		10.90	11.00	9.00	1.00	10.00	9.46
ARENAC/BAY/CLARE	24.50	1.885	2.42	0.027	1.91	9.19%	0.18	2.00	0.10		2.18	2.00	3.00	-1.00	2.00	1.90
CLARE/ISABELLA/CLINTON	104.33	8.026	87.67	0.974	9.00	18.58%	1.67	11.00	0.45		11.12	11.00	8.00	2.00	10.00	9.70
EATON	46.83	3.603	16.33	0.181	3.78	3.99%	0.15	4.00	0.19		4.12	4.00	4.00	0.00	4.00	3.58
GLADWIN	46.83	3.603	25.33	0.281	3.88	9.33%	0.36	4.00	0.19		4.44	4.00	4.00	0.00	4.00	3.86
MIDLAND	21.50	1.654	6.17	0.069	1.72	0.00%	0.00	2.00	0.09		1.81	2.00	3.00	-1.00	2.00	1.56
SHIAWASSEE	55.25	4.250	25.92	0.288	4.54	15.20%	0.69	5.00	0.23		5.45	5.00	5.00	0.00	5.00	4.75
ST. CLAIR/SANILAC	29.83	2.295	0.00	0.000	2.29	29.13%	0.67	3.00	0.11		3.08	3.00	4.00	-1.00	3.00	2.69
WEXFORD	96.17	7.397	22.75	0.253	7.65	8.56%	0.66	9.00	0.38		8.69	9.00	8.00	0.00	8.00	7.55
ALCONA/IOSCO	28.58	2.199	4.00	0.044	2.24	37.46%	0.84	3.00	0.11		3.20	3.00	3.00	0.00	3.00	2.80
ALPENA/MONTMORENCY	50.25	3.865	48.33	0.537	4.40	13.02%	0.57	5.00	0.22		5.20	5.00	5.00	0.00	5.00	4.52
ALGER/MARQUETTE/SCHOOLCRAFT	26.50	2.038	2.08	0.023	2.06	8.76%	0.18	2.00	0.10		2.35	2.00	2.00	0.00	2.00	2.04
ANTRIM/CHARLEVOIX/EMMET	38.92	2.994	11.00	0.122	3.12	26.27%	0.82	4.00	0.16		4.09	4.00	3.00	1.00	4.00	3.57
BARAGA/HOUGHTON/KEWEENAW	45.08	3.468	15.33	0.170	3.64	17.71%	0.64	4.00	0.18		4.46	4.00	5.00	-1.00	4.00	3.89
BENZIE/MANISTEE	148.75	11.442	124.83	1.387	12.83	8.59%	1.10	14.00	0.64		14.57	14.00	12.00	1.00	13.00	12.66
CHEBOYGAN/PRESQUE ISLE	66.17	5.090	16.33	0.181	5.27	27.59%	1.45	7.00	0.26		6.99	7.00	5.00	1.00	6.00	6.11
TOTAL	1221.92	93.994	759.92	8.444	102.44		12.68	117.00	5.12	5.00	120.24	122.00	113.00	1.00	114.00	

FY2020 FOSTER CARE WORKER ALLOCATION ~ COUNTY LEVEL MVT

Run date: 11/21/19	08/18-07/19		08/18-07/19		Total Calculated Foster Care Workers	County Level MVT RATE	Additional Positions for Vacancy/ Training	Total Rounded FC Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FC Worker BSC Flex Allocation	FY'20 Foster Care Final Calculated Workers	FY'20 Final Foster Care Rounded Workers	FY'19 Final Foster Care Rounded Workers	Change from FY'19	FY 20 Supportable Foster Care Rounded Workers	Final Calculated Wkrs adjusted as supportable
	Average Direct Services Cases	@ 13	Average Private Agency Cases	@ 90												
BSC 3										8.00		8.00	7.00	1.00	8.00	90.85%
BERRIEN	196.58	15.122	139.25	1.547	16.67	33.55%	5.59	22.00	0.83		23.10	22.00	16.00	4.00	20.00	20.22
CALHOUN	234.50	18.038	122.92	1.366	19.40	26.35%	5.11	25.00	0.97		25.49	25.00	16.00	6.00	22.00	22.27
KALAMAZOO	297.67	22.897	254.25	2.825	25.72	14.39%	3.70	30.00	1.29		30.71	30.00	33.00	-6.00	27.00	26.73
KENT																
MUSKEGON	270.08	20.776	146.00	1.622	22.40	20.11%	4.50	27.00	1.12		28.02	27.00	22.00	3.00	25.00	24.44
OTTAWA	114.83	8.833	56.58	0.629	9.46	19.72%	1.87	12.00	0.47		11.80	12.00	9.00	1.00	10.00	10.29
VAN BUREN	168.42	12.955	26.75	0.297	13.25	29.92%	3.97	17.00	0.66		17.88	17.00	13.00	3.00	16.00	15.64
ALLEGAN/ BARRY/	137.58	10.583	64.33	0.715	11.30	19.14%	2.16	14.00	0.56		14.03	14.00	10.00	2.00	12.00	12.23
CASS/	42.50	3.269	7.50	0.083	3.35	15.19%	0.51	4.00	0.17		4.03	4.00	4.00	0.00	4.00	3.51
ST. JOSEPH	100.67	7.744	35.00	0.389	8.13	11.42%	0.93	9.00	0.41		9.47	9.00	9.00	-1.00	8.00	8.23
IONIA/	103.33	7.949	85.08	0.945	8.89	11.23%	1.00	10.00	0.44		10.34	10.00	10.00	-1.00	9.00	8.99
MONTCALM	63.83	4.910	15.25	0.169	5.08	47.19%	2.40	8.00	0.25		7.73	8.00	5.00	2.00	7.00	6.79
LAKE/	75.25	5.788	28.42	0.316	6.10	23.87%	1.46	8.00	0.31		7.87	8.00	6.00	1.00	7.00	6.87
NEWAYGO	19.42	1.494	0.42	0.005	1.50	14.39%	0.22	2.00	0.07		1.79	2.00	2.00	0.00	2.00	1.56
MASON/	81.92	6.301	7.17	0.080	6.38	4.14%	0.26	7.00	0.32		6.96	7.00	6.00	0.00	6.00	6.04
OCEANA	25.42	1.955	17.67	0.196	2.15	33.05%	0.71	3.00	0.11		2.97	3.00	3.00	0.00	3.00	2.60
MECOSTA/	12.92	0.994	7.67	0.085	1.08	0.00%	0.00	1.00	0.05		1.13	1.00	2.00	-1.00	1.00	0.98
OSCEOLA	46.17	3.551	9.67	0.107	3.66	0.00%	0.00	4.00	0.18		3.84	4.00	4.00	0.00	4.00	3.32
TOTAL	1991.08	153.160	1023.92	11.377	164.54		34.39	203.00	8.23	8.00	207.15	211.00	177.00	14.00	191.00	
BSC 4										3.00		3.00	3.00	1.00	4.00	
JACKSON	222.83	17.141	115.17	1.280	18.42	9.61%	1.77	20.00	0.92		21.11	20.00	18.00	1.00	19.00	18.34
LIVINGSTON	54.92	4.224	70.25	0.781	5.00	15.96%	0.80	6.00	0.25		6.05	6.00	6.00	-1.00	5.00	5.27
OAKLAND																0.00
WASHTENAW	88.33	6.795	43.75	0.486	7.28	20.39%	1.48	9.00	0.36		9.13	9.00	9.00	-1.00	8.00	7.96
BRANCH	86.58	6.660	20.42	0.227	6.89	18.49%	1.27	8.00	0.34		8.50	8.00	8.00	0.00	8.00	7.41
HILLSDALE/	73.58	5.660	45.25	0.503	6.16	50.02%	3.08	9.00	0.31		9.55	9.00	7.00	2.00	9.00	8.40
LENAWEE/	60.42	4.647	101.92	1.132	5.78	7.69%	0.44	6.00	0.29		6.51	6.00	6.00	0.00	6.00	5.65
MONROE	124.17	9.551	87.67	0.974	10.53	16.23%	1.71	12.00	0.53		12.76	12.00	13.00	-2.00	11.00	11.11
TOTAL	710.83	54.679	484.42	5.382	60.06		10.56	70.00	3.00	3.00	73.63	73.00	70.00	0.00	70.00	
BSC 5										13.00		13.00	11.00	2.00	13.00	
GENESEE CSA	358.08	27.545	241.83	2.687	30.23	23.77%	7.19	38.00	1.51		38.93	38.00	30.00	4.00	34.00	33.99
KENT CSA	7.67	0.590	921.42	10.238	10.83	22.95%	2.48	14.00	0.54		13.85	14.00	11.00	1.00	12.00	12.09
MACOMB CSA	317.17	24.397	304.92	3.388	27.79	16.47%	4.58	33.00	1.39		33.75	33.00	28.00	2.00	30.00	29.40
OAKLAND CSA	416.08	32.006	305.08	3.390	35.40	13.97%	4.94	41.00	1.77		42.11	41.00	41.00	-4.00	37.00	36.65
WAYNE CSA	1651.58	127.045	1627.42	18.082	145.13	7.90%	11.46	157.00	7.26		163.85	157.00	147.00	-5.00	142.00	142.26
TOTAL	2750.58	211.583	3400.67	37.785	249.37		30.66	283.00	12.47	13.00	292.49	296.00	268.00	0.00	268.00	
CSA													14	-14		
STATEWIDE	7302.00	561.692	6121.50	68.017	629.71		96.18	740.00	31.49	32.00	757.37	772.00	708.00	0.00	708.00	

FY 2020 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION ~ COUNTY LEVEL MVT

Run date: 11/21/19	08/18-07/19 Average DHS Licensed Homes		08/18-07/19 Homes Licensed During Month		Total Calculated Licensing Worker	County Level MVT RATE	Additional Positions For MVT Rate	Total Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FHL Wkr BSC Flex Allocation	FY 20 Final FHL Rounded Workers	FY 19 Final FHL Rounded Workers	Change from FY'19	FY 20 Supportable FHL Rounded Workers	Final Calculated FHL Wkrs adjusted as supportable
	2458.33	81.944	146.75	4.892	89.30		22.03	120.00	4.46	7.00	127.00	120.00	0.00	120.00	96.90%
BSC 1										1.00	1.00	1.00	0.00	1.00	
ALCONA/ IOSCO	2.17	0.072	0.17	0.006	0.54	19.64%	0.11	1.00	0.03		1.00	1.00	0.00	1.00	0.62
ALPENA/ MONTMORENCY	29.08	0.969	1.08	0.036	1.21	0.00%	0.00	1.00	0.06		1.00	1.00	0.00	1.00	1.17
ALGER/ MARQUETTE/ SCHOOLCRAFT	5.92	0.197	0.25	0.008		0.00%									
ALGER/ MARQUETTE/ SCHOOLCRAFT	0.00	0.000	0.08	0.003	1.16	5.78%	0.08	1.00	0.06		1.00	2.00	-1.00	1.00	1.21
SCHOOLCRAFT	0.00	0.000	0.33	0.011		1.48%									
ANTRIM/ CHARLEVOIX/ EMMET	3.17	0.106	0.33	0.011		2.03%									
EMMET	25.08	0.836	0.67	0.022	0.98	33.91%	0.35	2.00	0.05		2.00	1.00	0.00	1.00	1.28
BARAGA/ HOUGHTON/ KEWEENAW	8.00	0.267	0.25	0.008		42.20%									
HOUGHTON/ KEWEENAW	0.00	0.000	0.17	0.006	0.28	0.00%	0.12	1.00	0.01		1.00	1.00	0.00	1.00	0.39
BENZIE/ MANISTEE	0.08	0.003	0.00	0.000		45.48%									
MANISTEE	4.25	0.142	0.00	0.000	0.14	45.08%	0.13	0.00	0.01		0.00	1.00	-1.00	0.00	0.27
CHEBOYGAN/ PRESQUE ISLE	17.67	0.589	0.25	0.008	0.70	19.46%	0.14	1.00	0.03		1.00	1.00	0.00	1.00	0.81
CHEBOYGAN/ PRESQUE ISLE	2.83	0.094	0.17	0.006		0.00%									
CHIPPEWA/ LUCE/ MACKINAC	18.00	0.600	0.50	0.017	0.88	11.36%	0.10	1.00	0.04		1.00	2.00	-1.00	1.00	0.95
CHIPPEWA/ LUCE/ MACKINAC	3.33	0.111	0.00	0.000		0.00%									
MACKINAC	4.67	0.156	0.00	0.000		0.00%									
CRAWFORD/ OSCODA/ OTSEGO	17.42	0.581	0.58	0.019	1.55	21.64%	0.51	2.00	0.08		2.00	2.00	0.00	2.00	2.00
CRAWFORD/ OSCODA/ OTSEGO	0.25	0.008	0.50	0.017		4.76%									
OSCODA/ OTSEGO	26.92	0.897	0.92	0.031		6.75%									
DELTA/ DICKINSON/ MENOMINEE	39.75	1.325	1.00	0.033		3.90%									
DELTA/ DICKINSON/ MENOMINEE	0.00	0.000	0.42	0.014	1.38	0.00%	0.39	2.00	0.07		2.00	2.00	0.00	2.00	1.72
DICKINSON/ MENOMINEE	0.00	0.000	0.33	0.011		24.10%									
GOGEBIC/ IRON/ ONTONAGON	15.33	0.511	0.25	0.008	0.54	5.18%	0.10	1.00	0.03		1.00	1.00	0.00	1.00	0.62
GOGEBIC/ IRON/ ONTONAGON	0.42	0.014	0.08	0.003		12.95%									
IRON/ ONTONAGON	0.00	0.000	0.17	0.006		0.00%									
GR. TRAVERSE/ KALKASKA/ LEELANAU	14.58	0.486	2.00	0.067	0.57	5.11%	0.06	1.00	0.03		1.00	1.00	0.00	1.00	0.61
GR. TRAVERSE/ KALKASKA/ LEELANAU	0.00	0.000	0.42	0.014											
LEELANAU	31.92	1.064	0.50	0.017	1.36	12.35%	0.36	2.00	0.07		2.00	2.00	0.00	2.00	1.67
LEELANAU	8.00	0.267	0.50	0.017		14.20%									
OGEMAW/ ROSCOMMON/ MISSAUKEE/ WEXFORD	36.58	1.219	1.17	0.039	1.26	16.45%	0.21	2.00	0.06		2.00	2.00	0.00	2.00	1.42
OGEMAW/ ROSCOMMON/ MISSAUKEE/ WEXFORD															
TOTAL	361.42	12.047	15.33	0.511	12.56		2.65	18.00	0.63	1.00	19.00	21.00	-3.00	18.00	
BSC 2										2.00	2.00	2.00	0.00	2.00	
GENESEE															
INGHAM	108.42	3.614	4.92	0.164	3.78	8.70%	0.33	4.00	0.19		4.00	4.00	0.00	4.00	3.98
INGHAM	47.92	1.597	2.25	0.075	1.67	5.89%	0.10	2.00	0.08		2.00	2.00	0.00	2.00	1.72
SAGINAW	40.00	1.333	0.50	0.017		9.19%									
ARENAC/ BAY/ CLARE/ ISABELLA/ CLINTON/ EATON	36.00	1.200	2.83	0.094	3.47	18.58%	0.96	5.00	0.17		5.00	3.00	1.00	4.00	4.29
ARENAC/ BAY/ CLARE/ ISABELLA/ CLINTON/ EATON	30.75	1.025	0.67	0.022		3.99%									
BAY/ CLARE/ ISABELLA/ CLINTON/ EATON	42.42	1.414	0.83	0.028	4.13	9.33%	0.55	5.00	0.21		5.00	5.00	0.00	5.00	4.53
BAY/ CLARE/ ISABELLA/ CLINTON/ EATON	28.08	0.936	1.00	0.033		0.00%									
EATON	39.08	1.303	1.58	0.053	2.33	15.20%	0.35	3.00	0.12		3.00	3.00	0.00	3.00	2.60
EATON	24.17	0.806	0.50	0.017		29.13%									
GLADWIN	47.33	1.578	1.83	0.061	2.46	8.56%	0.93	4.00	0.12		4.00	3.00	0.00	3.00	3.28
GLADWIN	20.17	0.672	0.25	0.008		37.46%									
MIDLAND	20.17	0.672	0.25	0.008		37.46%									
GRATIOT	49.58	1.653	1.33	0.044	2.38	13.02%	1.20	4.00	0.12		4.00	3.00	1.00	4.00	3.47
GRATIOT	15.83	0.528	0.75	0.025		8.76%									
SHIAWASSEE	22.25	0.742	1.58	0.053		26.27%									
HURON/ LAPEER/ TUSCOLA	30.17	1.006	1.00	0.033	2.39	17.71%	1.26	4.00	0.12		4.00	3.00	1.00	4.00	3.53
HURON/ LAPEER/ TUSCOLA	104.50	3.483	3.08	0.103	5.03	8.59%	1.82	7.00	0.25		7.00	6.00	1.00	7.00	6.63
ST. CLAIR/ SANILAC	42.08	1.403	1.17	0.039		27.59%									
ST. CLAIR/ SANILAC															
TOTAL	728.75	24.292	26.083	0.869	27.622		7.499	38.000	1.381	2.00	40.00	34.00	4.00	38.00	

FY 2020 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION ~ COUNTY LEVEL MVT

Run date: 11/21/19	08/18-07/19 Average DHS Licensed Homes @ 30		08/18-07/19 Homes Licensed During Month @ 30		Total Calculated Licensing Worker	County Level MVT RATE	Additional Positions for Vacancy/ Training	Total Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FHL Wkr BSC Flex Allocation	FY 20 Final FHL Rounded Workers	FY 19 Final FHL Rounded Workers	Change from FY'19	FY 20 Supportable FHL Rounded Workers	Final Calculated FHL Wkrs adjusted as supportable
BSC 3										2.00	2.00	2.00	0.00	2.00	96.90%
BERRIEN	71.33	2.378	2.58	0.086	2.46	33.55%	0.83	3.00	0.12		3.00	3.00	0.00	3.00	3.19
CALHOUN	77.58	2.586	3.17	0.106	2.69	26.35%	0.71	4.00	0.13		4.00	4.00	0.00	4.00	3.30
KALAMAZOO	81.67	2.722	3.67	0.122	2.84	14.39%	0.41	3.00	0.14		3.00	3.00	0.00	3.00	3.15
KENT															
MUSKEGON	74.33	2.478	3.83	0.128	2.61	20.11%	0.52	3.00	0.13		3.00	4.00	-1.00	3.00	3.03
OTTAWA	77.67	2.589	5.00	0.167	2.76	19.72%	0.54	4.00	0.14		4.00	3.00	0.00	3.00	3.20
VAN BUREN	107.25	3.575	2.58	0.086	3.66	29.92%	1.10	5.00	0.18		5.00	3.00	2.00	5.00	4.61
ALLEGAN	37.83	1.261	2.92	0.097	2.26	19.14%	0.78	3.00	0.11		3.00	3.00	0.00	3.00	2.94
BARRY/ CASS/	26.08	0.869	0.92	0.031		15.19%									
ST. JOSEPH	27.00	0.900	1.17	0.039	2.34	11.42%	0.53	3.00	0.12		3.00	3.00	0.00	3.00	2.78
IONIA/	40.17	1.339	1.83	0.061		11.23%									
MONTCALM	16.42	0.547	1.25	0.042		47.19%									
LAKE/ NEWAYGO	30.33	1.011	1.83	0.061	1.66	23.87%	1.18	3.00	0.08		3.00	2.00	1.00	3.00	2.75
MASON/ OCEANA	0.00	0.000	0.08	0.003		14.39%									
MECOSTA/ OSCEOLA	54.75	1.825	0.67	0.022	1.85	4.14%	0.34	2.00	0.09		2.00	2.00	0.00	2.00	2.12
TOTAL	776.42	25.881	33.50	1.117	27.00		7.13	35.00	1.35	2.00	37.00	35.00	1.00	36.00	
BSC 4										1.00	1.00	1.00	0.00	1.00	
JACKSON	58.92	1.964	3.92	0.131	2.09	9.61%	0.20	3.00	0.10		3.00	3.00	-1.00	2.00	2.22
LIVINGSTON	48.92	1.631	3.33	0.111	1.74	15.96%	0.28	2.00	0.09		2.00	2.00	0.00	2.00	1.96
OAKLAND															
WASHTENAW	60.83	2.028	3.67	0.122	2.15	20.39%	0.44	3.00	0.11		3.00	3.00	0.00	3.00	2.51
BRANCH/ HILLSDALE	22.50	0.750	1.25	0.042		18.49%									
LENAWEE/ MONROE	35.67	1.189	1.08	0.036	2.02	50.02%	1.38	4.00	0.10		4.00	3.00	0.00	3.00	3.29
TOTAL	323.50	10.783	17.92	0.597	11.38		3.11	16.00	0.57	1.00	17.00	16.00	-1.00	15.00	
BSC 5										1.00	1.00	1.00	0.00	1.00	
GENESEE CSA	50.33	1.678	6.67	0.222	1.90	23.77%	0.45	3.00	0.10		3.00	2.00	0.00	2.00	2.28
KENT CSA	8.08	0.269	10.58	0.353	0.62	22.95%	0.14	1.00	0.03		1.00	1.00	0.00	1.00	0.74
MACOMB CSA	71.25	2.375	7.08	0.236	2.61	16.47%	0.43	3.00	0.13		3.00	3.00	0.00	3.00	2.95
OAKLAND CSA	73.42	2.447	11.50	0.383	2.83	13.97%	0.40	3.00	0.14		3.00	4.00	-1.00	3.00	3.13
WAYNE CSA	65.17	2.172	18.08	0.603	2.78	7.90%	0.22	3.00	0.14		3.00	3.00	0.00	3.00	2.90
TOTAL	268.25	8.947	53.92	1.797	10.74		1.64	13.00	0.54	1.00	14.00	14.00	-1.00	13.00	
CSA															
STATEWIDE	2458.33	81.944	146.75	4.892	89.30		22.03	120.00	4.46	7.00	127.00	120.00	0.00	120.00	

FY2020 CPS ALLOCATION ~ COUNTY LEVEL MVT

Run Date: 11/21/19	Ongoing		Assigned Investigations			FY 2020 Initial CPS Calculated Workers	COUNTY LEVEL MVT RATE	Additional Positions for MVT per County	Total Rounded CPS Worker County Allocation	Additional Positions for BSC Flex 5%	Total Rounded CPS Wkr BSC Flex Allocation	FY 20 Earned CPS Rounded Workers at 100%	FY'19 Final CPS Rounded Workers	Change from FY 19	FY 20 Supportable CPS Rounded Workers Allocated	Final Calculated CPS Wkrs adjusted as Supportable
	FACT SHEET		FACT SHEET													
	August 2018 - July 2019 Ongoing Caseload	@ 17	August 2018 - July 2019 FACT SHEET Assignmts. 1.511 @ 12													
STATE TOTAL	3906.0	229.77	8901.7	13450.4	1120.87	1350.63		333.12	1686.00	67.53	70.00	1756.00	1678.00	-29.00	1649.00	93.950%
BSC1											8.00	8.00	7.00	1.00	8.00	
ALCONA/	7.3	0.43	10.2	15.4	1.29	1.72	9.38%	0.16	2.00	0.09		2.00	3.00	-1.00	2.00	1.77
IOSCO	19.0	1.12	32.8	49.5	4.13	5.24	9.38%	0.49	6.00	0.26		6.00	6.00	-1.00	5.00	5.39
ALPENA/	21.6	1.27	33.8	51.0	4.25	5.53	0.00%	0.00	6.00	0.28		6.00	6.00	-1.00	5.00	5.19
MONTMORENCY	3.6	0.21	9.3	14.1	1.18	1.39	0.00%	0.00	1.00	0.07		1.00	2.00	-1.00	1.00	1.30
ALGER/	7.0	0.41	7.6	11.4	0.95	1.36	1.76%	0.02	1.00	0.07		1.00	2.00	-1.00	1.00	1.30
MARQUETTE/	29.4	1.73	64.1	96.9	8.07	9.80	17.01%	1.67	11.00	0.49		11.00	12.00	-1.00	11.00	10.78
SCHOOLCRAFT	10.4	0.61	8.8	13.3	1.11	1.72	40.17%	0.69	2.00	0.09		2.00	2.00	0.00	2.00	2.26
ANTRIM/	16.1	0.95	28.7	43.3	3.61	4.56	17.30%	0.79	5.00	0.23		5.00	6.00	-1.00	5.00	5.02
CHARLEVOIX/																
EMMET	41.3	2.43	62.3	94.2	7.85	10.28	26.79%	5.50	16.00	0.51		16.00	12.00	3.00	15.00	14.82
BARAGA/	3.1	0.18	6.8	10.2	0.85	1.04	10.99%	0.11	1.00	0.05		1.00	2.00	-1.00	1.00	1.08
HOUGHTON/	20.3	1.19	23.4	35.4	2.95	4.15	30.89%	2.56	7.00	0.21		7.00	5.00	1.00	6.00	6.30
KEWEENAW																
BENZIE/	18.1	1.07	13.9	21.0	1.75	2.82	26.60%	0.75	4.00	0.14		4.00	4.00	-1.00	3.00	3.35
MANISTEE	10.3	0.60	29.7	44.8	3.74	4.34	17.64%	0.77	5.00	0.22		5.00	5.00	0.00	5.00	4.79
CHEBOYGAN/	27.0	1.59	28.1	42.5	3.54	5.13	24.76%	1.27	6.00	0.26		6.00	7.00	-1.00	6.00	6.01
PRESQUE ISLE	6.4	0.38	12.7	19.1	1.59	1.97	0.00%	0.00	2.00	0.10		2.00	2.00	0.00	2.00	1.85
CHIPPEWA/	21.4	1.26	38.8	58.6	4.88	6.14	12.42%	0.76	7.00	0.31		7.00	8.00	-2.00	6.00	6.48
LUCE/	5.6	0.33	7.4	11.2	0.94	1.27	5.10%	0.06	1.00	0.06		1.00	2.00	-1.00	1.00	1.25
MACKINAC	5.4	0.32	8.4	12.8	1.06	1.38	20.49%	0.28	2.00	0.07		2.00	2.00	0.00	2.00	1.56
CRAWFORD/	9.1	0.54	21.3	32.2	2.69	3.22	5.77%	0.19	3.00	0.16		3.00	3.00	0.00	3.00	3.20
OSCODA/	5.0	0.29	10.1	15.3	1.27	1.57	16.51%	0.26	2.00	0.08		2.00	2.00	0.00	2.00	1.72
OTSEGO	8.6	0.50	36.0	54.4	4.53	5.04	1.01%	0.05	5.00	0.25		5.00	6.00	-1.00	5.00	4.78
DELTA/	14.3	0.84	40.2	60.8	5.06	5.90	13.60%	0.80	7.00	0.30		7.00	7.00	-1.00	6.00	6.30
DICKINSON/	10.5	0.62	26.1	39.5	3.29	3.91	6.86%	0.27	4.00	0.20		4.00	4.00	0.00	4.00	3.92
MENOMINEE	9.8	0.57	23.6	35.6	2.97	3.54	57.74%	2.04	6.00	0.18		6.00	4.00	1.00	5.00	5.25
GOGEBIC/	8.5	0.50	17.8	26.9	2.24	2.74	20.90%	0.57	3.00	0.14		3.00	3.00	0.00	3.00	3.11
IRON/	8.3	0.49	12.4	18.8	1.57	2.05	3.93%	0.08	2.00	0.10		2.00	3.00	-1.00	2.00	2.00
ONTONAGON	4.0	0.24	3.2	4.9	0.41	0.64	13.88%	0.09	1.00	0.03		1.00	1.00	0.00	1.00	0.69
GRAND TRAVERSE/	58.5	3.44	95.3	144.0	12.00	15.45	9.95%	3.07	19.00	0.77		19.00	18.00	-1.00	17.00	17.40
KALKASKA/	15.1	0.89	26.4	40.0	3.33	4.22	7.56%	0.32	5.00	0.21		5.00	5.00	-1.00	4.00	4.26
LEELANAU																
OGEMAW/	9.3	0.54	25.3	38.3	3.19	3.73	15.44%	0.58	4.00	0.19		4.00	5.00	-1.00	4.00	4.05
ROSCOMMON	15.1	0.89	37.1	56.1	4.67	5.56	2.16%	0.12	6.00	0.28		6.00	6.00	-1.00	5.00	5.34
MISSAUKEE/																
WEXFORD	64.0	3.76	77.1	116.5	9.71	13.47	17.71%	4.77	18.00	0.67		18.00	14.00	3.00	17.00	17.14
TOTAL	513.3	30.20	878.9	1328.0	110.67	140.86		29.10	170.00	7.04	8.00	178.00	176.00	-11.00	165.00	
BSC2											12.00	12.00	12.00	0.00	12.00	
GENESEE																
INGHAM	129.0	7.59	328.4	496.3	41.36	48.94	19.09%	9.34	58.00	2.45		58.00	52.00	3.00	55.00	54.76
SAGINAW	76.7	4.51	193.9	293.0	24.41	28.92	21.40%	6.19	35.00	1.45		35.00	32.00	1.00	33.00	32.99
ARENAC/	9.3	0.54	13.3	20.1	1.68	2.22	19.33%	0.43	3.00	0.11		3.00	3.00	-1.00	2.00	2.49
BAY	52.9	3.11	129.8	196.1	16.34	19.45	19.90%	3.87	23.00	0.97		23.00	22.00	0.00	22.00	21.91
CLARE/	21.4	1.26	49.4	74.7	6.23	7.48	20.92%	1.57	9.00	0.37		9.00	8.00	1.00	9.00	8.50
ISABELLA	23.0	1.35	68.7	103.8	8.65	10.00	29.65%	2.96	13.00	0.50		13.00	11.00	1.00	12.00	12.18
CLINTON/	13.9	0.82	47.8	72.2	6.02	6.83	22.90%	1.56	8.00	0.34		8.00	7.00	1.00	8.00	7.89
EATON	30.8	1.81	111.6	168.6	14.05	15.86	19.62%	3.11	19.00	0.79		19.00	19.00	-1.00	18.00	17.82
GLADWIN/	28.9	1.70	31.1	47.0	3.92	5.62	22.88%	1.28	7.00	0.28		7.00	6.00	0.00	6.00	6.48
MIDLAND	39.1	2.30	71.7	108.3	9.02	11.32	16.89%	1.91	13.00	0.57		13.00	13.00	-1.00	12.00	12.44
GRATIOT/	31.3	1.84	50.7	76.6	6.38	8.22	19.41%	1.60	10.00	0.41		10.00	7.00	2.00	9.00	9.22
SHIAWASSEE	58.4	3.44	68.2	103.1	8.59	12.03	8.35%	1.00	13.00	0.60		13.00	14.00	-2.00	12.00	12.24
HURON/	23.3	1.37	31.7	47.8	3.99	5.36	14.40%	0.77	6.00	0.27		6.00	6.00	0.00	6.00	5.76
LAPEER/	36.6	2.15	63.9	96.5	8.04	10.20	6.68%	0.68	11.00	0.51		11.00	11.00	-1.00	10.00	10.22
TUSCOLA	25.3	1.49	60.6	91.5	7.62	9.11	9.29%	0.85	10.00	0.46		10.00	11.00	-2.00	9.00	9.35
ST. CLAIR/	83.8	4.93	153.0	231.2	19.27	24.19	24.49%	5.93	30.00	1.21		30.00	26.00	2.00	28.00	28.29
SANILAC	28.9	1.70	48.8	73.7	6.14	7.84	36.19%	2.84	11.00	0.39		11.00	9.00	1.00	10.00	10.03
TOTAL	712.3	41.90	1522.4	2300.4	191.70	233.60		45.90	279.00	11.68	12.00	291.00	269.00	4.00	273.00	

FY2020 CPS ALLOCATION ~ COUNTY LEVEL MVT

Run Date: 11/21/19	Ongoing		Assigned Investigations			FY 2020 Initial CPS Calculated Workers	COUNTY LEVEL MVT RATE	Additional Positions for MLOA/ Vac/Train	Total Rounded CPS Worker County Allocation	Additional Positions for BSC Flex 5%	Total Rounded CPS Wkr BSC Flex Allocation	FY 20 Earned CPS Rounded Workers at 100%	FY19 Final CPS Rounded Workers	Change from FY'19	FY 20 Supportable CPS Rounded Workers	Final Calculated CPS Wkrs adjusted as Supportable
	FACT SHEET		FACT SHEET													
	August 2018 - July 2019	August 2018 - July 2019	August 2018 - July 2019													
Ongoing Caseload	@ 17	FACT SHEET Assignmts.	@ 0	@ 12												
BSC 3											16.00	16.00	16.00	0.00	16.00	93.980%
BERRIEN	78.6	4.63	160.4	242.4	20.20	24.83	44.39%	11.02	36.00	1.24	36.00	30.00	4.00	34.00	33.68	
CALHOUN	89.1	5.24	178.2	269.3	22.44	27.68	22.24%	6.16	34.00	1.38	34.00	34.00	-2.00	32.00	31.79	
KALAMAZOO	209.5	12.32	332.1	501.8	41.82	54.14	35.10%	19.01	73.00	2.71	73.00	62.00	7.00	69.00	68.72	
KENT																
MUSKEGON	184.4	10.85	249.6	377.1	31.42	42.27	17.40%	7.36	50.00	2.11	50.00	49.00	-2.00	47.00	46.62	
OTTAWA	98.4	5.79	192.2	290.4	24.20	29.99	27.30%	8.19	38.00	1.50	38.00	32.00	4.00	36.00	35.87	
VAN BUREN	42.5	2.50	85.6	129.3	10.77	13.27	24.12%	3.20	16.00	0.66	16.00	18.00	-3.00	15.00	15.48	
ALLEGAN/ BARRY	80.4	4.73	135.3	204.5	17.04	21.77	26.80%	5.83	28.00	1.09	28.00	26.00	0.00	26.00	25.93	
CASS/ ST. JOSEPH	28.6	1.68	63.0	95.2	7.93	9.62	19.91%	1.91	12.00	0.48	12.00	12.00	-1.00	11.00	10.83	
IONIA/ MONTCALM	14.5	0.85	55.4	83.8	6.98	7.83	28.51%	2.23	10.00	0.39	10.00	9.00	0.00	9.00	9.46	
LAKE/ NEWAYGO	47.8	2.81	79.2	119.7	9.98	12.78	16.83%	2.15	15.00	0.64	15.00	15.00	-1.00	14.00	14.03	
MASON/ OCEANA	42.0	2.47	88.7	134.0	11.16	13.64	14.69%	2.00	16.00	0.68	16.00	14.00	1.00	15.00	14.69	
MUSKEGON	49.8	2.93	103.2	156.0	13.00	15.92	22.74%	3.62	20.00	0.80	20.00	17.00	1.00	18.00	18.36	
MUSKEGON	7.3	0.43	20.6	31.1	2.59	3.01	35.10%	1.06	4.00	0.15	4.00	3.00	1.00	4.00	3.83	
MUSKEGON	59.9	3.52	64.1	96.9	8.07	11.59	9.33%	1.08	13.00	0.58	13.00	14.00	-2.00	12.00	11.91	
MUSKEGON	38.6	2.27	37.8	57.1	4.76	7.02	15.58%	1.09	8.00	0.35	8.00	8.00	0.00	8.00	7.63	
MUSKEGON	23.3	1.37	34.1	51.5	4.30	5.66	30.86%	1.75	7.00	0.28	7.00	8.00	-1.00	7.00	6.96	
MUSKEGON	66.8	3.93	91.1	137.7	11.47	15.40	18.79%	2.89	18.00	0.77	18.00	18.00	-1.00	17.00	17.19	
OSCEOLA							0.00									
TOTAL	1161.2	68.30	1970.7	2977.7	248.14	316.44		80.56	398.00	15.82	16.00	414.00	385.00	5.00	390.00	
BSC 4											7.00	7.00	7.00	0.00	7.00	
JACKSON	90.4	5.32	242.7	366.7	30.56	35.88	27.27%	9.78	46.00	1.79	46.00	42.00	1.00	43.00	42.90	
LIVINGSTON	31.6	1.86	94.9	143.4	11.95	13.81	13.09%	1.81	16.00	0.69	16.00	17.00	-2.00	15.00	14.67	
MACOMB																
OAKLAND																
WASHTENAW	29.5	1.74	188.8	285.2	23.77	25.51	19.59%	5.00	31.00	1.28	31.00	28.00	1.00	29.00	28.66	
WAYNE																
BRANCH/ HILLSDALE	28.3	1.66	59.7	90.2	7.51	9.17	30.67%	2.81	12.00	0.46	12.00	11.00	0.00	11.00	11.26	
LENAWEE/ MONROE	34.7	2.04	59.7	90.2	7.51	9.55	39.68%	3.79	13.00	0.48	13.00	11.00	2.00	13.00	12.54	
MONROE	51.1	3.01	100.6	151.9	12.66	15.67	20.54%	3.22	19.00	0.78	19.00	18.00	0.00	18.00	17.74	
OSCEOLA	39.9	2.35	124.7	188.4	15.70	18.04	14.02%	2.53	21.00	0.90	21.00	20.00	-1.00	19.00	19.33	
TOTAL	305.5	17.97	870.9	1315.9	109.66	127.63		28.94	158.00	6.38	7.00	165.00	154.00	1.00	155.00	
BSC 5											27.00	26.00	1.00	27.00		
GENESEE CSA	171.9	10.11	487.1	736.0	61.34	71.45	31.39%	22.43	94.00	3.57	94.00	92.00	-4.00	88.00	88.20	
KENT CSA	208.5	12.26	587.6	887.8	73.98	86.25	30.79%	26.56	113.00	4.31	113.00	111.00	-5.00	106.00	105.98	
MACOMB CSA	117.8	6.93	480.9	726.6	60.55	67.48	19.14%	12.92	80.00	3.37	80.00	87.00	-11.00	76.00	75.53	
OAKLAND CSA	197.9	11.64	574.2	867.6	72.30	83.94	31.12%	26.12	110.00	4.20	110.00	102.00	1.00	103.00	103.41	
WAYNE CSA	517.8	30.46	1529.0	2310.3	192.53	222.98	27.17%	60.59	284.00	11.15	284.00	276.00	-10.00	266.00	266.42	
TOTAL	1213.8	71.40	3658.8	5528.4	460.70	532.10		148.62	681.00	26.60	27.00	708.00	694.00	-28.00	666.00	
CSA																
STATE TOTAL	3906.0	229.77	8901.7	13450.4	1120.87	1350.63		333.12	1686.00	67.53	70.00	1756.00	1678.00	-29.00	1649.00	

FY2020 STAFFING ALLOCATION

Section V:

Other Workers

FY2020 OTHER WORKER ALLOCATION

The following is a list of positions that are assigned by the Economic Stability Administration (ESA). Prior approval from Field Staffing Allocations Unit is required to establish any new positions in these categories:

57.0 Community Resource Coordinators assigned as follows: 1.0 position for each single county (non-dual) with the exception of Genesee receiving 2.0 (1.0 for Child Welfare and 1.0 for Cash) and Wayne receiving 12.0 (1.0 for Child Welfare and 11.0 for Cash), and one position total for dual and tri counties

12.0 Indian Outreach Workers (IOW)

170.5 Donated Funds Agreement Positions (supported by agreements with private or public funding sources, whereby the outside source pays the agency for the general fund portion of the position costs). The information in this section includes contracts that were finalized as of November 15, 2019 and is subject to change as contracts are approved and/or terminated throughout the fiscal year.

239.5 Total Positions

Note: CPCP are not shown in the Field Staffing Allocation for FY2020 but may be available to those counties receiving adequate CPCP funding with ESA and CSA approval.

FY2020 OTHER WORKER ALLOCATION

Run Date: 11.21.19	CRC	Indian Outreach Workers	DFA's & Homemakers	FY2020 Other Workers
STATE TOTAL	57.00	12.00	170.50	239.50
BSC 1				0.00
ALCONA/	0.0			0.00
IOSCO	1.0			1.00
ALPENA/	1.0			1.00
MONTMORENCY	0.0			0.00
ALGER/	0.0			0.00
MARQUETTE/	1.0	1.00		2.00
SCHOOLCRAFT	0.0			0.00
ANTRIM/	0.0		1.00	1.00
CHARLEVOIX/	0.0			0.00
EMMET	1.0	1.00		2.00
BARAGA/	0.0	1.00		1.00
HOUGHTON/	1.0			1.00
KEWEENAW	0.0			0.00
BENZIE/	0.0			0.00
MANISTEE	1.0			1.00
CHEBOYGAN/	1.0		1.00	2.00
PRESQUE ISLE	0.0			0.00
CHIPPEWA/	1.0	1.00	1.00	3.00
LUCE/	0.0	1.00		1.00
MACKINAC	0.0	1.00		1.00
CRAWFORD/	0.0			0.00
OSCODA/	0.0			0.00
OTSEGO	1.0		1.00	2.00
DELTA/	0.0			0.00
DICKINSON/	0.0		1.00	1.00
MENOMINEE	1.0	1.00		2.00
GOGEBIC/	0.0	1.00		1.00
IRON/	0.0			0.00
ONTONAGON	1.0			1.00
GR. TRAVERSE/	1.0		3.00	4.00
KALKASKA/	0.0			0.00
LEELANAU	0.0			0.00
OGEMAW/	1.0		1.00	2.00
ROSCOMMON	0.0			0.00
MISSAUKEE/	0.0			0.00
WEXFORD	1.0			1.00
TOTAL	14.00	8.00	9.00	31.00
BSC 2				0.00
GENESEE	1.00		9.00	10.00
INGHAM	1.00		7.00	8.00
INGHAM CSA	0.00			0.00
SAGINAW	1.00		5.00	6.00
ARENAC/	0.00			0.00
BAY	1.00		3.00	4.00
CLARE/	0.00			0.00
ISABELLA	1.00	1.00	3.00	5.00
CLINTON/	0.00			0.00
EATON	1.00		1.00	2.00
GLADWIN/	0.00			0.00
MIDLAND	1.00		2.00	3.00
GRATIOT/	1.00		1.00	2.00
SHIAWASSEE	0.00		1.00	1.00
HURON/	0.00			0.00
LAPEER/	0.00		1.00	1.00
TUSCOLA	1.00			1.00
ST. CLAIR/	1.00		4.00	5.00
SANILAC	0.00		1.00	1.00
	0.00			0.00
TOTAL	10.00	1.00	38.00	49.00

FY2020 OTHER WORKER ALLOCATION

Run Date: 11.21.19	CRC	Indian Outreach Workers	DFA's & Homemakers	FY2020 Other Workers
BSC 3				0.00
BERRIEN	1.0		5.00	6.00
CALHOUN	1.0		4.00	5.00
KALAMAZOO	1.0		3.00	4.00
KENT	1.0		16.00	17.00
MUSKEGON	1.0		7.00	8.00
OTTAWA	1.0		3.00	4.00
VAN BUREN	1.0	1.00	3.00	5.00
ALLEGAN/ BARRY	1.0 0.0		1.00	2.00 0.00
CASS/ ST. JOSEPH	0.0 1.0		2.00	0.00 3.00
IONIA/ MONTCALM	0.0 1.0		1.00	1.00 1.00
LAKE/ NEWAYGO	0.0 1.0		1.00	0.00 2.00
MASON/ OCEANA	1.0 0.0		1.00	2.00 0.00
MECOSTA/ OSCEOLA	1.0 0.0			1.00 0.00
TOTAL	13.00	1.00	47.00	61.00
BSC 4	0.00			
JACKSON	1.00		7.50	8.50
LIVINGSTON	1.00		3.00	4.00
MACOMB	1.00		4.00	5.00
OAKLAND	1.00		15.00	16.00
WASHTENAW	1.00		9.00	10.00
WAYNE	11.00		33.00	44.00
BRANCH/ HILLSDALE	0.00 1.00		2.00	0.00 3.00
LENAWEE/ MONROE	1.00 0.00		3.00	1.00 3.00
TOTAL	18.00	0.00	76.50	94.50
BSC 5	0.00			0.00
GENESEE CSA	1.00			1.00
KENT CSA	0.00	1.00		1.00
MACOMB CSA	0.00			0.00
OAKLAND CSA	0.00			0.00
WAYNE CSA	1.00	1.00		2.00
TOTAL	2.00	2.00	0.00	4.00
STATEWIDE	57.00	12.00	170.50	239.50

FY2020 STAFFING ALLOCATION

Section VI: Administrative Support Workers

Allocation Summary:

922.0 Administrative Support Workers

111.0 Workers *off-the-top*:

5.0 Wayne County Child Care Fund Accounting Staff

1.0 CSA/Direct Care Credit Check

1.0 Wayne County (Cash) Director's Secretary

7.0 Child Welfare Directors' Secretaries

7.0 BSC's/Placement Unit

22.0 ASC's

56.0 Central Operations

1.0 HR Liaison Unit

4.0 Non-Career Student Assistants – OHR CCHP

2.0 Centralized Intake

5.0 Redaction and Expungement Team

1,033.00 Total Administrative Support Workers

FY2020 ADMINISTRATIVE SUPPORT WORKER ALLOCATION

General Overview:

In FY2020, a total of 1,033.0 Administrative Support worker positions are allocated which is a decrease of 7 from the FY2019 staffing level. Of the total Administrative Support Worker positions, 922.0 are allocated by formula and 111.0 are *assigned off-the-top* for specific purposes as detailed below:

- 6.0 Business Service Centers
- 1.0 Placement Unit
- 5.0 Redaction and Expungement Team (Dept. Techs)
- 22.0 Accounting Service Centers
- 5.0 Wayne County Child Care Fund Accounting Staff
- 1.0 Wayne County Director's Secretary (Cash)
- 7.0 Child Welfare Directors' Secretaries (includes Cent. Intake)
- 1.0 CSA/Direct Care Credit Check
- 1.0 HR Liaison Unit
- 4.0 Non-Career Student Assistant – OHR CCHP
- 56.0 Central Operations
- 2.0 Centralized Intake

Formula:

The minimum number of Administrative Support workers per county remains at 3.0 (except for Keweenaw which receives 1.0). Each county and district office is given credit for a full-time Cash Assistance Director, and where applicable, a Children's Services Administration (CSA) Director and a district manager (dual counties operating out of a single site are given credit for one full time director). Administrative support credit is given for Community Resource Coordinators in the county where allocated as well as for Adult Services Workers.

The staffing categories and corresponding ratios are as follows:

<u>Staffing Category Supported</u>	<u>Ratio Supported At</u>
Total FIS/ES Workers	4.82 to 1
1st Line Supervisors	40.73 to 1
Total Services Workers	10.34 to 1
Community Resource Coordinators	12.65 to 1
Managers/Directors	1.87 to 1
2nd Line/Program Technical & Other	12.48 to 1

The "2nd Line/PT & Other" column includes the allocation of 2nd line supervisors, program technical staff, Indian Outreach and Donated Funds (except in counties where administrative support expenses were not included in the contract).

Field positions assigned to ESA/Central Operations or Children's Service Administration (CSA) do not earn Administrative Support unless noted above.

For FY2020, all Administrative Support Worker positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

FY2020 ADMINISTRATIVE SUPPORT ALLOCATION

Run Date: 11.21.19									Off-the-top Positions				FY2020 Total Admin Support Allocation	Change from FY2019	
	1st Line Supervisors @ 40.73	JJ, Adult and ES/FIS @ 4.82	2nd Line/PT & Other @ 10.34	Manager/ Director @ 1.87	CRC @ 12.65	Calculated Admin Support Total Workers	Admin Support Workers at 80.42%	Rounded Admin Support Workers	CW & Wayne Secretaries & Wayne Pym't Unit	BSC's	ASC's	Central Ops			
STATEWIDE	22.76	679.25	319.73	24.08	57.75	6.72	1110.29	892.90	922.00	13.00	11.00	22.00	56.00	1024.00	-6.00
BSC 1										0.00	1.00	0.00	0.00	1.00	-2.00
ALCONA/	0.00	0.21	0.29	0.00	0.53	0.00	1.03	0.83	3.00	0.00	0.00	0.00	0.00	3.00	0.00
IOSCO	0.15	2.49	1.45	0.08	0.53	0.08	4.78	3.85	4.00	0.00	0.00	0.00	0.00	4.00	0.00
ALPENA/	0.12	2.28	1.35	0.08	0.53	0.08	4.45	3.58	4.00	0.00	0.00	0.00	0.00	4.00	0.00
MONTMORENCY	0.00	0.83	0.29	0.00	0.53	0.00	1.65	1.33	3.00	0.00	0.00	0.00	0.00	3.00	0.00
ALGER/	0.00	0.62	0.10	0.00	0.53	0.00	1.25	1.01	3.00	0.00	0.00	0.00	0.00	3.00	0.00
MARQUETTE/	0.22	3.73	1.93	0.16	0.53	0.08	6.66	5.36	5.00	0.00	0.00	0.00	0.00	5.00	0.00
SCHOOLCRAFT	0.00	0.83	0.29	0.00	0.53	0.00	1.65	1.33	3.00	0.00	0.00	0.00	0.00	3.00	0.00
ANTRIM/	0.00	1.45	0.68	0.08	0.53	0.00	2.74	2.21	3.00	0.00	0.00	0.00	0.00	3.00	0.00
CHARLEVOIX/															
EMMET	0.20	2.70	2.80	0.16	0.53	0.08	6.47	5.20	5.00	0.00	0.00	0.00	0.00	5.00	0.00
BARAGA/	0.00	0.62	0.29	0.08	0.53	0.00	1.53	1.23	3.00	0.00	0.00	0.00	0.00	3.00	0.00
HOUGHTON/	0.12	1.87	0.87	0.08	0.53	0.08	3.55	2.86	3.00	0.00	0.00	0.00	0.00	3.00	0.00
KEWEENAW	0.00	0.21	0.00	0.00	0.53	0.00	0.74	0.60	1.00	0.00	0.00	0.00	0.00	1.00	0.00
BENZIE/	0.00	1.04	0.48	0.00	0.53	0.00	2.06	1.65	3.00	0.00	0.00	0.00	0.00	3.00	0.00
MANISTEE	0.10	1.66	1.26	0.08	0.53	0.08	3.71	2.98	3.00	0.00	0.00	0.00	0.00	3.00	0.00
CHEBOYGAN/	0.15	2.07	1.55	0.16	0.53	0.08	4.54	3.65	4.00	0.00	0.00	0.00	0.00	4.00	0.00
PRESQUE ISLE	0.00	0.83	0.29	0.00	0.53	0.00	1.65	1.33	3.00	0.00	0.00	0.00	0.00	3.00	0.00
CHIPPEWA/	0.15	2.07	1.35	0.24	0.53	0.08	4.43	3.56	4.00	0.00	0.00	0.00	0.00	4.00	0.00
LUCE/	0.00	0.62	0.19	0.08	0.53	0.00	1.43	1.15	3.00	0.00	0.00	0.00	0.00	3.00	0.00
MACKINAC	0.00	0.62	0.29	0.08	0.53	0.00	1.53	1.23	3.00	0.00	0.00	0.00	0.00	3.00	0.00
CRAWFORD/	0.00	1.24	0.97	0.00	0.53	0.00	2.75	2.21	3.00	0.00	0.00	0.00	0.00	3.00	0.00
OSCODA/	0.02	0.83	0.29	0.00	0.53	0.00	1.68	1.35	3.00	0.00	0.00	0.00	0.00	3.00	0.00
OTSEGO	0.17	2.07	1.45	0.16	0.53	0.08	4.47	3.60	4.00	0.00	0.00	0.00	0.00	4.00	0.00
DELTA/	0.20	2.49	1.16	0.08	0.53	0.00	4.46	3.59	4.00	0.00	0.00	0.00	0.00	4.00	0.00
DICKINSON/	0.00	1.66	0.77	0.08	0.53	0.00	3.05	2.45	3.00	0.00	0.00	0.00	0.00	3.00	0.00
MENOMINEE	0.00	1.45	0.77	0.08	0.53	0.08	2.92	2.35	3.00	0.00	0.00	0.00	0.00	3.00	0.00
GOGEBIC/	0.12	1.66	0.87	0.16	0.53	0.00	3.35	2.69	3.00	0.00	0.00	0.00	0.00	3.00	0.00
IRON/	0.00	1.04	0.48	0.00	0.53	0.00	2.06	1.65	3.00	0.00	0.00	0.00	0.00	3.00	0.00
ONTONAGON	0.00	0.62	0.19	0.00	0.53	0.08	1.43	1.15	3.00	0.00	0.00	0.00	0.00	3.00	0.00
GR. TRAVERSE/	0.25	4.98	3.58	0.32	0.53	0.08	9.74	7.83	8.00	0.00	0.00	0.00	0.00	8.00	0.00
KALKASKA/	0.02	1.45	0.58	0.00	0.53	0.00	2.59	2.08	3.00	0.00	0.00	0.00	0.00	3.00	0.00
LEELANAU															
OGE MAW/	0.15	2.07	1.74	0.16	0.53	0.08	4.74	3.81	4.00	0.00	0.00	0.00	0.00	4.00	0.00
ROSCOMMON	0.00	2.07	0.68	0.00	0.53	0.00	3.29	2.64	3.00	0.00	0.00	0.00	0.00	3.00	0.00
MISSAUKEE/															
WEXFORD	0.20	3.94	3.00	0.08	0.53	0.08	7.83	6.30	6.00	0.00	0.00	0.00	0.00	6.00	0.00
TOTAL	2.33	54.36	32.30	2.48	17.65	1.11	110.23	88.65	116.00	0.00	1.00	0.00	0.00	117.00	-2.00
BSC 2										0.00	1.00	0.00	0.00	1.00	-4.00
GENESEE	0.54	43.57	2.22	0.96	1.60	0.08	48.98	39.39	39.00	0.00	0.00	0.00	0.00	39.00	-2.00
INGHAM	0.29	20.12	1.74	0.72	0.53	0.08	23.49	18.89	19.00	0.00	0.00	0.00	0.00	19.00	0.00
INGHAM CSA	0.49	0.00	9.57	0.16	0.53	0.00	10.76	8.65	9.00	1.00	0.00	0.00	0.00	10.00	1.00
SAGINAW	0.49	17.22	6.19	0.56	0.53	0.16	25.15	20.23	20.00	0.00	0.00	0.00	0.00	20.00	-1.00
ARENAC/	0.00	1.24	0.58	0.00	0.53	0.00	2.36	1.90	3.00	0.00	0.00	0.00	0.00	3.00	0.00
BAY	0.39	7.68	4.74	0.40	0.53	0.16	13.90	11.18	11.00	0.00	0.00	0.00	0.00	11.00	0.00
CLARE/	0.00	3.11	1.26	0.00	0.53	0.00	4.90	3.94	4.00	0.00	0.00	0.00	0.00	4.00	0.00
ISABELLA	0.32	3.53	3.00	0.48	0.53	0.08	7.94	6.38	6.00	0.00	0.00	0.00	0.00	6.00	0.00
CLINTON/	0.00	2.70	1.16	0.00	0.53	0.00	4.39	3.53	4.00	0.00	0.00	0.00	0.00	4.00	0.00
EATON	0.29	5.19	3.48	0.24	0.53	0.16	9.90	7.96	8.00	0.00	0.00	0.00	0.00	8.00	0.00
GLADWIN/	0.00	2.28	0.97	0.00	0.53	0.00	3.78	3.04	3.00	0.00	0.00	0.00	0.00	3.00	0.00
MIDLAND	0.27	4.15	3.58	0.24	0.53	0.08	8.85	7.12	7.00	0.00	0.00	0.00	0.00	7.00	0.00
GRATIOT/	0.00	2.49	1.26	0.08	0.53	0.08	4.44	3.57	4.00	0.00	0.00	0.00	0.00	4.00	1.00
SHIAWASSEE	0.27	4.15	2.80	0.16	0.53	0.00	7.92	6.37	6.00	0.00	0.00	0.00	0.00	6.00	-1.00
HURON/	0.00	2.28	1.06	0.00	0.53	0.00	3.88	3.12	3.00	0.00	0.00	0.00	0.00	3.00	0.00
LAPEER/	0.00	4.15	1.55	0.08	0.53	0.00	6.31	5.08	5.00	0.00	0.00	0.00	0.00	5.00	0.00
TUSCOLA	0.34	3.73	2.51	0.16	0.53	0.08	7.37	5.92	6.00	0.00	0.00	0.00	0.00	6.00	0.00
ST. CLAIR/	0.54	10.79	6.58	0.56	0.53	0.16	19.16	15.41	15.00	0.00	0.00	0.00	0.00	15.00	0.00
SANILAC	0.00	2.90	1.64	0.08	0.53	0.00	5.16	4.15	4.00	0.00	0.00	0.00	0.00	4.00	0.00
TOTAL	4.25	141.29	55.90	4.89	11.23	1.11	218.66	175.84	176.00	1.00	1.00	0.00	0.00	178.00	-6.00

FY2020 ADMINISTRATIVE SUPPORT ALLOCATION

Run Date: 11.21.19	1st Line Supervisors @ 40.73	JJ, Adult and Childrens Services ES/FIS @ 4.82 @ 10.34	2nd Line/PT & Other @ 12.48	Manager/ Director @ 1.87	CRC @ 12.65	Calculated Admin Support Total Workers	Admin Support Workers at 80.42%	Rounded Admin Support Workers	Off-the-top				FY2020 Total Admin Support Allocation	Change from FY2019	
									CW & Wayne Secretaries & Wayne Pym't Unit	BSC's	ASC's	Central Ops			
BSC 3										0.00	1.00	0.00	0.00	1.00	-4.00
BERRIEN	0.47	11.41	7.35	0.56	0.53	0.16	20.48	16.47	16.00	0.00	0.00	0.00	0.00	16.00	0.00
CALHOUN	0.49	11.62	7.25	0.48	0.53	0.16	20.54	16.52	17.00	0.00	0.00	0.00	0.00	17.00	1.00
KALAMAZOO	0.79	17.63	12.38	0.56	0.53	0.24	32.13	25.84	26.00	0.00	0.00	0.00	0.00	26.00	1.00
KENT	0.52	38.17	1.93	1.52	0.53	0.08	42.76	34.39	34.00	0.00	0.00	0.00	0.00	34.00	-1.00
MUSKEGON	0.66	18.05	9.28	0.80	0.53	0.16	29.49	23.72	24.00	0.00	0.00	0.00	0.00	24.00	1.00
OTTAWA	0.37	8.51	5.90	0.40	0.53	0.16	15.87	12.76	13.00	0.00	0.00	0.00	0.00	13.00	1.00
VAN BUREN	0.27	5.39	4.55	0.40	0.53	0.16	11.30	9.09	9.00	0.00	0.00	0.00	0.00	9.00	0.00
ALLEGAN/ BARRY	0.44	5.39	5.13	0.24	0.53	0.08	11.82	9.50	10.00	0.00	0.00	0.00	0.00	10.00	1.00
CASS/ ST. JOSEPH	0.00	2.49	1.45	0.00	0.53	0.00	4.48	3.60	4.00	0.00	0.00	0.00	0.00	4.00	0.00
IONIA/ MONTCALM	0.00	3.11	2.51	0.00	0.53	0.08	6.24	5.02	5.00	0.00	0.00	0.00	0.00	5.00	0.00
LAKE/ NEWAYGO	0.34	4.15	3.19	0.32	0.53	0.08	8.62	6.93	7.00	0.00	0.00	0.00	0.00	7.00	0.00
MASON/ OCEANA	0.37	3.32	2.51	0.24	0.53	0.00	6.98	5.61	6.00	0.00	0.00	0.00	0.00	6.00	1.00
MECOSTA/ OSCEOLA	0.00	4.15	3.58	0.00	0.53	0.08	8.34	6.71	7.00	0.00	0.00	0.00	0.00	7.00	1.00
TOTAL	5.30	146.68	75.73	5.93	9.63	1.66	244.92	196.97	200.00	0.00	1.00	0.00	0.00	201.00	2.00
BSC 4										0.00	1.00	0.00	0.00	1.00	-3.00
JACKSON	0.54	11.62	8.03	0.84	0.53	0.16	21.72	17.47	17.00	0.00	0.00	0.00	0.00	17.00	0.00
LIVINGSTON	0.22	5.19	3.09	0.32	0.53	0.08	9.44	7.59	8.00	0.00	0.00	0.00	0.00	8.00	1.00
MACOMB	0.64	48.34	4.55	0.64	2.14	0.08	56.38	45.34	45.00	0.00	0.00	0.00	0.00	45.00	0.00
OAKLAND	0.69	48.55	5.80	1.52	2.14	0.08	58.78	47.27	47.00	0.00	0.00	0.00	0.00	47.00	-1.00
WASHTENAW	0.42	14.32	5.32	0.88	0.53	0.16	21.63	17.39	17.00	0.00	0.00	0.00	0.00	17.00	-1.00
WAYNE	2.46	190.46	14.22	3.29	6.95	0.87	218.23	175.50	176.00	1.00	0.00	0.00	0.00	177.00	0.00
BRANCH/ HILLSDALE	0.00	2.70	1.93	0.00	0.53	0.00	5.17	4.15	4.00	0.00	0.00	0.00	0.00	4.00	0.00
LENAWEE/ MONROE	0.32	2.90	3.38	0.32	0.53	0.08	7.54	6.07	6.00	0.00	0.00	0.00	0.00	6.00	1.00
TOTAL	5.75	336.93	53.58	8.29	14.97	1.58	421.10	338.65	338.00	1.00	1.00	0.00	0.00	340.00	-3.00
BSC 5										0.00	3.00	0.00	0.00	3.00	-5.00
GENESEE CSA	0.69		14.02	0.32	0.53	0.24	15.80	12.71	13.00	1.00	0.00	0.00	0.00	14.00	0.00
KENT CSA	0.69		13.64	0.40	0.53	0.08	15.34	12.34	12.00	1.00	0.00	0.00	0.00	13.00	-1.00
MACOMB CSA	0.64		12.19	0.32	0.53	0.16	13.84	11.13	11.00	1.00	0.00	0.00	0.00	12.00	-1.00
OAKLAND CSA	0.79		16.05	0.40	0.53	0.16	17.93	14.42	14.00	1.00	0.00	0.00	0.00	15.00	-1.00
WAYNE CSA	2.33		46.32	1.04	2.14	0.63	52.47	42.20	42.00	6.00	0.00	0.00	0.00	48.00	-1.00
TOTAL	5.13	0.00	102.22	2.48	4.28	1.26	115.38	92.79	92.00	10.00	3.00	0.00	0.00	105.00	-9.00
ESA/CSA/ASC#6									0.00	1.00	4.00	22.00	56.00	83.00	12.00
STATEWIDE	22.76	679.25	319.73	24.08	57.75	6.72	1110.29	892.90	922.00	13.00	11.00	22.00	56.00	1024.00	-6.00

FY2020 STAFFING ALLOCATION

Section VII: First-Line Supervisors

Allocation Summary:

930.00 **First-Line Supervisors**

53.00 **Off-the-Top positions:**

7.0 Central Operations

3.0 Recoupment Supervisors

2.0 Accounting Service Centers

1.0 BSC's

1.0 Regional Placement Unit

28.0 Centralized Intake

9.0 MIC

2.0 Placement Collaboration Unit

983.00 **Total First-Line Supervisors**

FY2020 FIRST-LINE SUPERVISOR ALLOCATION

General Overview:

For FY2020, a total of 983.0 first-line supervisors was allocated which is a change of 0 from FY2019 staffing levels. The calculation of Child Welfare First-Line Supervisors takes place prior to placing the Child Welfare Flex Positions in the BSC allocation. The supervisors are calculated as if all of the Individual MVT Rate positions are in the county where they are earned.

Of the 983.0 first-line supervisor positions, 930.0 are allocated by formula and 53.0 are allocated for specific purposes described below:

- 7.0 Central Operations
- 3.0 Supervisory positions for Recoupment
- 2.0 Accounting Service Centers (Fiscal Supervision)
- 1.0 BSC's
- 1.0 Regional Placement Unit (1 DM14)
- 2.0 Placement Collaboration Unit (SPM14)
- 28.0 Centralized Intake
- 9.0 MIC

Migrant supervisory allocation is located on pages 58-64.

Formula:

First-line supervisors are calculated by applying the appropriate supervisory ratio to the number of workers allocated. For FY2020, first-line supervisor ratios are as follows:

Juvenile Justice Workers and all CPS, Foster Care and Foster Home Licensing and Recruitment Workers 5:1

All Non-Case Load Carrying Child Welfare workers (CWFS, MYOI, Ed Planner, MiTEAM, Court Liaison) 10:1

FIS/ES 12:1 (except for PATH Coordinators and all positions with Central Office supervision)

Adult Services 12:1 (First-line supervisors calculated based on formula then placed by the BSC Directors)

Administrative Support (except FOA positions) 12:1

“Other” Workers 12:1 (except CRC's, HLO and Donated Funds positions where supervisory expenses were not included in the contracts)

The formula for first-line supervisors ensures that counties who receive off-the-top supervisors do not get double credit for the workers related to the off-the-top supervisors (Recoupment).

Rounding:

For FY2020, all single counties and all dual/tri-counties combined are rounded using the following formulas:

- Child Welfare Supervisors – all fractional positions round up to the next whole number.
- Non-Child Welfare Supervisors - calculated amounts less than .5 round down and .5 or greater rounds up to the next whole number.

FY2020 FIRST-LINE SUPERVISOR ALLOCATION

Run Date: 11.21.19	Adjusted Other Wkrs.	Admin. Support Wkrs.	Supervisor Ratio 12:1	FIS and ES Wkrs.	FIS/ES Supervisor Ratio 12:1	Total Non-CSA Supes @100%	Total Non-CSA Supes @94.0%	Rounded 1st-Line Non-CSA Supervisors	Child Welfare Worker Rounded Supes	Child Welfare Admin Supp Supes	Off-The-Top Positions					FY2020 Total 1st-Line Supervisor Allocation	Change from FY'19		
											Adult Wkrs.	Adult Supervisor Ratio 12:1	Adult Services 1st Line	Central Ops	ASC's			Recoup	BSC's
STATEWIDE	172.50	934.00	92.21	3238.00	269.83	352.54	331.39	330.00	546.00	9.00	530.00	44.17	45.00	7.00	2.00	3.00	1.00	943.00	-3.00
BSC 1											2.00	0.17		0.00	0.00	0.00	0.00	0.00	-1.00
ALCONA/IOSCO	0.00	3.00	0.25	1.00	0.08	0.33	0.31				0.00							6.00	0.00
ALPENA/MONTMORENCY	0.00	4.00	0.33	12.00	1.00	1.33	1.25	2.00	4.00		2.00	0.17						5.00	-1.00
ALGER/MARQUETTE/SCHOOLCRAFT	0.00	3.00	0.25	4.00	0.33	0.58	0.55				0.00								
ALGER/MARQUETTE/SCHOOLCRAFT	1.00	5.00	0.50	18.00	1.50	2.00	1.88	3.00	5.00		2.00	0.17	1.00					9.00	0.00
ANTRIM/CHARLEVOIX/EMMET	0.00	3.00	0.33	7.00	0.58	0.92	0.86				0.00								
EMMET	1.00	5.00	0.50	13.00	1.08	1.58	1.49	2.00	6.00		3.00	0.25						8.00	0.00
BARAGA/HOUGHTON/KEWEENAW	0.00	3.00	0.25	9.00	0.75	1.00	0.94	2.00	3.00		1.00	0.08						5.00	0.00
KEWEENAW	0.00	1.00	0.08	1.00	0.08	0.17	0.16				0.00								
BENZIE/MANISTEE	0.00	3.00	0.25	8.00	0.67	0.92	0.86	1.00	3.00		4.00	0.33						4.00	0.00
CHEBOYGAN/PRESQUE ISLE	1.00	4.00	0.42	9.00	0.75	1.17	1.10	2.00	3.00		3.00	0.25	1.00					6.00	0.00
PRESQUE ISLE	0.00	3.00	0.25	4.00	0.33	0.58	0.55				0.00								
CHIPPEWA/LUCE/MACKINAC	2.00	4.00	0.50	10.00	0.83	1.33	1.25	2.00	4.00		2.00	0.17						6.00	-1.00
LUCE/MACKINAC	1.00	3.00	0.33	3.00	0.25	0.58	0.55				0.00								
CRAWFORD/OSCODA/OTSEGO	0.00	3.00	0.25	6.00	0.50	0.75	0.71				0.00								
OSCODA/OTSEGO	0.00	3.00	0.25	4.00	0.33	0.58	0.55				0.00		1.00					1.00	0.00
OTSEGO	1.00	4.00	0.42	10.00	0.83	1.25	1.18	2.00	5.00		4.00	0.33						7.00	0.00
DELTA/DICKINSON/MENOMINEE	0.00	4.00	0.33	12.00	1.00	1.33	1.25	3.00	5.00		3.00	0.25						8.00	0.00
DICKINSON/MENOMINEE	1.00	3.00	0.33	8.00	0.67	1.00	0.94				0.00								
MENOMINEE	1.00	3.00	0.33	7.00	0.58	0.92	0.86				0.00								
GOGEBIC/IRON/ONTONAGON	1.00	3.00	0.33	8.00	0.67	1.00	0.94	2.00	3.00		0.00							5.00	0.00
IRON/ONTONAGON	0.00	3.00	0.25	5.00	0.42	0.67	0.63				2.00	0.17							
ONTONAGON	0.00	3.00	0.25	3.00	0.25	0.50	0.47				0.00								
GR. TRAVERSE/KALKASKA/LEELANAU	3.00	8.00	0.92	23.00	1.92	2.83	2.66	3.00	7.00		7.00	0.58						10.00	0.00
KALKASKA/LEELANAU	0.00	3.00	0.25	7.00	0.58	0.83	0.78				0.00		1.00					1.00	0.00
LEELANAU	0.00	3.00	0.25	7.00	0.58	0.83	0.78				0.00								
OGEMAW/ROSCOMMON/MISSAUKEE/WEXFORD	1.00	4.00	0.42	10.00	0.83	1.25	1.18	2.00	4.00		4.00	0.33						6.00	-1.00
ROSCOMMON/MISSAUKEE/WEXFORD	0.00	3.00	0.25	10.00	0.83	1.08	1.02				0.00								
MISSAUKEE/WEXFORD	0.00	6.00	0.50	19.00	1.58	2.08	1.96	2.00	6.00		3.00	0.25						8.00	1.00
TOTAL	17.00	116.00	11.08	260.00	21.67	32.75	30.78	30.00	61.00	0.00	44.00	3.67	4.00	0.00	0.00	0.00	0.00	95.00	-3.00
BSC 2											2.00	0.17		0.00	0.00	0.00	0.00	0.00	-1.00
GENESEE	9.00	39.00	4.00	208.00	17.33	21.33	20.05	20.00			23.00	1.92						22.00	0.00
INGHAM	7.00	19.00	2.17	96.00	8.00	10.17	9.56	10.00			18.00	1.50	2.00					12.00	0.00
INGHAM CSA	0.00	10.00	0.83						19.00	1.00	0.00		2.00					20.00	1.00
SAGINAW	5.00	20.00	2.08	82.00	6.83	8.92	8.38	8.00	10.00		12.00	1.00	2.00					20.00	0.00
ARENAC/BAY	0.00	3.00	0.25	6.00	0.50	0.75	0.71				0.00								
BAY	3.00	11.00	1.17	36.00	3.00	4.17	3.92	5.00	10.00		7.00	0.58	1.00					16.00	1.00
CLARE/ISABELLA	0.00	4.00	0.33	15.00	1.25	1.58	1.49				0.00								
ISABELLA	4.00	6.00	0.83	17.00	1.42	2.25	2.12	4.00	8.00		5.00	0.42	1.00					13.00	0.00
CLINTON/EATON	0.00	4.00	0.33	13.00	1.08	1.42	1.33				0.00								
EATON	1.00	8.00	0.75	25.00	2.08	2.83	2.66	4.00	8.00		7.00	0.58						12.00	-1.00
GLADWIN/MIDLAND	0.00	3.00	0.25	10.00	0.83	1.08	1.02				0.00								
MIDLAND	2.00	7.00	0.75	20.00	1.67	2.42	2.27	3.00	8.00		7.00	0.58						11.00	0.00
GRATIOT/SHIAWASSEE	1.00	4.00	0.42	12.00	1.00	1.42	1.33				0.00								
SHIAWASSEE	1.00	6.00	0.58	20.00	1.67	2.25	2.12	3.00	8.00		5.00	0.42						11.00	0.00
HURON/LAPEER/TUSCOLA	0.00	3.00	0.25	11.00	0.92	1.17	1.10				0.00								
LAPEER/TUSCOLA	1.00	5.00	0.50	19.00	1.58	2.08	1.96				0.00								
TUSCOLA	0.00	6.00	0.50	18.00	1.50	2.00	1.88	5.00	9.00		6.00	0.50						14.00	-1.00
ST. CLAIR/SANILAC	4.00	15.00	1.58	51.00	4.25	5.83	5.48	7.00	14.00		11.00	0.92	1.00					22.00	1.00
SANILAC	1.00	4.00	0.42	14.00	1.17	1.58	1.49				0.00								
TOTAL	39.00	177.00	18.00	673.00	56.08	73.25	68.85	69.00	94.00	1.00	103.00	8.58	9.00	0.00	0.00	0.00	0.00	173.00	0.00

FY2020 FIRST-LINE SUPERVISOR ALLOCATION

Run Date: 11.21.19	Adjusted Other Wkrs.	Admin. Support Wkrs.	Supervisor Ratio 12:1	FIS and ES Wkrs.	FIS/ES Supervisor Ratio 12:1	Total Non-CSA Supes @100%	Total Non-CSA Supes @94.0%	Rounded 1st-Line Non-CSA Supervisors	Child Welfare Worker Rounded Supes	Child Welfare Admin Supp Supes	Off-The-Top Positions					FY2020	Change from FY'19		
											Adult Wkrs.	Adult Supervisor Ratio 12:1	Adult Services 1st Line	Central Ops	ASC's	Recoup		BSC's	Total 1st-Line Supervisor Allocation
BSC 3											2.00	0.17				0.00		0.00	-1.00
BERRIEN	5.00	16.00	1.75	54.00	4.50	6.25	5.88	6.00	12.00		9.00	0.75	1.00					19.00	1.00
CALHOUN	4.00	17.00	1.75	55.00	4.58	6.33	5.95	6.00	13.00		6.00	0.50	1.00					20.00	1.00
KALAMAZOO	3.00	26.00	2.42	84.00	7.00	9.42	8.85	9.00	22.00		12.00	1.00	1.00					32.00	0.00
KENT	16.00	34.00	4.17	182.00	15.17	19.33	18.17	18.00			20	1.67	3.00					21.00	0.00
MUSKEGON	7.00	24.00	2.58	86.00	7.17	9.75	9.17	9.00	17.00		9.00	0.75	1.00					27.00	0.00
OTTAWA	3.00	13.00	1.33	41.00	3.42	4.75	4.47	4.00	11.00		5.00	0.42						15.00	1.00
VAN BUREN	4.00	9.00	1.08	25.00	2.08	3.17	2.98	3.00	8.00		3.00	0.25						11.00	0.00
ALLEGAN/ BARRY	1.00 0.00	10.00 4.00	0.92 0.33	26.00 12.00	2.17 1.00	3.08 1.33	2.90 1.25	4.00	13.00		5.00 0.00	0.42	1.00					18.00	0.00
CASS/ ST. JOSEPH	0.00 2.00	5.00 7.00	0.42 0.75	15.00 20.00	1.25 1.67	1.67 2.42	1.57 2.27	4.00		10.00	6.00	0.50						14.00	-1.00
IONIA/ MONTCALM	1.00 0.00	6.00 7.00	0.58 0.58	16.00 19.00	1.33 1.58	1.92 2.17	1.80 2.04	4.00	11.00		0.00 5.00	0.42						15.00	1.00
LAKE/ NEWAYGO	0.00 1.00	3.00 6.00	0.25 0.58	6.00 17.00	0.50 1.42	0.75 2.00	0.71 1.88	3.00	6.00		0.00 3.00	0.25						9.00	-1.00
MASON/ OCEANA	1.00 0.00	3.00 3.00	0.33 0.25	10.00 10.00	0.83 0.83	1.17 1.08	1.10 1.02	2.00	5.00		0.00 3.00	0.25						7.00	0.00
MECOSTA/ OSCEOLA	0.00	7.00	0.58	20.00	1.67	2.25	2.12	2.00	6.00		5.00 0.00	0.42						8.00	0.00
TOTAL	48.00	200.00	20.67	698.00	58.17	78.83	74.10	74.00	134.00	0.00	93.00	7.75	8.00	0.00	0.00	0.00	0.00	216.00	1.00
BSC 4											2.00	0.17	0.00			0.00		0.00	-1.00
JACKSON	7.50	17.00	2.04	55.00	4.58	6.63	6.23	6.00	15.00		9.00	0.75	1.00					22.00	0.00
LIVINGSTON	3.00	8.00	0.92	25.00	2.08	3.00	2.82	3.00	6.00		4.00	0.33						9.00	0.00
MACOMB	4.00	45.00	4.08	231.00	19.25	23.33	21.93	22.00			47	3.92	4.00					26.00	0.00
OAKLAND	15.00	47.00	5.17	232.00	19.33	24.50	23.03	23.00			60	5.00	5.00					28.00	0.00
WASHTENAW	9.00	17.00	2.17	68.00	5.67	7.83	7.36	7.00	9.00		10.00	0.83	1.00					17.00	0.00
WAYNE	23.00	177.00	16.67	908.00	75.67	92.33	86.79	87.00			147	12.25	13.00					100.00	2.00
BRANCH/ HILLSDALE	0.00 2.00	4.00 6.00	0.33 0.67	13.00 14.00	1.08 1.17	1.42 1.83	1.33 1.72	0.00	0.00		0.00 4.00	0.33						0.00 13.00	0.00 1.00
LENAWEE/ MONROE	0.00 3.00	7.00 11.00	0.58 1.17	26.00 35.00	2.17 2.92	2.75 4.08	2.59 3.84	6.00	13.00		0.00 7.00	0.58						19.00	0.00
TOTAL	66.50	339.00	33.79	1607.00	133.92	167.71	157.65	157.00	53.00	0.00	290.00	24.17	24.00	0.00	0.00	0.00	0.00	234.00	2.00
BSC 5																0.00		1.00	-1.00
GENESEE CSA	0.00	14.00	1.17						27.00	1.00								28.00	-1.00
KENT CSA	1.00	13.00	1.17						27.00	1.00								28.00	-1.00
MACOMB CSA	0.00	12.00	1.00						25.00	1.00								26.00	-1.00
OAKLAND CSA	0.00	15.00	1.25						31.00	1.00								32.00	-1.00
WAYNE CSA	1.00	48.00	4.08						91.00	4.00								95.00	-2.00
TOTAL	2.00	102.00	8.67	0.00	0.00	0.00	0.00	0.00	201.00	8.00			0.00	0.00	0.00	0.00	1.00	210.00	-7.00
ESA/CSA									3.00				0.00	7.00	2.00	3.00	0.00	15.00	4.00
STATEWIDE	172.50	934.00	92.21	3238.00	269.83	352.54	331.39	330.00	546.00	9.00	530.00	44.17	45.00	7.00	2.00	3.00	1.00	943.00	-3.00

FY2020 STAFFING ALLOCATION

Section VIII: Second-Line Supervisors and Program Technical

Allocation Summary

119.0 Program Technical/2nd Line Supervisors

99.0 Off-the-Top Positions:

5.0 Adult Services 2nd Line Supervisors

2.0 CSA/ESA HR Liaisons

6.0 Child Welfare Administrative Assistants

1.0 Wayne County (Cash) Administrative Assistant

3.0 Wayne County AA (Child Welfare Districts)

4.0 Central Operations

54.0 BSC Program Technical Staff

13.0 BSC HR Liaisons

7.0 Expungement Team

3.0 Centralized Intake

1.0 CSA Native American SAM15

218.0 Total

FY2020 SECOND-LINE SUPERVISOR & PROGRAM TECHNICAL ALLOCATION

General Overview:

For FY2020, 218.0 positions are allocated for second-line supervisors and program technical staff which is an increase of 2 positions from FY2019.

Of the 218.0 Second-Line/Program Technical positions, 119.0 are allocated by formula and 99.0 are assigned as *off-the-tops* as follows:

- 5.0 Adult Services 2nd Line Supervisors
- 2.0 CSA/ESA HR Liaisons
- 6.0 Child Welfare Administrative Assistants
- 1.0 Wayne County (Cash) Administrative Assistant
- 3.0 Wayne County (CW) Administrative Assistant
- 4.0 Central Operations
- 54.0 BSC Program Techs
- 13.0 BSC HR Liaisons
- 7.0 Expungement Team
- 3.0 Centralized Intake
- 1.0 CSA Native American SAM15

Formula:

The allocation formula is based on the same ratios used in FY2019 and is as follows:

One formula is applied statewide for Child Welfare and Non-Child Welfare staff.

All second-line supervisors are calculated at a ratio of 14:1

The program technical ratio is 150:1

Program technical (PT) positions are allocated at a ratio of one position for every 150 staff. Second-line supervisors are allocated at a ratio of one position for every fourteen first-line supervisors. The calculated PT and calculated second-line are then added together and rounded. For dual/tri-counties, counties are added together and then rounded. For allocation purposes, the position is placed in the larger of the two or three counties.

The “Total Staff” column includes all workers and first-line supervisors except Adult Services Workers and Adult First-Line Supervisors. Also Excluded are county directors, second-line supervisors, ESA/CSA staff, migrant staff and Donated Funds positions where supervisory costs were not included in the contract.

Rounding: Less than .5 rounds down and .5 or greater rounds up.

FY2020 SECOND-LINE SUPERVISORS AND PROGRAM TECHNICAL ALLOCATION

Run Date: 11.21.19	Total Staff Allocated	Program Tech Ratio 150:1	Total First-Line Supervisor Allocation	2nd-Line Supervisors @ 14:1	Total Allocated 2nd Line /PT	FY2020 Total 2nd / PT Rounded	Adult Services 2nd Line	BSC Program Techs	CW Admin Assistants	Wayne Co Admin Assistant	HR Liaisons	Central Ops	FY2020 Total 2nd/PT	Change from FY'19
STATEWIDE	8135.50	54.24	882.00	63.00	117.24	119.00	5.00	67.00	6.00	4.00	2.00	4.00	207.00	1.00
BSC 1							1.00	15.00					16.00	2.00
ALCONA/	7.00	0.05	0.00	0.00	0.05									
IOSCO	36.00	0.24	6.00	0.43	0.67	1.00							1.00	0.00
ALPENA/	33.00	0.22	5.00	0.36	0.58	1.00							1.00	0.00
MONTMORENCY	10.00	0.07	0.00	0.00	0.07									
ALGER/	7.00	0.05	0.00	0.00	0.05									
MARQUETTE/	51.00	0.34	8.00	0.57	0.91	1.00							1.00	0.00
SCHOOLCRAFT	10.00	0.07	0.00	0.00	0.07									
ANTRIM/	18.00	0.12	0.00	0.00	0.12									
CHARLEVOIX/														
EMMET	54.00	0.36	8.00	0.57	0.93	1.00							1.00	0.00
BARAGA/	10.00	0.07	0.00	0.00	0.07									
HOUGHTON/	26.00	0.17	5.00	0.36	0.53	1.00							1.00	0.00
KEWEENAW	2.00	0.01	0.00	0.00	0.01									
BENZIE/	13.00	0.09	0.00	0.00	0.09									
MANISTEE	25.00	0.17	4.00	0.29	0.45	1.00							1.00	0.00
CHEBOYGAN/	34.00	0.23	5.00	0.36	0.58	1.00							1.00	0.00
PRESQUE ISLE	10.00	0.07	0.00	0.00	0.07									
CHIPPEWA/	35.00	0.23	6.00	0.43	0.66	1.00							1.00	0.00
LUCE/	9.00	0.06	0.00	0.00	0.06									
MACKINAC	10.00	0.07	0.00	0.00	0.07									
CRAWFORD/	19.00	0.13	0.00	0.00	0.13									
OSCODA/	10.00	0.07	0.00	0.00	0.07									
OTSEGO	34.00	0.23	7.00	0.50	0.73	1.00							1.00	0.00
DELTA/	33.00	0.22	8.00	0.57	0.79	1.00							1.00	0.00
DICKINSON/	20.00	0.13	0.00	0.00	0.13									
MENOMINEE	20.00	0.13	0.00	0.00	0.13									
GOGEBIC/	26.00	0.17	5.00	0.36	0.53	1.00							1.00	0.00
IRON/	11.00	0.07	0.00	0.00	0.07									
ONTONAGON	9.00	0.06	0.00	0.00	0.06									
GR. TRAVERSE/	76.00	0.51	10.00	0.71	1.22	1.00							1.00	0.00
KALKASKA/	16.00	0.11	0.00	0.00	0.11									
LEELANAU														
OGEMAW/	36.00	0.24	6.00	0.43	0.67	1.00							1.00	0.00
ROSCOMMON	20.00	0.13	0.00	0.00	0.13									
MISSAUKEE/														
WEXFORD	62.00	0.41	8.00	0.57	0.98	1.00							1.00	0.00
TOTAL	792.00	5.28	91.00	6.50	11.78	14.00	1.00	15.00	0.00	0.00	0.00	0.00	30.00	2.00
BSC 2							1.00	11.00					12.00	2.00
GENESEE	279.00	1.86	20.00	1.43	3.29	3.00							3.00	0.00
INGHAM	134.00	0.89	10.00	0.71	1.61	2.00							2.00	0.00
INGHAM CSA	131.00	0.87	20.00	1.43	2.30	2.00			1.00				3.00	0.00
SAGINAW	180.00	1.20	18.00	1.29	2.49	2.00							2.00	0.00
ARENAC/	15.00	0.10	0.00	0.00	0.10									
BAY	110.00	0.73	15.00	1.07	1.80	2.00							2.00	0.00
CLARE/	32.00	0.21	0.00	0.00	0.21									
ISABELLA	67.00	0.45	12.00	0.86	1.30	2.00							2.00	1.00
CLINTON/	29.00	0.19	0.00	0.00	0.19									
EATON	77.00	0.51	12.00	0.86	1.37	2.00							2.00	0.00
GLADWIN/	24.00	0.16	0.00	0.00	0.16									
MIDLAND	71.00	0.47	11.00	0.79	1.26	1.00							1.00	0.00
GRATIOT/	31.00	0.21	0.00	0.00	0.21									
SHIAWASSEE	62.00	0.41	11.00	0.79	1.20	1.00							1.00	0.00
HURON/	25.00	0.17	0.00	0.00	0.17									
LAPEER/	42.00	0.28	0.00	0.00	0.28									
TUSCOLA	59.00	0.39	14.00	1.00	1.39	2.00							2.00	0.00
ST. CLAIR/	151.00	1.01	21.00	1.50	2.51	3.00							3.00	0.00
SANILAC	36.00	0.24	0.00	0.00	0.24									
TOTAL	1555.00	10.37	164.00	11.71	22.08	54 22.00	1.00	11.00	1.00	0.00	0.00	0.00	35.00	3.00

FY2020 SECOND-LINE SUPERVISORS AND PROGRAM TECHNICAL ALLOCATION

Run Date: 11.21.19	Total Staff Allocated	Program Tech Ratio 150:1	Total First-Line Supervisor Allocation	2nd-Line Supervisors @ 14:1	Total Allocated 2nd Line /PT	FY2020 Total 2nd / PT Rounded	Adult Services 2nd Line	BSC Program Techs	CW Admin Assistants	Wayne Co Director's Office	HR Liaisons	Central Ops	FY2020 Total 2nd/PT	Change from FY'19
BSC 3							1.00	11.00					12.00	2.00
BERRIEN	163.00	1.09	18.00	1.29	2.37	2.00							2.00	0.00
CALHOUN	167.00	1.11	19.00	1.36	2.47	2.00							2.00	0.00
KALAMAZOO	264.00	1.76	31.00	2.21	3.97	4.00							4.00	0.00
KENT	254.00	1.69	18.00	1.29	2.98	3.00							3.00	0.00
MUSKEGON	233.00	1.55	26.00	1.86	3.41	3.00							3.00	0.00
OTTAWA	130.00	0.87	15.00	1.07	1.94	2.00							2.00	0.00
VAN BUREN	96.00	0.64	11.00	0.79	1.43	1.00							1.00	0.00
ALLEGAN/	103.00	0.69	17.00	1.21	1.90	2.00							2.00	0.00
BARRY	31.00	0.21	0.00	0.00	0.21									
CASS/	47.00	0.31	0.00	0.00	0.31									
ST. JOSEPH	71.00	0.47	14.00	1.00	1.47	2.00							2.00	0.00
IONIA/	64.00	0.43	15.00	1.07	1.50	2.00							2.00	0.00
MONTCALM	60.00	0.40	0.00	0.00	0.40									
LAKE/	15.00	0.10	0.00	0.00	0.10									
NEWAYGO	59.00	0.39	9.00	0.64	1.04	1.00							1.00	0.00
MASON/	34.00	0.23	7.00	0.50	0.73	1.00							1.00	0.00
OCEANA	23.00	0.15	0.00	0.00	0.15									
MECOSTA/	63.00	0.42	8.00	0.57	0.99	1.00							1.00	0.00
OSCEOLA														
TOTAL	1877.00	12.51	208.00	14.86	27.37	26.00	1.00	11.00	0.00	0.00	0.00	0.00	38.00	2.00
BSC 4							1.00	13.00					14.00	4.00
JACKSON	178.50	1.19	21.00	1.50	2.69	3.00							3.00	0.00
LIVINGSTON	74.00	0.49	9.00	0.64	1.14	1.00							1.00	0.00
MACOMB	305.00	2.03	22.00	1.57	3.60	4.00							4.00	0.00
OAKLAND	320.00	2.13	23.00	1.64	3.78	4.00							4.00	0.00
WASHTENAW	158.00	1.05	16.00	1.14	2.20	2.00							2.00	0.00
WAYNE	1215.00	8.10	87.00	6.21	14.31	14.00	1.00			1.00			16.00	0.00
BRANCH/	37.00	0.25	0.00	0.00	0.25	0.00								
HILLSDALE	67.00	0.45	13.00	0.93	1.38	2.00							2.00	1.00
LENAWEE/	61.00	0.41	0.00	0.00	0.41									
MONROE	110.00	0.73	19.00	1.36	2.09	3.00							3.00	1.00
TOTAL	2525.50	16.84	210.00	15.00	31.84	33.00	2.00	13.00	0.00	1.00	0.00	0.00	49.00	6.00
BSC 5								17.00					17.00	3.00
GENESEE CSA	190.00	1.27	28.00	2.00	3.27	3.00			1.00				4.00	0.00
KENT CSA	184.00	1.23	28.00	2.00	3.23	3.00			1.00				4.00	0.00
MACOMB CSA	166.00	1.11	26.00	1.86	2.96	3.00			1.00				4.00	0.00
OAKLAND CSA	215.00	1.43	32.00	2.29	3.72	4.00			1.00				5.00	0.00
WAYNE CSA	631.00	4.21	95.00	6.79	10.99	11.00			1.00	3.00			15.00	0.00
TOTAL	1386.00	9.24	209.00	14.93	24.17	24.00	0.00	17.00	5.00	3.00	0.00	0.00	49.00	3.00
ESA											2.00	4.00	6.00	-15.00
STATEWIDE	8135.50	54.24	882.00	63.00	117.24	119.00	5.00	67.00	6.00	4.00	2.00	4.00	207.00	1.00

FY2020 STAFFING ALLOCATION

Section IX: Management & Administration

FY2020 SUMMARY OF MANAGEMENT AND ADMINISTRATION

Local Office Management	BSC Adult District Manager	BSC Directors	Cash Directors	Cash District Managers/ Deputy Directors	Child Welfare Directors	Child Welfare District Managers/ Deputy Directors	Total
BSC 1		1					
Alcona/Iosco			1				1
Alpena/Montmorency			1				1
Alger/Marquette/Schoolcraft			1				1
Antrim/Charlevoix/Emmet			1				1
Baraga/Houghton/Keweenaw			1				1
Benzie/Manistee			1				1
Cheboygan/Presque Isle			1				1
Chippewa/Luce/Mackinac			1				1
Crawford/Oscoda/Otsego			1				1
Delta/Dickinson/Menominee			1				1
Gogebic/Iron/Ontonagon			1				1
Gr.Traverse/Kalkaska/Leelanau			1				1
Ogemaw/Roscommon			1				1
Missaukee/Wexford			1				1
TOTAL	0	1	14	0	0	0	15
BSC 2		1					
Genesee			1		2		3
Ingham			1			1	2
Saginaw			1				1
Arenac/Bay			1				1
Clare/Isabella			1				1
Gladwin/Midland			1				1
Clinton/Eaton			1				1
Gratiot/Shiawassee			1				1
Huron/Lapeer/Tuscola			1				1
St.Clair/Sanilac			1				1
TOTAL	0	1	10	2	1	0	14

Note: The Wayne County AA and Administrative Support positions previously shown on this page are now shown in the Administrative Support page and the 2nd Line/Program Tech page.

Local Office Management	BSC Adult District Managers	BSC Directors / Deputy Directors	Cash Directors	Cash District Managers/ Deputy Directors	Child Welfare Directors	Child Welfare District Managers/ Deputy Directors	Total
BSC 3		1					
Berrien			1				1
Calhoun			1				1
Kalamazoo			1				1
Kent			1		1		2
Muskegon			1				1
Ottawa			1				1
Van Buren			1				1
Allegan/Barry			1				1
Cass/St. Joseph			1				1
Ionia/Montcalm			1				1
Lake/Newaygo			1				1
Mason/Oceana			1				1
Mecosta/Osceola			1				1
TOTAL	0	1	13	1	0	0	15
BSC 4		1					
Jackson			1				1
Livingston			1				1
Macomb			1	3			4
Oakland			1	3			4
Washtenaw			1				1
Wayne	1		1	1			3
Branch/Hillsdale			1				1
Lenawee/Monroe			1				1
Conner Service Center				1			1
Southwest Service Center				1			1
Grand River/Warren				1			1
Grandmont Service Center				1			1
Gratiot/Seven Mile				1			1
Greenfield/Joy				1			1
Greydale/Grand River				1			1
Hamtramck				1			1
Inkster				1			1
Taylor				1			1
Adult Medical Services				1			1
TOTAL	1	1	8	18	0	0	27
Genesee		2			1	1	2
Kent					1	1	2
Macomb					1	1	2
Oakland					1	1	2
Wayne					1	3	4
TOTAL	0	2	0	0	5	8	15
Centralized Intake					1		1
TOTAL					1		1
MANAGEMENT & ADMINISTRATION TOTAL	1	6	45	21	7	8	88

FY2020 STAFFING ALLOCATION

Section X: Migrant Services Program Allocation

CY 2020 MIGRANT SERVICES PROGRAM STAFF ALLOCATION

General Overview:

The Migrant Services Program allocation is different from other sections of the allocation package. First, it is a calendar year rather than a fiscal year allocation. This recognizes the need for counties to hire and train workers in time for migrant seasons that typically run from mid-spring until fall. Second, migrant positions are allocated as FTE's and then converted to weeks. This is because many of the staff are seasonal. Third, this section of the allocation stands alone in that it includes all workers, administrative support and first-line supervision for the Migrant Services Program.

For CY2020, a total of 2216 weeks are allocated. This equates to a total of 43.23 Migrant Program field FTE's, including 32.88 Migrant Program Specialist (MPS) FTE's, 1.0 Migrant Family Independence Specialist (MFIS) FTE's, 4.73 administrative support worker FTE's and 4.0 supervisor FTE's. In addition to the field FTE's, two positions have been taken *off-the-top* of the allocation for two OMA Departmental Analysts, and six weeks were taken off the top to support a student assistant position. Beginning in CY2020, migrant programs with sufficient FIP caseloads were able to request to fill a 52 week MFIS position by trading 58 vacant MPS weeks. The six week difference allows cost neutrality to be maintained.

Please note: Policy continues to require prior approval from the Office of Migrant Affairs to fill vacancies in year-round positions.

Calculation:

The formula for Migrant Services staff applied caseload ratios to the 12-month average of four migrant caseloads through June 2019. The caseload ratios that were developed for Food Assistance, Medicaid, Day Care, and Intake Registrations were based on migrant random moment time study (RMTS) data. These ratios were applied to the migrant caseload averages in order to determine each county's relative percentage of the statewide migrant caseload. The total available weeks were initially distributed (based on relative percentage) to any county with a migrant caseload. At this point in the migrant allocation formula, counties earning fewer than 20 weeks of migrant staff time received no allocation and those weeks were then redistributed to the remaining counties. Weeks are allocated in pairs to correspond with pay period beginning and end dates. Staff whose 2019 allocation was year-round or ended on 12/27/19 and are scheduled to be year-round in 2020 or to begin on 12/30/19 have no break in service.

Formula Components:

<u>Caseload</u>	<u>Data Source</u>	<u>Ratio</u>
FAP	MH-473	66.68:1
CDC	MH-473	141.25:1
MA	MH-473	288.10:1
Registrations	MH-532	23.95:1

Michigan Department of Health and Human Services
2020 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>ALLEGAN (Including Barry County)</u>		
GOA	January 27 – December 25	48
MPS	Year-Round	52
MPS	February 24 – December 25	<u>44</u>
		144
<u>BERRIEN</u>		
MPS	Year-Round	52
MPS	Year-Round	52
MPS	December 30 – November 13	46
MPS	January 27 – November 13	42
Supervisor	Year-Round	<u>52</u>
		244
<u>GRAND TRAVERSE (Including Kalkaska and Leelanau Counties)</u>		
MPS	Year-Round	52
MPS	December 30 – October 2	<u>40</u>
		92

Outreach and services to be provided to Antrim, Charlevoix, Emmet, Cheboygan, & Presque Isle Counties.

INGHAM

MPS	Year Round	52
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Outreach and services to be provided to Clinton, Eaton, Jackson, Livingston, and Shiawassee Counties.

Michigan Department of Health and Human Services
2020 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>KENT</u>		
GOA	Year-Round	52
GOA	December 30 – November 27	48
MPS	Year-Round	52
MPS	April 6 – November 13	32
MPS	April 6 – November 13	32
MPS	April 20 – November 13	30
MPS	April 20 – November 13	30
Supervisor	Year-Round	<u>52</u>
		484

Outreach and services to be provided to Gratiot, Ionia, Mecosta, and Montcalm as well as parts of Muskegon, Newaygo, and Ottawa Counties

LAPEER (Including Huron and Tuscola Counties)

MPS	Year-Round	52
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Outreach and services to be provided to Bay, Genesee, Macomb, Saginaw, St. Clair, and Sanilac Counties.

LENAWEE (Including Monroe County)

MPS	December 30 – November 13	46
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Outreach and services to be provided to Hillsdale, Washtenaw, and Wayne Counties.

Michigan Department of Health and Human Services
2020 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>OCEANA (Including Mason County)</u>		
GOA	Year-Round	52
MFIS	Year-Round	52
MPS	Year-Round*	52
MPS	December 30 – October 30	44
Supervisor	Year-Round	<u>52</u>
		460

* One year-round MPS will provide outreach and services to Benzie, Manistee, Wexford and Missaukee.

Oceana also provides outreach and services to Lake and parts of Muskegon and Newaygo Counties

OTTAWA

MPS	Year-Round	52
MPS	Year-Round	<u>52</u>
		260

Outreach and services to be provided to parts of Muskegon County.

ST JOSEPH (Including Cass County)

MPS	December 30 – November 13	46
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Outreach and services to be provided to Branch and Calhoun Counties.

Michigan Department of Health and Human Services
2020 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>VAN BUREN</u>		
GOA	January 27 – December 11	46
MPS	Year-Round	52
MPS	Year-Round	52
MPS	April 6 – November 27	34
MPS	April 6 – November 27	34
MPS	April 6 – November 27	34
MPS	April 6 – November 13	32
Supervisor	Year-Round	<u>52</u>
		336

Outreach and services to be provided to Kalamazoo County.

KEY: MPS -	Migrant Program Specialist	37
MFIS -	Migrant Family Independence Specialist	1
Supervisor -	Migrant Program Supervisor	4
GOA -	General Office Assistant	5
		47 Migrant Program Field Staff

2020 MIGRANT PROGRAM STAFF ALLOCATION IN WEEKS AND FTE'S

<u>County</u>	<u>Migrant Admin. Support</u>	<u>Migrant Program Specialists</u>	<u>Migrant Family Independence Specialists</u>	<u>Migrant Program Supervisors</u>	<u>Total Weeks</u>	<u>Total FTE's</u>
Allegan	48	96			144	2.77
Berrien		192		52	244	4.69
Grand Traverse		92			92	1.77
Ingham		52			52	1.00
Kent	100	332		52	484	9.31
Lapeer		52			52	1.00
Lenawee		46			46	0.88
Oceana	52	304	52	52	460	8.85
Ottawa	0	260			260	5.00
St Joseph		46			46	0.88
Van Buren	46	238		52	336	6.46
Total No. of Weeks	246	1710	52	208	2216	42.62

$$\frac{246}{\div 52} = 4.73 \text{ FTE's}$$

$$\frac{1710}{\div 52} = 32.88 \text{ FTE's}$$

$$\frac{52}{\div 52} = 1.0 \text{ FTE's}$$

$$\frac{208}{\div 52} = 4.0 \text{ FTE's}$$

$$\frac{2216}{\div 52} = 42.62 \text{ FTE's}$$

TOTAL FTE'S: 42.62

**MICHIGAN CIVIL SERVICE COMMISSION
JOB SPECIFICATION**

SERVICES SPECIALIST

JOB DESCRIPTION

Employees in this job complete and oversee a variety of professional assignments to provide services to socially and economically disadvantaged individuals in programs administered by the Michigan Department of Health and Human Services (MDHHS) such as protective services, foster care, adoption, juvenile justice, foster home licensing, and adult services.

There are four classifications in this job.

Position Code Title - Services Specialist-E

Services Specialist 9

This is the entry level. As a trainee, the employee carries out a range of professional services specialist assignments while learning the methods of the work.

Services Specialist 10

This is the intermediate level. The employee performs an expanding range of professional services specialist assignments in a developing capacity.

Services Specialist P11

This is the experienced level. The employee performs a full range of professional services specialist assignments in a full-functioning capacity. Considerable independent judgment is required to carry out assignments that have significant impact on services or programs. Guidelines may be available, but require adaptation or interpretation to determine appropriate courses of action.

Position Code Title - Services Specialist-A

Services Specialist 12

This is the advanced level. At this level, employees may function as a lead worker overseeing the work of lower level Services Specialists or have regular assignments which have been recognized by Civil Service as having significantly greater complexity than those assigned at the experienced level. The recognized senior-level assignment for this level is the Maltreatment in Care (MIC) Children's Protective Services worker.

NOTE: Employees generally progress through this series to the experienced level based on satisfactory performance and possession of the required experience.

JOB DUTIES

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

Engages in face-to-face contact with alleged victims of abuse and/or neglect and visits their homes or designated placements.

Provides casework services to dependent, neglected, abused, and delinquent children and youth; children with disabilities; socially and economically disadvantaged and dependent adult clients; and other individuals and families.

Observes individuals, families, and living conditions.

Determines the appropriate method and course of action and implements service, treatment, and learning plans.

Develops plans and finds resources to address clients' and families' problems in housing, counseling, and other areas, using specific service methods; monitors services provided.

Writes and maintains social case histories, case summaries, case records, and related reports and correspondence.

Provides or secures protective services for endangered children and adults qualifying for such services.

Provides direct counseling services to clients.

Screens individuals newly committed to the department and develops plans for care, service, treatment, and learning.

Conducts family assessment and placement studies.

Presents assessment and service plans at pre-dispositional and dispositional hearings.

Interprets behavioral problems for parents and other caregivers and otherwise assists them in providing appropriate care to children.

Serves as liaison between the department and community groups in developing programs, interpreting rules and regulations, and coordinating programs and services.

Provides 24-hour crisis intervention assistance.

Provides on-call services.

Evaluates applications for family and group, day care, home registration and licensing purposes; regulates child care in approved homes through periodic reviews.

Recruits and trains new foster parents.

Investigates, assesses, and follows up on complaints of abuse or neglect.

Visits abused or neglected wards, family, and other support persons in their homes, foster homes, or residential placements.

Prepares legal documents, forms, and petitions; utilize state tools and systems to record case assessments and actions.

Testifies in court on progress and services rendered to children and families.

Transports clients to court hearings, clinic appointments, and placement homes.

Responds to general inquiries and conducts searches for adoptive placements for special needs children; provides post-adoptive services for the children and families.

Attends and completes annual, in-service training as required.

Performs related work as assigned.

Additional Job Duties

Services Specialist 12 (Lead Worker)

Oversees the work of professional staff by making and reviewing work assignments, establishing priorities, coordinating activities, and resolving related work problems.

Services Specialist 12 (Senior Worker)

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.

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.

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.

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.

Maltreatment in Care (MIC) Children's Protective Services Worker:

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, forensic psychology, interdisciplinary studies in social science, education, community development, law enforcement, behavioral science, gerontology, special education, education of the emotionally disturbed, education of the gifted, family ecology, community services, family studies, family and/or child development, counseling psychology, criminal justice, human services, or in a human services-related counseling major.

OR

Possession of a bachelor's degree in any major with at least 30 semester (45 term) credits in one or a combination of the following human services areas: social work, sociology, psychology, forensic psychology, interdisciplinary studies in social science, education, community development, law enforcement, behavioral science, gerontology, special education, education of the emotionally disturbed, education of the gifted, family ecology, community services, family studies, family and/or child development, counseling psychology, criminal justice, human services, or in a human services-related counseling major.

Experience

Services Specialist 9

No specific type or amount is required.

Services Specialist 10

One year of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist 9.

Services Specialist P11

Two years of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist 10.

Services Specialist 12

Three years of professional experience providing social casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist P11.

Special Requirements, Licenses, and Certifications

Candidates are subject to a MDHHS background check.

Any candidate hired as a Services Specialist in a protective services, foster care services, or adoption services position must successfully complete an eight week pre-service training program that includes a total of 270 hours of competency-based classroom and field training. The employee will also be required to pass a competency-based performance evaluation which shall include a written examination. Additionally, the employee must successfully complete a minimum number of hours of in-service training on an annual basis.

Possession of a valid driver's license.

NOTE: Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION

<u>Job Code</u>	<u>Job Code Description</u>	
SOCERSPL	SERVICES SPECIALIST	
<u>Position Title</u>	<u>Position Code</u>	<u>Pay Schedule</u>
Services Specialist-E	SOCSSPLE	W22-079
Services Specialist-A	SOCSSPLA	W22-080

KB

06/30/2019

Michigan Citizen Review Panels 2019 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 2019 activities, findings, and complete recommendations for each of the panels.

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

The Citizen Review Panel (CRP) did not submit any formal recommendations this year.

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

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

Recommendation #1: The Governor's Task Force on Child Abuse and Neglect should develop and maintain a protocol regarding plans of safe care.

MDHHS Response: MDHHS agrees and would like to work with the Governor's Task Force on Child Abuse and Neglect to create a plans of safe care protocol. In 2019, the department began work with the National Center on Substance Abuse and Child Welfare. This work will continue in 2020 and will include ongoing collaboration and technical assistance in the development and utilization of plans of safe care. In 2020, the Governor's Task Force (GTF) on Child Abuse and Neglect has identified plans of safe care as an area of primary focus. The GTF protocol committee is in the process of creating a plans of safe care protocol committee which will include child welfare and public health partners, law enforcement and court partners in the development of a comprehensive statewide protocol for plans of safe care.

Recommendation #2: The Michigan Department of Health and Human Services should utilize a trauma informed multidisciplinary team approach to addressing plans of safe care.

MDHHS Response: MDHHS agrees that a trauma informed approach is appropriate and necessary in the development of plans of safe care.

Recommendation #3: The Michigan Department of Health and Human Services should provide training to child welfare workers regarding plans of safe care as well as addiction.

MDHHS Response: In 2018, the office of workforce development (OWDT) and training for newly hired child welfare staff does not include a stand-alone training for substance use and POSC development during the new worker training. However, this is trained heavily throughout the OWDT nine-week institute. Trainees are educated on the importance of plans of safe care and safety planning as it relates to families struggling with substance abuse. During the six-days of program specific training, time is dedicated to policy as it relates to plans of safe care, addressing and responding to substance use/abuse concerns and substance use screening. Furthermore, in 2019, three sessions addressing the

impacts of substance use and abuse in the world of child welfare practice were included in the University Partnership training series offered free to child welfare staff. Also, in 2019, MDHHS developed an on-demand web-based training for child welfare workers on opioid use disorder, the effects of opioids on the brain, medically assisted treatments, withdrawal symptoms, and how to make decisions about safety and permanency.

MDHHS will continue to partner with various agencies such as the State Court Administrative Office, Governor's Task Force on Child Abuse and Neglect, Prosecuting Attorneys Association of Michigan, and other training agencies to ensure child welfare staff receive training regarding substance use disorder prevention, treatment, and recovery.

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

Many recommendations have resulted from the reviews conducted by the CRP for Child Fatalities. Highlighted below are those that address the most significant findings (corresponding to the order in which they are listed above) that the panel felt MDHHS should prioritize. Rationales are included in order to illuminate why the panel chose these specific recommendations for MDHHS focus.

Recommendation #1: CPS policy should require that identified services be offered to families in any investigation that scores out as high on the risk assessment, but for which abuse or neglect is not confirmed, despite that disposition.

MDHHS Response: MDHHS believes that the best way to keep children safe is by providing families at high risk with effective services before maltreatment occurs. MDHHS is working with Casey Family Programs, NCCD, and Ideas 42 to comprehensively redesign the CPS system. Beginning with the CPS intake process through to investigation and service provision. The CPS Redesign Project provides a unique opportunity to assess the department's current processes and make improvements to better protect children and support families. The project focuses on Centralized Intake (CI) and CPS investigation policies and procedures. The project is based on the belief that a well-designed and efficient response to CPS complaints will help staff protect children and support families by:

- Accurately assessing risk and safety.
- Facilitating timely response to complaints of abuse and neglect.
- Ensuring complaints are assigned within the scope of the law.
- Reducing trauma experienced by children and families.

- Delivering timely and effective services.
- Ensuring manageable caseloads.

Furthermore, MDHHS is in the process of developing its Family First Prevention Plan, which will include families at high risk for maltreatment in its target population.

Recommendation #2: Amend Child Protection Law to require documented communication between CPS workers and medical staff when a child is referred for a medical evaluation during a CPS investigation.

MDHHS Response: MDHHS policy requires CPS to document all pertinent facts and evidence obtained during a CPS investigation. Policy requires CPS to communicate with medical staff when referring a child for an exam.

Recommendation #3: Consider amending Section 7 of MCL722.627b to provide fatality review teams full access to all child death records, which will assist in the development of comprehensive recommendations to MDHHS and other policy makers.

MDHHS Response: MDHHS agrees that local fatality review teams should have access to child death records. MCL 722.627 already allows MDHHS to provide confidential CPS information in these cases to a child fatality review team.

Michigan Tribal Leaders - Chairs, Presidents, Chief, Ogema
March 2020

Bay Mills Chippewa Indian Community

Bryan Newland, President

12140 W. Lakeshore Drive

Brimley, MI 49715

Ph. (906) 248-3241

Fax: (906) 248-3283

bnewland@baymills.org

Grand Traverse Band of Ottawa and

Chippewa Indians

Thurlow Samuel McClellan, Tribal Chairman

2605 N. W. Bayshore Drive

Suttons Bay, MI 49682

Ph. (231) 534-7129

Fax: (231) 534-7010

Thurlow.McClellan@gtbindians.com

Hannahville Potawatomi Indian Community

Kenneth Meshigaud, Chairperson

N-14911 Hannahville, B-1 Rd.

Wilson, MI 49896-9717

Ph. (906) 466-2932

Fax: (906) 466-2933

Tyderyien@hannahville.org

Keweenaw Bay Indian Community

Warren Chris Swartz, President

16429 Beartown Rd.

Baraga, MI 49908

Phone (906) 353-6623 x 4112

Fax (906) 353-7540

Chairman@kbic-nsn.gov

Lac Vieux Desert Band of Lake Superior

Chippewa Indians

James Williams, Tribal Chairman

P.O. Box 249

Watersmeet, MI 49969

Ph. (906) 358-4577

Fax: (906) 358-4785

Jim.Williams@lvd-nsn.gov

Little River Band of Ottawa Indians

Larry Romanelli, Ogema

375 River Street

Manistee, MI 49660-2729

Ph. (888) 723-8288

Fax: (231) 723-8020

lromanelli@lrboi.com

Little Traverse Bay Bands of Odawa Indians

Regina Gasco Bentley, Tribal Chairperson

7500 Odawa Circle

Harbor Springs, MI 49740-9692

Ph. (231) 242-1402

Fax (231) 242-1412

chairman@ltbbodawa-nsn.gov

Match-E-Be-Nash-She-Wish Band of
Potawatomi Indians (Gun Lake Tribe)

Bob Peters, Chairman

2872 Mission Dr.

Shelbyville, MI 49344

Phone: (269) 397-1780

Fax: (269)397-1781

Bob.Peters@glt-nsn.gov

Nottawaseppi Huron Band of Potawatomi

Jamie Stuck, Chairman

2221 1-1/2 Mile Road

Fulton, MI 49052

Ph. (269) 729-5151

Fax: (269) 729-5920

jstuck@nhbpi.com

Pokagon Band of Potawatomi Indians

Matthew Wesaw, Tribal Chairman

58620 Sink Road

Dowagiac, MI 49047

Ph. (269) 782-6323

Fax (269) 782-9625

Matthew.Wesay@Pokagonband-nsn.gov

Saginaw Chippewa Indian Tribe of Michigan

Ronald Ekdahl, Tribal Chief

7070 East Broadway

Mt. Pleasant, MI 48858

Ph. (989) 775-4000

Fax (989) 775-4131

RFEkdahl@sagchip.org

Sault Ste. Marie Tribe of Chippewa

Aaron Payment, Tribal Chairman

523 Ashmun Street

Sault Ste. Marie, MI 49783

Ph. (906) 635-6050

Fax (906) 635-4969

aaronpayment@saulttribe.net

Michigan 2020 Tribal Attorney Listing

Elizabeth Eggert

Elizabeth.Eggert@pokagonband-nsn.gov

Ms. Castagne

ccastagne@lbbodawa-nsn.gov

Shayne Machen

Shayne_Machen@lrboi-nsn.gov

Matthew Feil

matthew.feil@gtbindians.com

Jess Viau

jviau@hannahville.org

Karrie Wichtman

karrie.wichtman@LVD-NSN.GOV

Nancy Bogren

nbogren@nhbpi.com

Julie Valice

JValice@sagchip.org

Danielle Webb

danielle@kbic-nsn.gov

Henry Williams

henryw@hicservices.org

Annette Nickel

Annette.Nickel@PokagonBand-nsn.gov

John Swimmer

John.Swimmer@NHBPI.COM

Zeke Fletcher

zfletcher@fletcherlawpllc.com

Jennifer Constantino

jconstantino@saulttribe.net

Zach Dalton

zach.dalton@lvd-nsn.gov

Tribal Social Services Directors

January 2020

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

Sheila Nantelle, Director
Hannahville Social Services
N10519 Hannahville B-1 Rd.
Wilson MI 49896-9728
906-723-2510
906-466-7397
Sheila.nantelle@hichealth.org

Keweenaw Bay Indian Community

Caitlin Bowers, Director
Tribal Social Services
16429 Beartown Road
Baraga, MI 49908
906-353-4201 or 908-353-4212
906-353-8171
cbowers@kbic-nsn.gov

Grand Traverse Band of Ottawa and Chippewa Indians

Helen Cook, Anishnaabek Family Sources
Coordinator
2605 N. W. Bayshore Drive
Peshawbestown, MI 49682
231-534-7681
231-534-7706
Helen.cook@gtbindians.com

Nottawaseppi Huron Band of Potawatomi

Meg Fairchild, Director
Tribal Social Services
Behavioral Health and Social Services
1417 Mno Bmadzewen Way
Fulton, MI 49052
269-729-4422
269-729-5920
mfairchild@nhbp.org
jfoster@nhbp.org

Lac Vieux Desert Band of Lake Superior Chippewa Indians

Dee Dee McGeshick, Director of Social Services
P.O. Box 249
Choate Road
Watersmeet, MI 49969
906-358-4940
906-358-4785
dee.mcgeshick@lvd-nsn.gov

Little River Band of Ottawa Indians

Jason Cross, Director, Family Services
2608 Government Center Drive
Manistee, MI 49660
231-723-8288
FAX Needed
jcross@lrboi-nsn.gov

Match-e-be-nash-she-wish Band of Pottawatomi Indian

Kelly Wesaw, Health Director
1743 142nd Ave., P.O. Box 306
Dorr, MI 49323
616-681-0360 x 316
616-681-0380
Kelly.Wesaw@hhs.glt-nsn.gov

Little Traverse Bay Bands of Odawa Indians

Heather Boening, Director
Human Services Department
7500 Odawa Circle
Harbor Springs, MI 49740
231-242-1620
231-242-1635
hboening@ltbbodawa-nsn.gov

Pokagon Band of Potawatomi Indians

Mark Pompey, Director, Tribal Social Services
58620 Sink Road
Dowagiac, MI 49047
269-462-4277
269-782-4295
Mark.Pompey@pokagonband-nsn.gov

Saginaw Chippewa Indian Tribe of Michigan

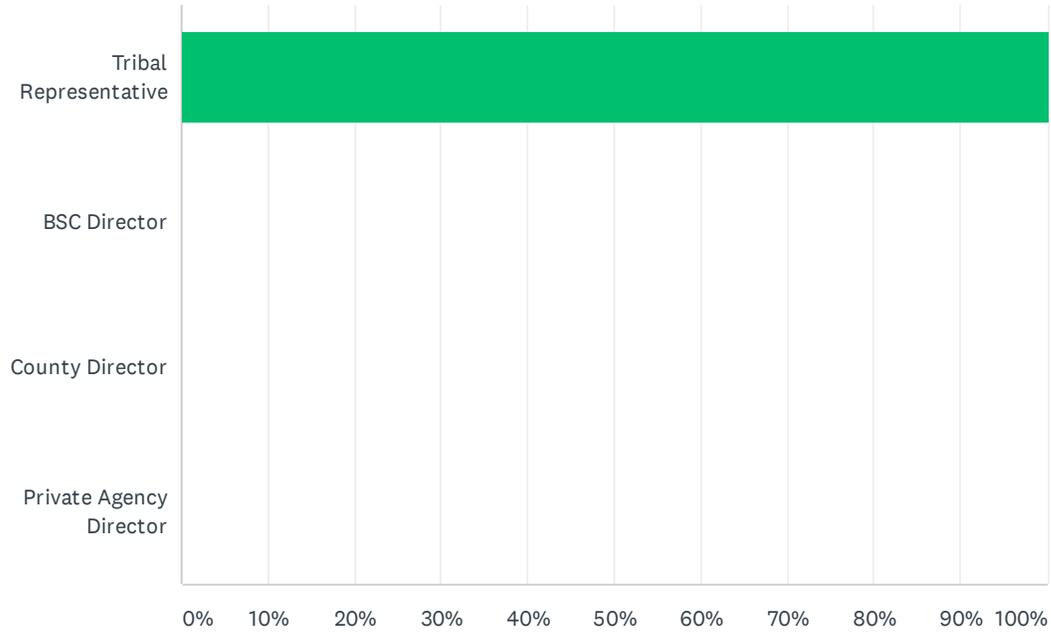
Dustin Davis, Tribal Administrator
Angela Gonzalez, Interim AFS Director
Anishnabek Family Services
7070 East Broadway Road
Mt. Pleasant, MI 48858
ddavis@sagchip.org
agonzalez@sagchip.org
989-775-4901
989-775-4912

Sault Ste. Marie Tribe of Chippewa Indians of Michigan

Juanita Bye, Director
Anishnabek Community and Family Services
2218 Shunk Road
Sault Ste. Marie, MI 49783
800-726-0093
906-632-5250
jbye@saulttribe.net
mvanluven@saulttribe.net

Q1 What is your professional role in child welfare?

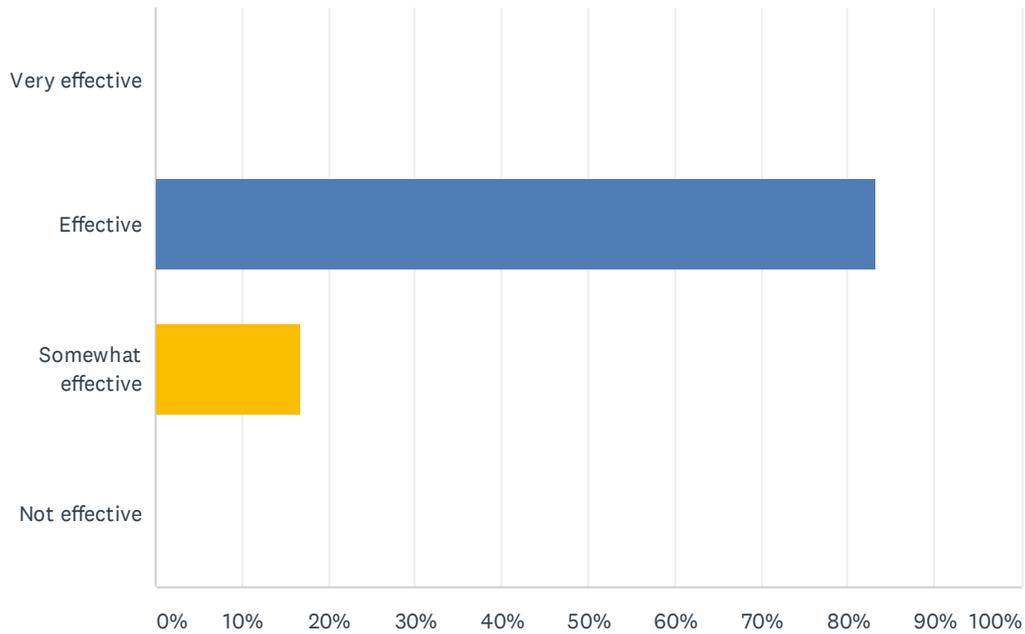
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Tribal Representative	100.00%	6
BSC Director	0.00%	0
County Director	0.00%	0
Private Agency Director	0.00%	0
TOTAL		6

Q2 How effective are the policies and practices that your staff have implemented when handling foster care cases involving Indian children?

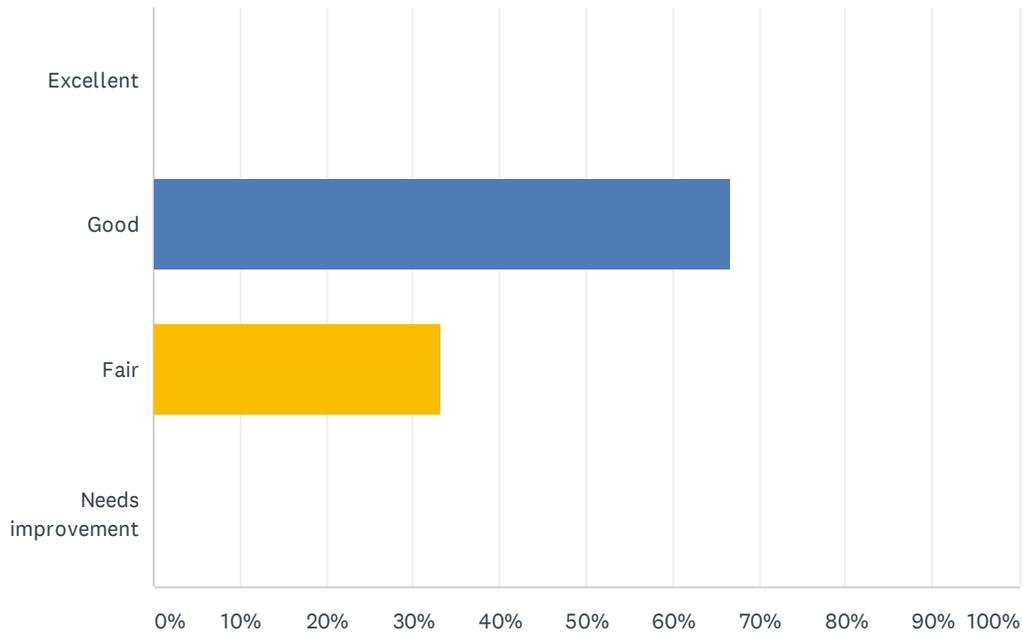
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very effective	0.00%	0
Effective	83.33%	5
Somewhat effective	16.67%	1
Not effective	0.00%	0
TOTAL		6

Q3 How would you rate your agency/office's effectiveness in serving Indian children and their families who encounter the child welfare system?

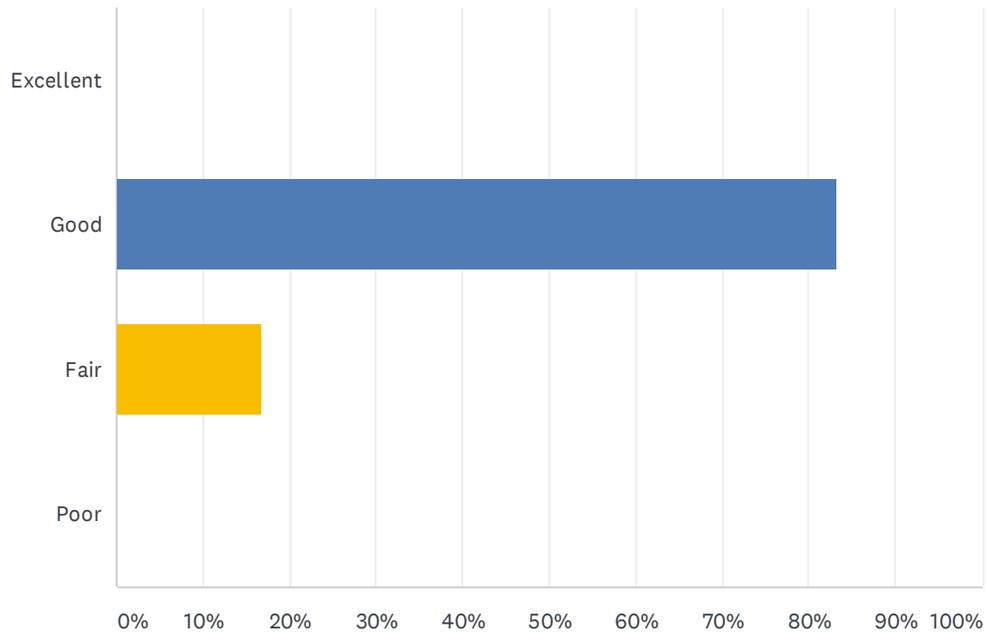
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES
Excellent	0.00% 0
Good	66.67% 4
Fair	33.33% 2
Needs improvement	0.00% 0
TOTAL	6

Q4 Please rate your working relationships among tribal representatives, local MDHHS and private agency staff.

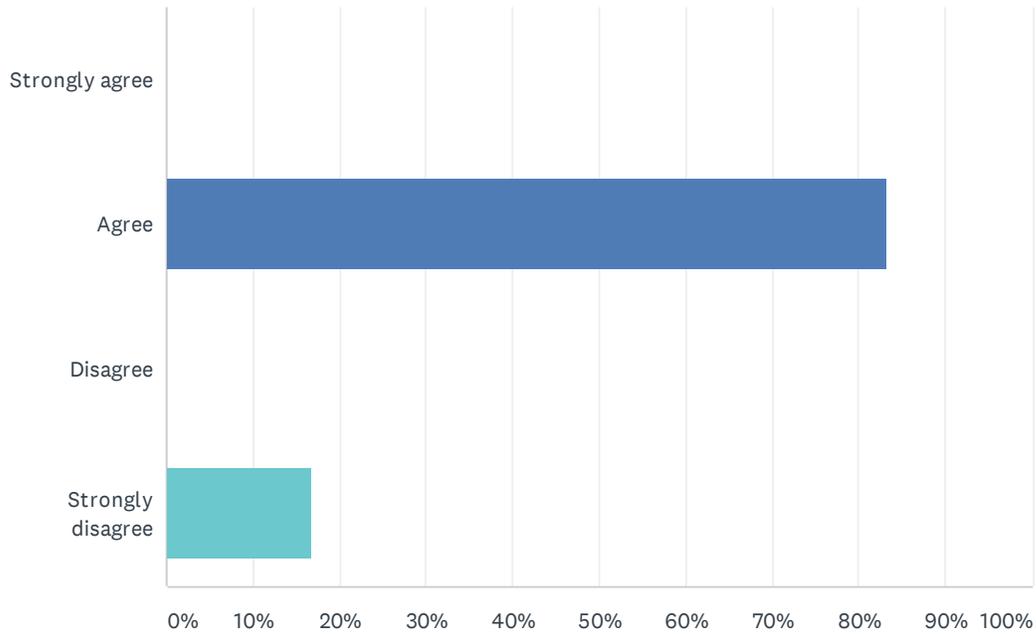
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ANSWER CHOICES	RESPONSES
Excellent	0.00% 0
Good	83.33% 5
Fair	16.67% 1
Poor	0.00% 0
TOTAL	6

Q5 In 2019, MDHHS state-level operations improved or sustained effective collaboration among tribal representatives, local MDHHS and private agency staff.

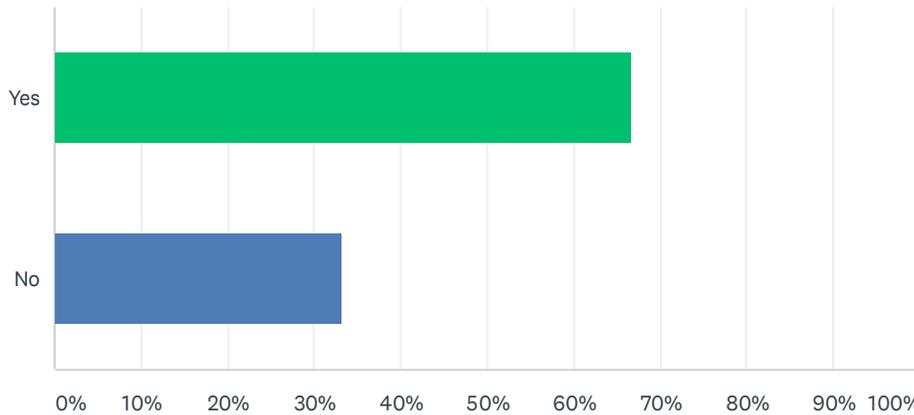
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	83.33%	5
Disagree	0.00%	0
Strongly disagree	16.67%	1
TOTAL		6

Q6 Have you reviewed the MDHHS Child and Family Services Plan (CFSP) 2020-2024 - Tribal Consultation submitted in 2019 pertaining to calendar year 2018?

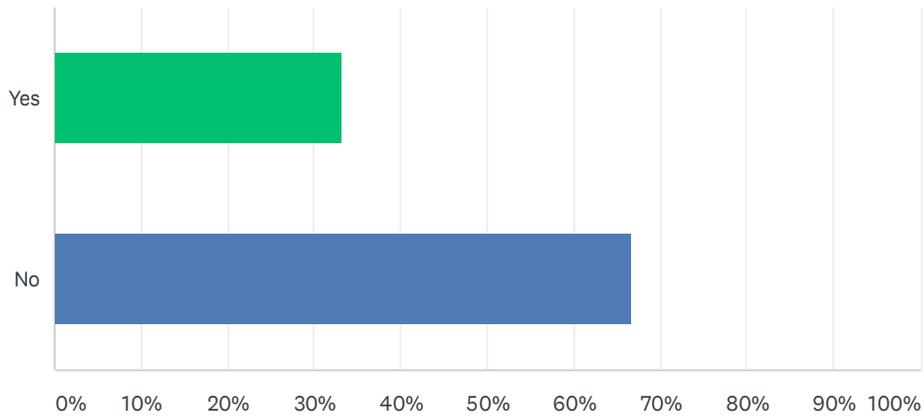
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	66.67%	4
No	33.33%	2
TOTAL		6

Q7 Do you have any comments or suggestions regarding the CFSP 2020-2024 - Tribal Consultation submission?

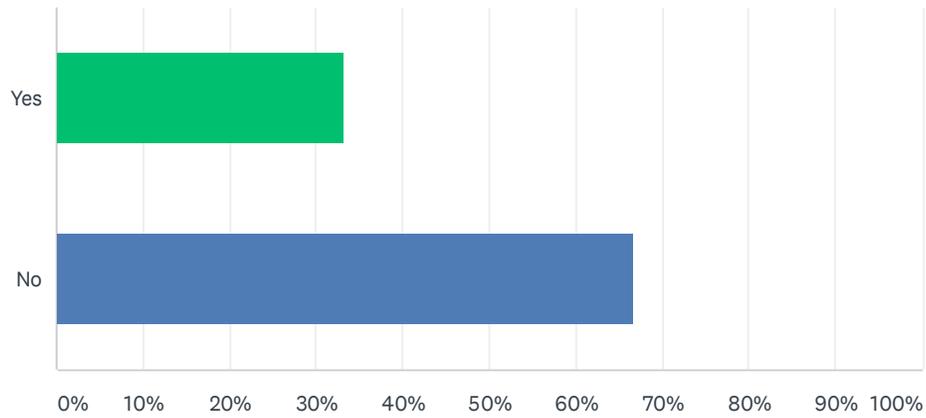
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	33.33%	2
No	66.67%	4
TOTAL		6

Q8 Have you reviewed the 2021 Annual Progress and Services Report (APSR) - Tribal Consultation suggested changes?

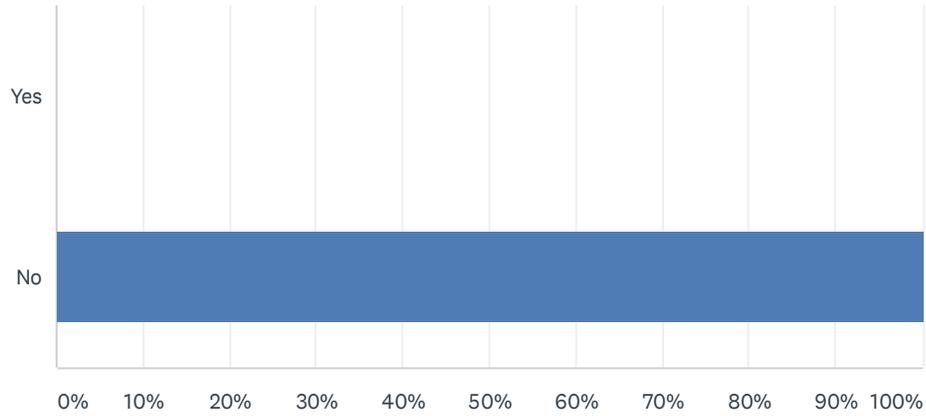
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	33.33%	2
No	66.67%	4
TOTAL		6

Q9 Do you have any questions or suggestions pertaining to the 2021 APSR - Tribal Consultation suggested changes?

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	6
TOTAL		6

Public Notice - APSR - Tribal Consultation **Tuesday, April 21, 2020 10:00 AM-12:00 PM**

Attendees

Heather Boening (LTBB); Sonja Fiel (LTBB); Melissa VanLuven (Sault Tribe); Meg Fairchild (NHBP); and Helen Cook (GTB); Nancy Rygwelski; Wendy Campau; Erika Engel; and Stacey Tadgerson.

APSR Tribal Consultation Overview

Preface

The federal Child and Family Services Review (CFSR) is a comprehensive federal review of Michigan's child welfare services. Michigan's last on-site review was in 2018. The Child and Family Services Plan (CFSP) is a five-year plan for states and tribes for the provision of child welfare services. The Michigan Department of Health and Human Services (MDHHS) submitted their five-year plan for 2020-2024 in 2019. The Annual Progress and Services Report (APSR) in an annual update to the CFSP. Today's discussion will be used to inform the APSR, to be submitted on June 30, 2020, for reporting on year one of the 2020-2024 plan.

The CFSR, the five-year CFSP and the APSR are all focused toward achievement of safety, permanency and well-being goals for children and families. For Native American families, we also look at the requirements of the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA). The state's compliance with ICWA and MIFPA is reported annually in the APSR. Currently, Michigan is in the Program Improvement Plan (PIP) phase of the CFSR, focusing on strategies developed to remedy areas of non-compliance found in the onsite review.

ACF Federal Requirements for Consultation and Coordination with Native American Tribes

The federal government requires the APSR to include goals and objectives for four Federal ICWA compliance factors including ICWA notice, placement preferences, active efforts, and tribal right to intervene in an Indian child custody proceeding. The NAA goals and objectives for the APSR – Tribal Consultation are taken directly from the APSR ICWA compliance requirements with the addition of a goal to identify an Indian child at the onset of a child welfare matter at the request of Michigan tribes.

Information used to inform this section of the APSR includes ICWA case review results; MiSACWIS data reports; the 2020 NAA Collaborator Survey results; and any information tribal partners provide during this call.

Collaboration

MDHHS collaboration with tribes in 2019 included, but is not limited to:

- Ongoing collaborative work with the MDHHS Office of Native American Affairs and Michigan's federally recognized tribes.

- Review of ICWA implementation in 2019.
- MiSACWIS data reports on Indian children in foster care in 2019.
- ICWA case reviews of Indian children in foster care during 2019.

APSR – Tribal Consultation Data Sources

Data on ICWA compliance is sourced from the Indian child case review and from the review of 2019 MiSACWIS data on Indian child foster care cases.

MDHHS 2019 Suggested Updates Review

ICWA Case Review

High level findings from ICWA case reviews show opportunities for improvement in the following areas:

- Identification of Indian child(ren) at the onset of a case.
- Completion of MDHHS 5598.
- Worker contact with tribal representatives.
- Review of Indian Outreach Worker (IOW) roles and best practices.
- Evaluation of benefits of local collaboratives and resources (local office/county meetings)
- Annual ICWA reviews by tribes and MDHHS’s Division of Continuous Quality Improvement (DCQI)

APSR – Tribal Consultation NAA Goals (based upon 2019 ICWA Case Review and MDHHS AIAN Data Report findings)

1. Identification of an Indian Child at the onset of a foster care case.

- Objective: MDHHS will increase number of children identified as AIAN at onset of case.
 - Worker contact of a tribe to assess and verify tribal enrollment for a child. This is an area needing improvement.
 - Tribal inquiry and verification. This is an area needing improvement.

There are now two different MiSACWIS data elements for APSR reporting: one represents Children’s Protective Services (CPS) information from the ICWA case review, one represents foster care (FC) data from AIAN data reports. In the past, we only included MiSACWIS FC information. Adding CPS data is new to this report. This provides a wider scope of the types of services.

2. Notification of Indian parents and tribes of state court proceedings involving Indian children and their right to intervene.

- 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.
 - Workers sent proper notification 10 days in advance of a child custody proceeding to a tribe. This is an area needing improvement.

- Tribal verification data pertaining to notice of a child custody proceeding and legal timeframes. This is an area needing improvement.
3. *Placement preferences of Indian children in foster care, pre-adoptive and adoptive homes.*
- Objective: MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.
 - Workers conducted a diligent search for extended family members for placement. This is an area needing improvement.
 - Parent or relative foster care placements/ICWA placement preferences. This area is satisfactory.
4. *Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or up for adoption.*
- 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.
 - Efforts provided to families were active efforts. This is an area needing improvement.
 - Court determination that active efforts were made to prevent the breakup or to reunify the Indian families. This area is satisfactory.
5. *Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.*
- 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.
 - Proper notice 10 days in advance of a child custody hearing to a tribe. This is an area needing improvement.
 - Tribal verification data pertaining to notice of a child custody proceeding and legal timeframes. This is an area needing improvement.

Native American Affairs Tribal Consultation and Collaboration Director's Survey

MDHHS submitted a survey link to tribes for evaluating MDHHS tribal consultation and collaboration which will remain open through today to obtain qualitative data on tribal consultation and collaboration in local offices.

CFSP – Tribal Consultation Activities (2020-2024)

The tribal consultation planned activities for 2020-2024 were selected to increase safety, permanency, and well-being of tribal children under the care and supervision of the department. These activities include:

- MiSACWIS Indian Child Welfare Act AFCARS enhancement.
- Completion of an Indian Outreach Services Business Information System Fit Analysis.
- In collaboration with Michigan tribes, review of a random sample of statistically valid Indian child welfare cases for compliance with law and policy requirements.

- Review of the National Youth in Transition Database survey and results through the Youth in Transition program, with tribal discussion and feedback.
- Consultation on the Family First Preservation Services Act, MDHHS Redaction and Expungement Unit, and tribal agreements.
- Monthly data review of Indian child foster care cases.
- Continued access for tribes to MDHHS child welfare training and the Learning Management System.
- Continued development of Tribal Title IV-E claiming agreements with the state.

Please feel free to provide additional information to Stacey. The APSR must be submitted in June.

Tribal Feedback

- Data definitions - Melissa VanLuven asked about the definition of “engaged” pertaining to the ICWA Case Review activity citing caseworkers engaging a family at the onset of a case. Stacey followed up with DCQI pertaining to the ICWA Case Review definition of “engaged.” The term was utilized to demonstrate if the family was asked about tribal membership/eligibility at the onset of the case.
- Data definitions – Melissa VanLuven mentioned that MDHHS is utilizing data that is measuring two types of child welfare cases which may reflect variance in ICWA compliance per child welfare type. Measuring CPS Identification of a Child compared to Foster Care Notification of Child Custody Proceeding requirements may have different weight of importance per tribe. In addition, MDHHS ICWA Case Reviews were for CPS cases only. Foster Care cases may have scored differently.
- Data definitions – Melissa VanLuven indicated active efforts are a required ICWA court finding, however, tribes may not agree with the court or department on if active efforts were satisfied yet if a child is placed the court ICWA active effort finding stands unless appealed. This demonstrates a lack of tribal voice from the tribal perspective.
- Collaboration – Meg Fairchild, Heather Boening, Sonja Fiel, and Melissa VanLuven indicated while there is progress with statewide ICWA implementation and collaboration, it is inconsistent. There is improvement needed in this area. Better results are realized when MDHHS staff are open hearing from/learning from the tribe and understanding a tribal perspective. Challenges arise when staff/directors are resistant/nonresponsive.

Wendy Campau invited direct contact with her and/or CSA Director Chang regarding any child welfare practice concerns that are not being addressed at a local or regional (BSC) level. Further, input and feedback offered is useful not only for our APSR submission but

also to inform our continued efforts for quality assurance and continuous improvement in our service delivery.

- Policy – Meg Fairchild indicated that her tribe would rather a caseworker understand the importance of the NAA policy for the “human factor” (linking clients to tribal resources, supports, and services) rather than the “compliance factor” of completing the forms/checking the correct box in MiSACWIS.
- Quality Improvement – Melissa VanLuven made a recommendation to explore what went right in a case, what went well in a case, why did the case go well, and how can we replicate the case management characteristics in a state-tribal case/situation at every state-tribal meeting to improve practice and successful outcomes statewide.

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
	Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration
1	Yellow highlight indicates new to 2018							
2	Allocation Methodology Costs for all courses are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption respective programs.							
3	Pre-Service Institute	This nine-week training is mandatory for newly hired or promoted public and private child welfare caseworkers, including those in Child Protect weeks of web-based and on-the-job (OJT) training. Trainees receive foundational child welfare knowledge and skills as well as program and job and mentor for reinforced learning. Successful progression through training allows the caseworker to assume a progressive caseload. There are During General portions of the training, caseworkers from all programs learn together to promote the continuum of care. During program speci program specific policy to their cases and how to document their work in MISACWIS. Training concludes with Engaging with the Customer, when Executive Team welcomes the new caseworker to child welfare.						
4	General Classroom	Note: the classroom hours will not add up exact. Unaccounted for classroom time is used for reviewing on the job experiences, answering ques provide credit for completion of each of the modules, therefore, the classroom hours are approximate. Child We						
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
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
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
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
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

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
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
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. This course would be allowed at 50% rather than 75%. The skills to	50%	3	Classroom	Multiple trainers	Long-term
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
13	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
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
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

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
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	75%	3	Classroom	Multiple Trainers	Long-term
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
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 Attorneys from the Attorney General's Office	Long-term
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 Attorneys from the Attorney General's Office	Long-term
20	Engaging with Our Customer: Youth Panel and Office of Family Advocate	Delivered by Office of Family Advocate and Foster and adoptive youth present on their experiences in the system.	Social work practice, impact of child abuse and neglect on a child, cultural competency, communication skills required to work with children and families,	75%	3	classroom	Multiple presenters include foster and adoptive youth	Long-term
21	Cultural Competence	Examining how social workers' cultural background influences their view of different cultures. Participants will gain knowledge on how to individualize services to meet the cultural needs of service recipients.	Cultural competency related to children and families.	75%	3	Classroom	Multiple trainers	Long term
22	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

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
23	General Field Activities	All caseworkers complete the field activities below under the supervision of their supervisor and mentor. Field activities and web-based Car Seat Safety Activity Community Resources Guide						
24	General Web-based							
25	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
26	Family Preservation	The historical background of Family Preservation Services in Michigan; goals and values of family preservation, referral requirements and the similarities and differences between Families First of Michigan, Family Reunification, and Families	Social work practice, cultural competency, communication skills required to work with	75%	1	Web-based		Long-term
27	Law Enforcement Information Network Security Awareness	The procedures and confidentiality requirements for using LEIN, appropriate use of LEIN and the proper use, dissemination and disposal of such information.	Policy and procedures, worker safety	50%	1	Web-based		Long-term
28	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, referral to services	75%	1	Web-based		Long term
29	CASA Court Appointed Special Advocates	An overview of Court Appointed Special Advocates; how and why they came into existence; and the role of a CASA volunteer, including their responsibility to the court. Describes how children benefit from working with a volunteer, and the process used to connect the child to the CASA volunteer.	Referral to services	75%	1	Web-based		Long term
30	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
31	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
32	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

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
33	Introduction to Substance Abuse	Provide an understanding of the role of caretaker substance abuse/dependency, as it relates to child abuse, neglect and the development of caretaker treatment plans.	Social work practice, communication skills required to work with	75%	1	Web-based		Long term
34	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
35	Poverty	Provides caseworkers with an understanding of the following: acknowledging the difference between poverty and neglect; recognizing how your beliefs impact outcomes; recognizing the importance of identifying services to assist families dealing with	Social work practice, cultural competency, communication skills required to work with	75%	1	Web-based		Long term
36	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
37	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
38	Time Management	Tips and techniques for managing workload.	Job performance enhancement skills	50%	1	Web-based		Long term
39	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
40	Adoption Program Specific	The program specific portions of the PSI training are offered stand alone to experienced workers who have already comp						
41	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
42	MiSACWIS Adoption	Documenting adoption cases on MiSACWIS	Permanency planning, preparation for and participation in judicial determinations, and case management,	75%	12	Classroom	multiple trainers	Long-term

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
43	Termination of Parental Rights/ Voluntary Release/Referral from Foster Care	This training provides the basis for termination of parental rights, including the CPS referral process and categories of service, foster care services and reasons for termination, the differences between termination vs. voluntary release and includes information on the Safe Delivery Act. Foster care placement process and the referral packet, adoption services available through private agencies and how to document in	Permanency planning, preparation for and participation in judicial determinations, and case management, service referral, SACWIS training	75%	1.5	Classroom	multiple trainers	Long-term
44	Family Assessments	Adoptive Family Assessments requirements, timeframes and exclusions. Title IV-E Funding Requirements. Personal and Adult Child References, Health and Medical Status, Circumstances Requiring Additional Evaluation/Documentation	Permanency planning, preparation for and participation in judicial determinations, case management, and service referral	75%	1.5	Classroom	multiple trainers	Long-term
45	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
46	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
47	Background Checks and Clearances and Approval/Denial Process	Background checks/clearances and timeframes for their completion, recent changes in requirements including CPS clearances, substantiations and fingerprinting. The difference between approval/denial and recommendations and the DHS-	Placement of the child, development of a case plan, Family centered practice, case	75%	1.5	classroom	Multiple trainers	Long-term
48	ICWA and Interstate Compact on the Placement of Children (ICPC)	Working with the Indian Child Welfare Act and process required to place a child out of state and the financial resources available.	Family centered practice, placement of the child	75%	1.5	classroom	Multiple trainers	Long-term

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
49	Matching	Placement Decisions will be discussed, highlighting the importance of making appropriate matches. Disruption vs. Dissolution will be discussed. The history of MARE, services provided and how adoption workers should interface with MARE.	Family centered practice, placement of the child, development of a case plan, permanency planning, referral to services	75%	1.5	classroom	Multiple trainers	Long-term
50	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
51	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
52	Michigan Children’s Institute (MCI)	Michigan Children’s Institute staff provides discussion of the consent process, denial of consent, and how adoption workers should interface with the MCI.	Case management, placement of the child, permanency	75%	3	classroom	Multiple trainers	Long-term
53	Adoptive placements, finalization/Post Adoption and Closed	Adoption workers will learn about the legal risk in adoption, filing the petition, the supervisory period, finalization, closing documents and post adoption services. Case files and closed file	Preparation for and participation in judicial determinations,	75%	2	classroom	Multiple trainers	Long-term
54	Structured On The Job Field Activities	Adoption Field Activities include: <ul style="list-style-type: none"> •Observe a worker talking to a child about adoption •Identify Community Resources •Read an Adoption Case File •Read a Child Assessment 	Case reviews, case management and supervision, home studies	75%	200	Web-based, work environment	Field supervisor and mentor	long term
55	Foster Care Program Specific	The program specific portions of the PSI training are offered stand alone to experienced workers who have already co						
56	Foster Care Legal	An interactive training that provides caseworkers with the knowledge of laws that directly impact the practice of foster care in Michigan and the skills to use laws to justify placement decisions.	Preparation for and participation in judicial terminations	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
57	MiSACWIS foster care	Documenting foster care casework on MiSACWIS	MiSACWIS training other than development and operational costs	75%	12	Classroom	Multiple trainers from the Assistant Attorney	Long-term
58	Referral from CPS and Initial Service Plans	Referral from CPS and what to do in the first 30 days. Preparing an ISP and holding initial Interviews, Triads, First meeting and Gathering intrusive information. Conducting Home Studies, FANS/CANS, creating goals and a parenting Time Plan. Using a behavior Management Plan, common issues	Case management and supervision, social work practices, such as family centered practice.	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term
59	USP, reunification and replacement	How to write an updated services plan. Safety assessment and using decision trees as part of a reunification assessment. Use knowledge of policy and best practices to make good decisions regarding children's placement in foster care.	Development of case plan, case reviews, case management and supervision	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term
60	AWOLP, Termination of parental rights and referral to adoption	Review the policies related to children who are absent without legal permission. Effectively manage an AWOLP situation. Review the policies related to Termination of Parental Rights, discuss how to make appropriate decisions related to Termination of Parental Rights and make appropriate referrals	Case management and supervision, social work practices, placement of child.	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term
61	Structured On The Job Field Activities	Foster Care Activities include: <ul style="list-style-type: none"> •FTM Shadowing guide •Parenting Time Shadowing Guide •Visitation Shadowing Guide •Interview the Permanency Resource Monitor 	Title IVE policy and procedures, effective communication skills	75%	200	Web-based, work environment	Field supervisor and mentor	long term
62	CPS Program Specific	The program specific portions of the PSI training are offered stand alone to experienced workers who have already completed PSI and are trans and are not listed here, as they do not fall under any IVE administration functi						
63	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
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

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
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
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
67	Structured On The Job Field Activities	CPS Activities include: <ul style="list-style-type: none"> •Child Protection Law •Conduct a variety of CPS home calls •Complete the Home Call Checklist •Complete a Forensic Interview of a child 	All activities support the IVE program. Preparation for and participation in court hearings, placement of	75%	200	Web-based, work environment	Field supervisor and mentor	long term
68	Family Preservation							

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
69	Family Preservation Families First of Michigan Core Training	The Families First of Michigan (FFM) Core training series is a seven day training series that is mandatory for all FFM staff. The three part training series is broken up over an eight week period. The series is divided in the following way. Part A is three days. Staff return to their agencies for one full week. Part B is two days and will occur two weeks after the beginning of part A. Families First staff are eligible to take a case while being shadowed after completing part B of the series. Part C is two days and occurs six weeks after Part B. FFM staff must complete all three parts of the series prior to solo, active casework. It is expected that participants attend the three part series in the order presented. (Part A; Part B; Part C).	Assessments to determine whether a situation requires a child’s removal from the home. Social work practice, such as family centered practice and social work methods including interviewing and assessment. Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system. Effects of separation, grief and loss, child development,	75%	42	Classroom	Multiple Trainers	

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
70	Family Preservation Family Reunification Program Core Training	The Family Reunification Program (FRP) Core Training series is a two part, five day mandatory training for all new FRP staff. Part I - Focuses on better understanding the foster care and court system, program values and characteristics, FRP team roles, engagement and safety planning, assessment, beginning to use solution focus interviewing techniques, and documentation. Part II - The focus of the training is as follows: court testimony, skill teaching, confrontation of a client family, solution-focused crisis intervention, team building, working with difficult to engage clients/individuals, and documentation.	Assessments to determine whether a situation requires a child’s removal from the home. Social work practice, such as family centered practice and social work methods including interviewing and assessment. Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system. Effects of separation, grief and loss, child development,	75%	30	Classroom	Multiple Trainers	

Title IV-E Training Matrix

	B	C	D	E	F	G	H	I
71	Family Preservation Families Together Building Solutions Core Training	This 2-day training is mandatory for all new FTBS workers. Focus is on the Solution-Focused Brief Therapy approach developed by Stephen DeJong and Insoo Kim Berg. Both theory and practice will be taught. Emphasis is also placed on skill-building in the areas of engagement, goal-setting, communication, documentation, and safety-planning. This workshop will provide a framework for understanding and building on Solution focus Participants attending this workshop will expand their knowledge of the five question techniques and solution focus language with the utilization of scenarios and documentation specific to the FTBS model.	Assessments to determine whether a situation requires a child’s removal from the home. Social work practice, such as family centered practice and social work methods including interviewing and assessment. Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system. Effects of separation, grief and loss, child development,	75%	12	Classroom	Multiple Trainers	

Title IV-E Training Matrix

	J	K	L	M
1	Target Audience	Total Completions 1/1/2019-12/31/2019		
2	Assistance programs by applying the FC/AA ratio. Each portion is claimed at either 50% or 75% FFP, for the			
3	ve Services, foster care and adoption. This blended training includes four weeks of classroom training and five specific knowledge and skills. OJT activities are structured for the trainee to coordinate with their supervisor two exams and a competency based evaluation of the trainee that is completed by the trainer and supervisor. fic classroom training and completion of structured on the job activities, caseworker learn how to apply e youth, parents and foster parents provide an interactive Q&A with the caseworkers; finally the MDHHS			
4	tions, reviewing concepts, student testing, class evaluation, etc. The PSI is considered a single class, we do not elfare Certificate holders complete only the program specific portion of training.			
5	Child Welfare			
6	Child Welfare			
7	Child Welfare			
8	Child Welfare			
9	Child Welfare			

Title IV-E Training Matrix

	J	K	L	M
10	Child Welfare			
11	Child Welfare			
12	Child Welfare			
13	child welfare			
14	Child Welfare			
15	Child Welfare			

Title IV-E Training Matrix

	J	K	L	M
16	Child Welfare			
17	Child Welfare			
18	Child Welfare			
19	Child Welfare			
20	Child Welfare			
21	Child Welfare			
22	Child Welfare			

Title IV-E Training Matrix

	J	K	L	M
	training are completed throughout their 5 weeks on the job:			
23				
24				
25	Child Welfare			
26	Child Welfare			
27	Child Welfare, public agencies			
28	Child Welfare			
29	Child Welfare			
30	Child Welfare			
31	Child Welfare			
32	Child Welfare			

Title IV-E Training Matrix

	J	K	L	M
33	Child Welfare			
34	Child Welfare			
35	Child Welfare			
36	Child Welfare			
37	child welfare			
38	child welfare			
39	Child Welfare			
40	leted PSI and are transferring programs (PSTT).			
41	Adoption			
42	Adoption			MISACWIS is billed through system implementation grant

Title IV-E Training Matrix

	J	K	L	M
43	Adoption			
44	Adoption			
45	Adoption			
46	Adoption			
47	Adoption			
48	Adoption			

Title IV-E Training Matrix

	J	K	L	M
49	Adoption			
50	Adoption			
51	Adoption			
52	Adoption			
53	Adoption			
54	Adoption			
55	Completed PSI and are transferring programs.			
56	Foster Care			

Title IV-E Training Matrix

	J	K	L	M
57	Foster Care			
58	Foster Care			
59	Foster Care			
60	Foster Care			
61	Foster Care			
62	ffering programs. Several more classes are offered for CPS specialists, ons.			
63	CPS			
64	CPS			

Title IV-E Training Matrix

	J	K	L	M
65	CPS			
66	CPS			
67	CPS			
68				

Title IV-E Training Matrix

	J	K	L	M
Family Preservation Workers		70		

Title IV-E Training Matrix

	J	K	L	M
Family Preservation Workers		42		

Title IV-E Training Matrix

	J	K	L	M
Family Preservation Workers		78		

Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Total Completions 1/1/2019-12/31/2019
<p>Yellow highlight indicates new to 2018</p> <p style="text-align: center;">Allocation Methodology</p> <p style="text-align: center;">Costs for all courses are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at either 50% or 75% FFP, for the respective programs.</p>									
New Supervisor Institute Child Welfare Topics	This course is designed for all newly hired child welfare supervisors, including Child Protective Services, Foster Care, Licensing, and Adoption Supervisors.								
Introduction	This section provides new child welfare supervisors with a face to face discussion with child welfare leadership and helps to set the foundation of being a child welfare supervisor.	Case management and supervision	75%	2	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Time Management	This section helps new child welfare supervisors define what a workflow organization plan is and explain the benefits of having one. There are also discussions of best practice for time management.	Job performance enhancement skills	50%	2	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Office Culture	This section provides new child welfare supervisors with strategies to create office culture and ways to identify secondary traumatic stress with staff and amongst themselves.	Team building and stress management training	50%	5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Trauma Informed Supervision	This section helps new child welfare supervisors describe what trauma informed supervision looks like when coaching workers and recognize it in action.	Team building and stress management training	50%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Data-Driven Decision-Making	This section helps new child welfare supervisors recognize the types of data that are used in child welfare to monitor and support outcomes and identify the ways data can be used during the supervision process to improve outcomes.	Job performance enhancement skills	50%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Assessing Staff for Performance	This section provides new child welfare supervisors with the ability to review the key tasks of assessing staff for performance and identifying how it may be challenging to do so.	General supervisory skills or other generic skills needed to perform specific jobs	50%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	

Continuum of Care: Collaborating in Child Welfare	This section provides new child welfare supervisors with a discussion of the impact that the differences in how we address common tasks along the continuum has on the outcome of our cases along with an opportunity to practice working to solve the problems that result.	Case management and supervision	75%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Onboarding and Support of New Workers	This section helps new child welfare supervisors state the benefits of having an excellent onboarding plan and examine the resources for creating this plan with support from workers. There is also discussion of ongoing support to workers.	General supervisory skills or other generic skills needed to perform specific jobs	50%	2	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Creating Support Plans	This section provides new child welfare supervisors the opportunity to list ways to offer a supportive path towards success of workers, define a support plan, and identify how to develop and implement a support plan with workers.	General supervisory skills or other generic skills needed to perform specific jobs	50%	1	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Office of Family Advocate	This section provides new child welfare supervisors a chance to learn who the Office of Family Advocate is and how they interact with child welfare.	Case management and supervision	75%	1	Classroom	Office of Family Advocate staff	Long-term	Child Welfare Supervisors	
ICWA/MIFPA for Supervisors	This section helps new child welfare supervisors identify their role in working with Native American families in child welfare and learn new ways to support those cases.	Case management and supervision	75%	2	Classroom	Native American Affairs staff	Long-term	Child Welfare Supervisors	
MiTEAM Fidelity Tool	This section provides new child welfare supervisors with information on the administration of the MiTEAM Fidelity tool with workers and an opportunity to practice the skills.	Case management and supervision	75%	3	Classroom	MiTeam	Long-term	Child Welfare Supervisors	
New Supervisor Institute Adoption	This is the program specific portion of NSI for Adoption supervisors								
Philosophy of Adoption	Permanency, reunification and strength based services Child safety and well being Values and ethics Best interest of the child. In addition the course will provide information that will help the supervisor understand more fully the importance of adhering to timeframes and their impact on families and children.	Placement of the child; Development of the case plan; Case management and supervision; referral to services	75%	1.5	Classroom	Multiple trainers	Long-term	Adoption Supervisors	

Modified Settlement Agreement and Implementation, Sustainability Exit Plan mandates	Modified Settlement Agreement and Implementation, Sustainability Exit Plan and the requirements for Adoption Supervisors to be in compliance: Post Adoption Services, Caseload progression and caseload size, hiring and acceptable degrees.	Case management and supervision	75%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Confidentiality	Working with identifying information Redaction of info Medical, mental health & substance abuse records; SRM 131.	Confidentiality, referral to services,	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Child Death Reporting and Mandated Reporters	Review ADM and SRM policy regarding Child death reporting process and actions to be taken.	Policy and procedure; Case management and supervision	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Referral to Adoption	Termination of Parental Rights Voluntary release Safe delivery Act Relative licensing Continuity of relationships Impact of placement & re-placement Permanency and changing goals. Timeframes for referral to Adoption.	Referral to services; permanency; Placement of the child; Development of the case plan	75%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Adoption Matching Process	Child Assessment Family Recruitment and the use of the child assessment and family assessment in the matching process. Application for Adoption; required information to be provided to prospective families.	Permanency; Placement of the child; Case management and supervision	75%	1.5	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Report Writing & Documentation	Reading reports Case reads and audits for compliance Supportive documentation. Review of the three types of Adoption Family Assessments.	Development of the case plan; Case reviews; Case management and supervision	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Achieving Permanency	Consent to adopt, Legal risk adoptions, tracking birth parent appeals via SCAO; Supervision of placement and required visits Finalization and closing.	Permanency; Placement of the child; Case management and supervision	75%	3	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
MDHHS & private child placing agency Interface for Adoption	Roles and responsibilities of private child placing agency and building collaborative relationships with MDHHS. Access to and review MDHHS Adoption Contract and language, billing rates and Standards of Promptness for Subsidy, Consent and Fingerprinting.	Case management and supervision; job performance enhancement skills	75%	2	Classroom	Multiple trainers	Long-term	Adoption Supervisors	

Michigan Children's Institute Superintendent	Role & responsibility for children; Best interest criteria used by MCI Competing parties; resources and services offered by the Michigan Adoption Resource Exchange.	job performance enhancement skills; permanency	75%	3	Classroom	Guest speaker from MCI office	Long-term	Adoption Supervisors	
Adoption Assistance Guardianship Office	Application process for Adoption Assistance, Medical Subsidy and Non-Recurring expenses.	rate setting; referral to services	75%	2	Classroom		Long-term	Adoption Supervisors	
New Supervisor Institute Children's Protective Services	This is the program specific portion of NSI for CPS supervisors								
Policy Manuals	Locate and navigate the departmental and public policy manuals.	Case reviews, case management and supervision, policy and procedure, permanency, social work practice	75%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Implementation Sustainability and Exit Plan (ISEP)	Identify the main CPS Program Specific Commitments named in the Implementation Sustainability and Exit Plan (ISEP).	policy and procedure, SACWIS system training, family centered practice	75%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Intake	<ul style="list-style-type: none"> • Verify that assigned intakes/complaints meet the Four Legal Criteria for assignment. • Complete the process to link an intake, unlink an intake, and submit a Reconsideration Request in MISACWIS. • Describe strategies that a CPS supervisor can utilize to assist and monitor staff when a new complaint is assigned for investigation. • Assign a case in MISACWIS. • Verify complaints that warrant assignment have been sent to the correct county. • Identify the assigning supervisor in another county and transfer a case to another county in MISACWIS. 	Case reviews, case management and supervision, policy and procedure, permanency, social work practice	50%	3	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Reviewing and Approving a CPS Initial Service Plan (ISP)	<ul style="list-style-type: none"> • Verify that all policy requirements of a thorough CPS investigation have been met and that the appropriate decision has been made for a sample training case. • Approve a work item (ISP) in MISACWIS. 	Case management and supervision	75%	3	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Removal and Transfer to Foster Care	Identify cases that require a mandatory petition per the Child Protection Law.	policy and procedure, SACWIS system training, permanency	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	

Reviewing and Approving a CPS Updated Service Plan (USP)	<ul style="list-style-type: none"> Locate and utilize the job aid to approve a USP in MISACWIS. Locate the job aid to escalate an ongoing case in MISACWIS. 	policy and procedure, SACWIS system training	50%	3	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Assessing Staff Performance - Caseload Weights	<ul style="list-style-type: none"> Calculate a worker's caseload weight, using the spreadsheet tool, to ensure compliance with the ISEP. Utilize the DMU spreadsheet from a caseload count to verify a worker's caseload weight. 	General supervisory skills or other generic skills needed to perform specific jobs	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Utilizing Data Warehouse Reports	Utilize the Data Warehouse as a tool for assessing staff performance.	General supervisory skills or other generic skills needed to perform specific jobs	50%	4	Classroom	Multiple trainers	Long-term	CPS Supervisors	
CPS Supervisor Strategies	Describe supervisor strategies to maximize a unit's overall performance.	General supervisory skills or other generic skills needed to perform specific jobs	50%	2	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Case Conferences	<ul style="list-style-type: none"> Identify the requirements for case conferencing. List the tools available to assist supervisors during case conferences. 	General supervisory skills or other generic skills needed to perform specific jobs	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
New Supervisor Institute Foster Care	This is the program specific portion of NSI for Foster Care supervisors								
Policy Manuals/Assessing Resources	Locate and navigate key policy manuals (both internal and public sites):	Family centered practice, job enhancement skills, case reviews	50%	1	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Foster Care Collaboration with Specialty Roles	Identify internal staff with child welfare specialty roles and responsibilities that can be a resource for foster care staff when working with their caseloads.	Case reviews, case management and supervision, policy and procedure, permanency, social work practice, Family centered practice	75%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Identify an accurate and complete CPS transfer packet	Identify an accurate and complete CPS Transfer packet.	Case management and supervision	75%	3	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Placement/ Replacement	Locate the resources for a placement/replacement.	Recruitment and licensing of foster homes, permanency, effect of abuse/neglect on children, family centered practice	75%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	

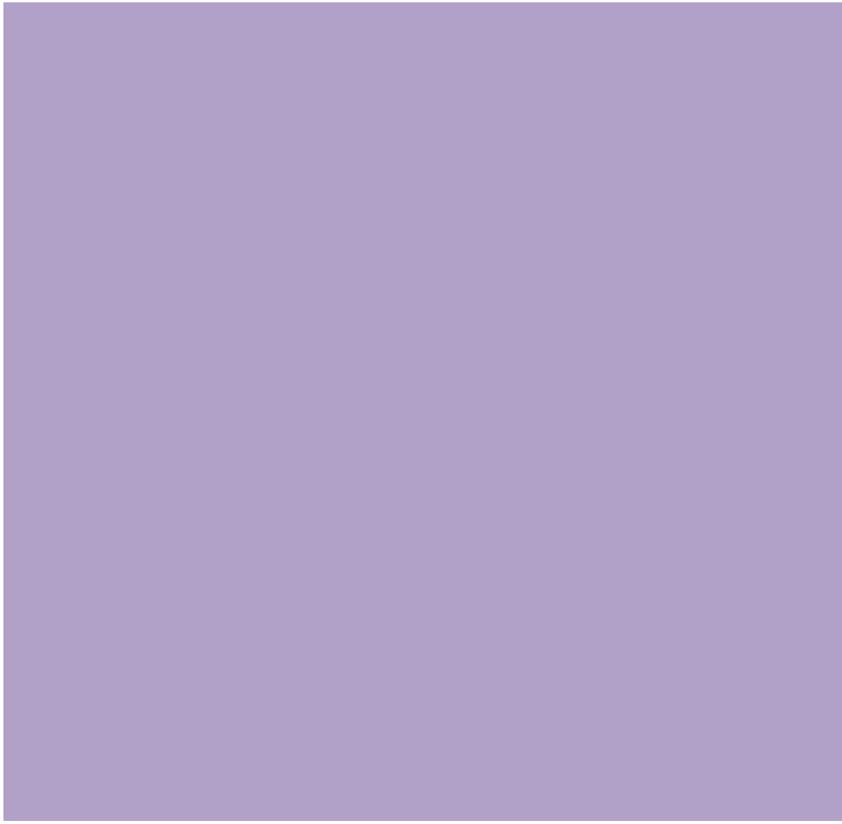
Case Assignments/Case Transfers	Demonstrate case load distribution using an Excel spreadsheet tool and provide additional supervisory resources.	Permanency, case management and supervision, policy and procedure, Title IV-E policy and procedures	75%	1	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Payments	Examine and approve Determination of Care, Case Service Payments and Board and Care. Additionally, provide step by step instruction in MiSACWIS regarding supervisory procedures.	Case management and supervision; job performance enhancement skills	50%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Examine and Approve Service Plan	Verify that all policy requirements of an Initial and Updated Service Plan have been met. Additionally this segment will provide job aids and resources.	Development of the case plan; Case reviews; Case management and supervision	50%	4	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Implementation Sustainability and Exit Plan (ISEP)	Identify the Foster Care Program Specific Commitments in the Implementation Sustainability and Exit Plan (ISEP)	Case management and supervision	75%	1.5	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Monitor Staff Compliance and Audit Preparation	Identify which Book of Business Reports and resources can be a tool for monitoring staff performance and preparing for audits	General supervisory skills or other generic skills needed to perform specific jobs	50%	1.5	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Workload Organization for Supervisors	Identify effective techniques for managing supervisor workload organization	Confidentiality, referral to services,	50%	3	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
New Supervisor Institute Licensing	This is the program specific portion of NSI for Licensing supervisors								
New Supervisor Institute Leadership Topics	This portion of New Supervisor Institute training is for MDHHS supervisors only								
Building Teams	In this ½ day session supervisors will recognize why teams fail and ways to ensure your team is successful. Learner will recognize their impact on the team, as well as gain skills to allow successful team development.	Team building and stress management training	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Conflict Resolution	In this ½ day session supervisors are shown how to recognize that a conflict is escalating and minimize damage by using the most appropriate resolution tactic, regardless of which stage a conflict is in.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	

Engaging and Motivating Staff	In this ½ day session supervisors will be introduced to concepts such as: leadership principles, how to engage and motivate staff, communication, trust and professional boundaries as a supervisor.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Leadership Basics-Communication	In this ½ day session supervisors will be able to be able to recognize how to improve their communication practices by understanding the barriers and process's to remove them, as well as key points in communicating effectively via electronic, in person as well written.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Managing Change	This ½ day session for supervisors focuses their role and how crucial it is in initiating change in the workplace. Discussions are had around how to introduce a change initiative and lead discussions with employees to explore how best to implement the changes. They also learn to help others overcome their resistance to change. These skills enhance a supervisor's ability to minimize the potentially negative effects of change on morale, processes, and productivity.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
One on Ones and Coaching	This half day session for supervisors focuses on One on Ones which are a type of meeting that will allow time for coaching and relationship building. Discussions and tools that focuses on the importance and how to assist participants with coaching their staff.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Trust	In this ½ day session supervisors focus on things that contribute to breaking trust, practice techniques in building trust, and take action to create an environment in which people work together to create and sustain high levels of trust.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Family Preservation									

Family Preservation Supervisor Training I	This 2 day training is focused on the hiring process. It includes an examination of posting job positions, resume review, telephone and in person interviews, and orientation of the new worker. Day 2 assists the participant in examining their own management style and joining that with a worker's learning curve. Personnel	General supervisory skills or other generic skills needed to perform specific jobs	50%	12	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors	9
Family Preservation Supervisor Training II	This 2 day training examines the participants' use of clinical skills to supervise workers in case management. The areas of safety planning for families, using solution focus techniques, and a strength-based approach with families is emphasized. Modeling effective communication across generations in a workplace and assisting workers in personal goal planning is woven throughout.	Case management and supervision	75%	12	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors	13
Family Preservation Supervisor Training III	This 2 day training is focused on Leadership and Team Building. Participants will focus on identifying their own leadership style and philosophy. Day 2 centers around the definition of team and team development. Team building activities will be demonstrated.	General supervisory skills or other generic skills needed to perform specific jobs	50%	12	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors	15
Family Preservation Families First Supervisor Orientation	This supervisory orientation provides a review of the FAMILIES FIRST contract and the various ways by which the program structure is designed to preserve the integrity of the FAMILIES FIRST model. The training explores the various roles of the agency, the supervisor, and the DHHS referring worker, while emphasizing the major aspects of the agency program manager and supervisors' role in the area of program leadership	Case management and supervision	75%	6	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors	3
Family Preservation Family Reunification Program Team Leader Training	This training reviews the requirements and responsibilities of Team Leaders in the FRP program. Reviews therapeutic interventions, development of treatment plans and goals.	Case management and supervision	75%	6	Classroom	Multiple trainers	Long-term	Family Reunification Team Leaders	11

<p>Family Preservation Family Reunification Program Supervisor Orientation</p>	<p>This two-day Family Reunification Supervisory Orientation provides a review for supervisors of the FAMILY REUNIFICATION PROGRAM including contract, program components and structure designed to preserve the integrity of the FAMILY REUNIFICATION PROGRAM model. The training explores the various roles of the agency, the supervisor, and the DHS referring worker, as well as the FRP program manager and team members (one team comprised of one master level team leader and two bachelor level workers). The training also includes how to perform supervisory duties and responsibilities related to: forms and documentation review; providing leadership in team and individual supervision meetings; solution focused treatment planning; collaborative and solution focused approach with referring staff, FRP staff and families</p>	<p>Case management and supervision</p>	<p>75%</p>	<p>12</p>	<p>Classroom</p>	<p>Multiple Trainers</p>	<p>Long-term</p>	<p>Family Preservation Supervisors</p>	<p>4</p>
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	B	C	D	E	F	G	H	I	J
1	Course/Module Title Yellow highlight indicates new to 2019. Blue highlight indicates this online class is also included	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Duration	Target Audience	Total completions 1/1/2019 - 12/31/19
2	Allocation Methodology Costs for all courses are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at either 50% or 75% FFP, for the respective programs.								
3	Absent Parent Protocol	This course introduces new workers to the Absent Parent Protocol and Safety of Placement issues in Child Welfare.	Case management and supervision	75%	1	online	long term	child welfare	712
4	A Guide to Critical Thinking in Child Welfare, DHS-3130a and DHS-588	This training will assist child welfare workers and supervisors in understanding the basics of critical thinking and help support the development of critical thinking skills utilized in the completion of thorough home	Communication skills related to working with children & families, social work practice	75%	1	online	long term	child welfare	292
5	Abbreviated Licensing Training For Child Welfare Workers	A brief training to help CPS and Foster Care workers define the basic licensing application process, list pertinent licensing rules that apply to CPS and Foster Care placements, learn about the Family Incentive Grant (FIG)	Social work practice - family centered practice; development of case plan;	75%	1	online	long term	child welfare	169
6	Achieving Health Requirements for Children in Foster Care Recorded Webinar	The purpose of this training is to provide practical/hands on training in the tools workers use to improve the well-being of children in foster care.	Social work practice, such as family centered practice and social work methods including interviewing and assessment.	75%	2.5	online	long term	child welfare	202
7	Achieving Safety and Self-Sufficiency for Battered Women and Their Children	Provides an introduction to the topic of domestic violence and the specific strategies that eligibility specialists and family independence specialists can use to help clients who are experiencing domestic violence. Produced in cooperation with the Michigan Domestic and Sexual Violence Prevention and Treatment Board.	General issues related to children and families in child welfare systems; case planning	75%	2	online	long term	child welfare	265
8	Adoption Assistance Negotiation Recorded Webinar	Effective January 21, 2014 the process for adoption assistance applications is being updated to include a worksheet to assist in the negotiation process. This webinar will discuss those changes described in CSA CI 13149. This webinar is mandatory training for all new hires.	Negotiation and review of adoption assistance agreements	75%	2	online	long term	child welfare	10

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9	Behavioral Health and Wellness: Casework Practice	The purpose of this training is to provide information about behavioral health services including how to access and expectations. The training will also provide practical/hands on training in the tools coworkers use to improve the well-being of children in foster care.	Referral to services.	75%	1.5	online	long term	child welfare	82
10	Behavioral Health and Wellness: Psychotropic Medications	This CBT is for all public and private foster care workers who were unable to attend the Behavioral Health and Wellness: Casework Practice conferences in the summer of 2019 and for those interested in the information presented. The course has two parts and will cover behavioral health services including when and how to access, and what to expect. Also discussed are psychotropic medication trends, uses, and expectations.	Referral to services. Case management and supervision	75%	1.5	online	long term	child welfare	53
11	Building Safety for Youth and Families: Recognizing and Affirming SOGIE - Introduction	This module introduces the Ruth Ellis Center and the Family Acceptance Project's work with LGBTQ youth and their families. Statistics explain the need for this work.	Placement of the child. Development of the case plan. Cultural competency related to children and families. Communication skills required to work with	75%	0.5	online	long term	child welfare	122
12	Building Safety for Youth and Families: Recognizing and Affirming SOGIE – Part 1	Participants will learn the results of the Family Acceptance Project's in-depth studies with LGBTQ children and families. They will learn best practices to help families, foster families, guardians, and caregivers nurture, support, and promote the health and well-being of their LGBTQ youth.	Placement of the child. Development of the case plan. Cultural competency related to children and families. Communication skills required to work with children and families. Independent living and the issues confronting	75%	0.5	online	long term	child welfare	6
13	Building Safety for Youth and Families: Recognizing and Affirming SOGIE – Part 2	Participants will develop a framework for identity that will help them navigate conversations and create safe and healthy spaces for LGBTQ youth.	Placement of the child. Development of the case plan. Cultural competency related to children and families. Communication skills required to work with	75%	1	online	long term	child welfare	84
14	Building Safety for Youth and Families: Recognizing and Affirming SOGIE – Part 3	Participants will view a video about seven LGBTQ youth who were in the foster care system. Their stories will help us understand some of the challenges LGBTQ foster children face. We'll also discuss three tools that participants can use when working with LGBTQ youth.	Placement of the child. Development of the case plan. Cultural competency related to children and families. Communication skills required to work with	75%	0.5	online	long term	child welfare	61

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15	Caseworker-Child Visits	Find out what happens when MDHHS does not meet the federal goal for caseworker visits with children. Review your knowledge of policy for caseworker-child visits by playing a fun trivia game. Discover the seven items that caseworkers commonly miss when documenting their visits in MiSACWIS	Social work practice - family centered practice; development of case plan; Participation in judicial findings.	75%	1	online	long term	child welfare	254
16	Completing the DHS1927 Child Adoption Assessment	A job aid that shows how to complete the DHS-1927.	Adoptive home studies	75%	0.5	online	long term	child welfare	131
17	Complying with the Multiethnic Placement Act MEPA of 1994 and Interethnic Adoption Provisions IEAP of 1996	Provides information about MEPA and IEAP that adoption workers and foster care workers need to know	Training on referral to services case planning; case management	75%	1	online	long term	child welfare	613
18	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	online	long term	child welfare	130
19	Continuum of Care	This course is an introduction to the continuum of care. Participants will learn the essential components of the CPS, Foster Care, Licensing, and Adoption roles along the continuum, common challenges that exist, and how the programs address those challenges differently. The course prepares learners for further discussion in the classroom.	General issues related to children and families in child welfare systems	75%	1	online	long term	child welfare	241
20	Domestic Violence	Discusses definitions relating to domestic violence/intimate partner violence relationships, rationale and tractics used by abusers, impact of exposure to domestic violence, when domestic violence becomes lethal, protective strategies, and barriers to leaving DV/IPV relationships.	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system	75%	1	online	long term	child welfare	1151
21	Education Point-of-Contact Recorded Webinar	This course will provide information about federal and state law/policy regarding education and children/youth in foster care. Those required to complete this session are those who have been identified by the County Director to be the Education Point-of-Contract for the local school districts.	Case management and supervision. Title IV-E policies and procedures.	75%	1	online	long term	child welfare	47

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22	Effective Safety Planning	This training will assist workers in safety planning and implementation. They will learn how to use both reactive and proactive approaches and how to engage the family in creating effective safety plans. Workers will additionally learn how to track and monitor the safety plans which they create and the benefits of successful safety planning.	Case management and supervision. Social work practice, including interviewing and assessment. Child abuse and neglect issues. Activities designed to preserve, strengthen, and reunify the family.	75%	2	online	long term	child welfare	61
23	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	online	long term	child welfare	1080
24	Enhanced MiTEAM Virtual Learning Site – Assessment Module	The Enhanced MiTEAM Virtual Learning Site, Assessment Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the Assessment competency and key assessment skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to assessment.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	313
25	Enhanced MiTEAM Virtual Learning Site – Case Plan Implementation	The Enhanced MiTEAM Virtual Learning Site, Case Plan implementation Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the Case Plan Implementation competency and key assessment skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to case plan implementation.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	255
26	Enhanced MiTEAM Virtual Learning Site – Case Planning	The Enhanced MiTEAM Virtual Learning Site, Case Planning Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the Case Planning competency and key assessment skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to case planning.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	334

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27	Enhanced MiTEAM Virtual Learning Site – Engagement Module	The Enhanced MiTEAM Virtual Learning Site, Engagement Module, includes a tutorial, Application Exercises, and Resources. You will learn how the engagement competency is defined and key engagement skills, fidelity indicators and QSR measures. You will also be provided with exercises to practice the skills you learn, and important resources related to engagement.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	301
28	Enhanced MiTEAM Virtual Learning Site – Mentoring	The Enhanced MiTEAM Virtual Learning Site, Mentoring Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the mentoring competency and key placement planning skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to mentoring.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	376
29	Enhanced MiTEAM Virtual Learning Site – Overview Module	The Enhanced MiTEAM Virtual Learning Site Overview Module will cover the purpose of the virtual learning site, a description of the MiTEAM practice model, a description of CQI; a description of fidelity measures, and a description of QSR measures.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	1.25	online	long term	child welfare	456
30	Enhanced MiTEAM Virtual Learning Site – Placement Planning	The Enhanced MiTEAM Virtual Learning Site, Placement Planning Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the placement planning competency and key placement planning skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to placement planning.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	283

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31	Enhanced MiTEAM Virtual Learning Site – Teaming Module	The Enhanced MiTEAM Virtual Learning Site, Teaming Module, includes a tutorial, Application Exercises, and Resources. You will learn how the teaming competency is defined and key teaming skills, fidelity indicators and QSR measures. You will also be provided with exercises to practice the skills you learn, and important resources related to teaming.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	321
32	Enhanced MiTEAM Virtual Learning Site – Trauma Module	The Enhanced MiTEAM Virtual Learning Site, Trauma Module, includes one tutorial and a resource section. The tutorial provides users with the basic information needed to practice the MiTEAM model using a trauma-informed lens. The resources provide essential tools, tips and guidance related to the trauma-informed approaches use in Michigan.	Social work practice, communication skills required to work with children and families. Development of the case plan. Family centered practice and social work methods including assessment.	75%	0.75	online	long term	child welfare	384
33	Every Student Succeeds MDHHS Point-of-Contact Training Recorded Webinar	This webinar was a required training for those individuals identified as the Education Point-of-Contact for their county.	Case management and supervision. Title IV-E policies and procedures.	75%	1	online	long term	child welfare	4
34	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,	Social work practice, cultural competency, communication skills required to work with	75%	1	online	long term	child welfare	1119
35	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	online	long term	child welfare	552
36	Foster Care Review Board for Supervisors	Designed for Foster Care Supervisors, the presentation provides detailed information about the Foster Care Review Board (FCRB), its purpose and function, the services it provides, and how Foster Care agencies will interact with the FCRB. Contact and forms information are included.	Policy and procedures	75%	0.5	online	long term	child welfare supervisors	52
37	Helping Adoptive Parents Apply for Adoption Assistance Programs	This web-based training will show you how the Adoption and Guardianship Assistance Office determines adoption assistance eligibility and how you can help adoptive parents apply for adoption assistance programs	Negotiation and review of adoption assistance agreements	75%	0.5	online	long term	child welfare	135

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38	Human Trafficking of Children	Provides instruction on using the Human Trafficking of Children Protocol to identify and serve victims of human trafficking.	General issues related to children and families in child welfare systems	75%	0.5	online	long term	child welfare	219
39	ICWA	This CBT is designed to provide participants with knowledge to establish a fundamental understanding regarding Native American culture and history, and an introduction to Michigan's federally recognized tribes. In	Case planning; preparation for judicial determinations.	75%	1.5	online	long term	child welfare	1266
40	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	online	long term	child welfare	467
41	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	online	long term	child welfare	1215
42	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	Social work practice, communication skills required to work with	75%	1	online	long term	child welfare	1147
43	Management and Data-Driven Decision Making Training - Supervisor	During this recorded webinar, supervisors will learn the importance of data in child welfare. They will learn what data we use, why we use the data and how the data will improve case management	Generic skills needed to perform specific jobs	50%	1	online	long term	child welfare	8
44	Management and Data-Driven Decision Making Training - Worker	During this recorded webinar, workers will learn the importance of data in child welfare. They will learn what data we use, why we use the data and how the data will improve case management	Generic skills needed to perform specific jobs	50%	1	online	long term	child welfare	27

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45	Mandated Reporter	Mandated Reporters of Abuse and Neglect. Formerly in Pathlore as APW921. To introduce Department of Human Services (DHS) staff to new AHP, CFF, CFP, JJ2, JR5, and PAM items in online manuals which support the topic of Mandated Reporters. To define for staff, Who are Mandated Reporters? To highlight information contained in the Child Protection Law (CPL) 1975 PA 238 pertaining to Mandated Reporters, the reporting process, and penalties for failure to report child abuse and neglect. To highlight information contained in the Social Welfare Act, 1939 PA 280 pertaining to Mandated Reporters, the reporting process, and penalties for failure to report abuse, neglect or exploitation of an adult.	General issues related to children and families in child welfare systems	75%	1	online	long term	child welfare	540
46	Meeting Them Where They Are: Recognizing and Responding to the Needs of Our Foster Parents	This training is designed to assist workers with retaining existing foster parents.	Recruitment and licensing of foster homes and institutions	75%	1	online	long term	child welfare	46
47	Mentoring PSI New Hires	This online course is intended for experienced caseworkers (CPS, Foster Care, and Adoption) who are or will be assigned to mentor a newly hired caseworker. They will learn the importance and benefits of mentoring.	Job performance enhancement skills	50%	1.5	online	long term	child welfare staff who will be mentoring PSI students	81
48	MiTEAM Domestic Violence Enhancement Introduction	The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. This is a pre-requisite to the classroom training.	case management and supervision; development of case plan; referral to services	75%	2	online	long term	child welfare	149
49	MiTEAM Specialist and Liaison - Roles and Responsibilities	This course is a high-level introductory overview for the MiTEAM specialist position—previously known as a peer coach.	Social work practice - family centered practice; development of case plan	75%	1	online	long term	MiTEAM Specialist	23
50	Monitoring Worker Case Review Tool – Recorded Webinar	Case Review: is an aspect of a quality assurance process intended to assess some degree of quality and compliance with policy expectations to assure child specific information is documented in MiSACWIS. Information gathered will be used to notify the PAFC worker and supervisor of missing data, resolve pending authorizations and identify any trends to inform ongoing technical assistance and training needs.	Placement of the child. Development of the case plan. Case reviews	75%	1	online	long term	DHHS PAFC Monitors	20

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51	Non-Discrimination Settlement Agreement Training	This training provides an overview of the provisions outlined in the Settlement Agreement for Dumont et al. v. Gordon et al. pertaining to non-discrimination in the delivery of foster care and adoption services.	Placement of the child. Contract negotiation, monitoring or voucher processing related to the IV-E program. Recruitment and licensing of foster homes and institutions	75%	0.25	online	long term	child welfare	1768
52	Opioid Use Disorder Child Welfare Response Recorded Webinar	Information about opioid use disorder, the use of medication assisted treatment and neonatal abstinence syndrome. Consideration for CPS and FC include case planning for safety and support, permanency planning decision making and reunification during treatment/recovery.	General substance abuse issues related to children and families in the child welfare system	75%	1	online	long term	child welfare	206
53	PAFC Director Approvals of Placement Exception Requests	Webinar training for PAFC Director approval of Placement Exception Requests (PERs) in MiSACWIS. The training provides information on 1) Policy on PERs, 2) Where and when to route or approve PERs per policy, 3) How to review PERs and case information in MiSACWIS, and a 4) MiSACWIS demonstration.	Placement of the child	75%	1	online	long term	PAFC directors	4
54	Paying Unlicensed Relatives	MiSACWIS project and program office staff are providing a live webinar demonstration for child welfare staff to understand what is needed to ensure payments are completed for unlicensed relatives.	Permanency planning including using kinship care as a resource for children involved with the child welfare system.	75%	1.5	online	long term	child welfare	572
55	Petition Writing for Child Welfare Workers	This course will educate caseworkers on how to draft initial and supplemental petitions in court for a child protective proceeding. This training will help a worker identify the purpose for a court petition, when to file one and how to draft and file one. It will also provide a base knowledge for establishing a legal and putative father. The 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. Preparation for and participation in judicial determinations	50%	1	online	long term	child welfare	519
56	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	Social work practice, cultural competency, communication skills required to work with	75%	1	online	long term	child welfare	1110

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57	Practical Guide to Obtaining and Documenting Informed Consent	This recorded webinar describes the principles behind informed consent and its connection to well-being, describes the importance of casework in successful engagement between prescribing physicians, children and	Ethics training and confidentiality requirements	75%	1	online	long term	child welfare	20
58	Reasonable and Prudent Parenting Training for Child Welfare and Residential Providers	Training for Child Welfare and Residential Facility workers in the Reasonable and Prudent Parenting Standard.	Assessments to determine whether a situation requires a child's removal from the home.	75%	0.5	online	long term	child welfare	1070
59	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. Development of the case plan	75%	1	online	long term	child welfare	533
60	Safe Sleep: What Every Parent Needs to Know	Sue Snyder, former first lady of Michigan and three families who've lost young children to unsafe sleep environments share their thoughts.	Home studies. Recruitment and licensing of foster homes and institutions	75%	0.25	online	long term	child welfare	73
61	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	online	long term	child welfare	1091
62	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. State agency personnel policies and procedures	50%	5	online	long term	child welfare	1523
63	Working with the LGBTQ Community	Working with the LGBTQ Community is an appropriate course for staff who work directly with children in the child welfare system. Staff will learn about LGBTQ youth, the unique risks that LGBTQ youth in the child welfare system face, and the specific things staff can do to advocate for them. The course also covers how the new marriage equity laws apply to the work of foster care and adoption.	Social work practice, cultural competency, communication skills required to work with children in families, placement of the child, referral to services	75%	3	online	long term	child welfare	1261
64	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	online	long term	child welfare	535

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Course/Module Title Yellow highlight indicates new to 2018	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Total completions 1/1/2019 - 12/31/19
Allocation Methodology									
Costs for all courses are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at either 50% or 75% FFP, for the respective programs.									
Achieving Health Requirements for Children in Foster Care	The purpose of this training is to practical/hands on training in the tools workers use to improve the well-being of children in Foster Care	Case management and supervision	75%	4.5	classroom	Multiple Trainers	Long-Term	Child Welfare	719
Crucial Accountability Refresher Course	This session is designed for people who have previously completed the 2-day Crucial Accountability course. This 1 hour Crucial Accountability session will reinforce the concepts of Starting with Heart and Master My	Communication skills related to working with children &	50%	1	classroom	Multiple Trainers	Long-Term	Child Welfare	19
Dual Wards	The various interactions of crossover youth, including dual wards, will be addressed during this course. MDHHS responsibilities for both the Juvenile Justice and Foster Care programs will be reviewed, including a	Case management and supervision	75%	3	classroom	Multiple Trainers	Long-Term	Child Welfare	32
Foster Care Supervisor Service Planning	This workshop will allow Supervisors to review and identify common errors in Foster Care case service plans and assessments. This includes understanding all values needed to be present in assessments and case service plan narratives in order to successfully process a report utilizing the online policy	Case management and supervision	75%	3	classroom	Multiple Trainers	Long-Term	Child Welfare	3
Introduction to Child Welfare for the Migrant Worker	This class will provide the Migrant Worker basic information about the Child Welfare system, what to look for in reference to child abuse and neglect, when to report child abuse and neglect and will provide an	Child abuse and neglect issues	75%	2	classroom	multiple trainers	long-term	child welfare	37
Confidentiality Training for Child Welfare Workers	This training provides an overview of SRM 131 along with practice in case redaction and HIPPA	Child abuse and neglect issues	75%	3	classroom	multiple trainers	Long-term	child welfare	44
Program Specific Refresher for CPS	This courses will provide updates on CPS along with refresher training on required case management items such as standard of promptness, petition writing, policy definitions, report timelines, etc.	Case management and supervision	75%	6	classroom	multiple trainers	long-term	child welfare	108
Program Specific Refresher for foster care	This courses will provide updates on Foster Care along with refresher training on required case management items such as standard of promptness, petition writing, policy definitions, report timelines, etc.	Case management and supervision	75%	6	classroom	multiple trainers	Long-term	child welfare	43
Program Specific Refresher for Adoption	This courses will provide updates on Adoption along with refresher training on required case management items such as standard of promptness, policy definitions, report timelines, etc.	Case management and supervision	75%	6	classroom	multiple trainers	long-term	child welfare	0
Reviewing and Approving CPS Initial Service Plans	This workshop will cover reviewing a CPS Initial Service Plan (ISP) to ensure that policy requirements have been met. The workshop will cover the different sections of a CPS ISP and what policy requires in each section. The workshop will also discuss the process of approving a work item in MiSACWIS.	Policy update/case management	75%	3	classroom	multiple trainers	long-term	child welfare	61
Secondary Trauma Training & Culture/Climate Assessment and Development for Child Welfare Staff	Role specific training for MDHHS directors on recognition of and appropriate response to secondary traumatic stress (STS). Focused on recognizing, understanding and addressing STS. The format shall be	Worker retention and worker safety	50%	6	classroom	multiple trainers	long-term	child welfare	2388
Strengthening the Culture of Your Team: An Employee Engagement Workshop	managers' skills in employee engagement. In the previous Employee Engagement training, participants learned about the importance of engagement and methods for engaging staff. In this workshop, first and	Worker retention and worker safety	50%	3	classroom	multiple trainers	long-term	child welfare	280

Child Welfare Funding Specialist - Refresher trainer	This 6 hour training is designed to provide the Child Welfare Funding Specialist with skills and knowledge on funding, court orders, legal status living, how to navigate MiSACWIS and resolve funding issues	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	140
Child Welfare Funding Specialist Training (CWFS) - Day 1	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system.	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	77
Child Welfare Funding Specialist Training (CWFS) - Day 2	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system.	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	77
Child Welfare Funding Specialist Training (CWFS) - Day 3	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system.	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare	long term	Child Welfare Funding Specialists	99
Confidentiality Training for Child Welfare Workers	This class introduces new workers to confidentiality for child welfare, including: HIPPA, substance abuse treatment, mental health and HIV/AIDS. State and Federal Law and policy are discussed, and legal prohibitions and penalties are addressed.	Confidentiality, referral to services,	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare	44
Report Writing Skills for Child Welfare Note: Previously offered as two different classes, one for CPS and one for foster care. The curriculum now supports report and assessment writing across the continuum of care.	Caseworkers will gain an understanding of the importance of quality report writing; gain an understanding of the basic principles of behavior-based narrative writing; gain an understanding of the SMART goal writing method; will be able to identify MDHHS policy regarding FANS/CANS, Services Agreements, Social Work Contacts and write effective narratives.	communication skills, Preparation for and participation in judicial determinations	50%	6	classroom	multiple trainers	Long-term	child welfare	75

Crucial Accountability for Workers	Crucial Accountability is a program that was developed to address the difficulty many people experience with holding others accountable when agreements are not met; often one of the most challenging aspects of DHHS work. The skills trained will help participants to: - Address failure to meet expectations in a way that builds relationships and increases motivation. - Eliminate resistance by replacing fear and uncertainty with natural and enduring motivators and holding everyone accountable to the same standards, enhancing communication and trust. - Confront every broken promise or violated expectation in a way that not only solves the problem, but also strengthens relationships, improves engagement and offers opportunities for effective mentoring. The training teaches a straightforward step-by-step process for identifying and resolving performance gaps, mastering face-to-face performance discussions, motivating without using power, enabling without taking over, and moving to action. Throughout the training employees will have the opportunity to apply Crucial Accountability principles and skills to real life challenges that they may be facing.	Communication skills related to working with children & families	75%	14	classroom	multiple certified trainers	long term	child welfare	58
Cultural Competence - full day	Trainees will learn about the dynamics and importance of cultural competency. Trainees participate in activities designed to reflect on the messages we received growing up and how those messages impact our approach to child welfare work.	Cultural competency related to children and families.	75%	6	classroom	Multiple Trainers - all have attended the	long term	child welfare	279
Cultural Competence- half day	Trainees will learn about the dynamics and importance of cultural competency.	Cultural competency related to children and families.	75%	3	classroom	Multiple Trainers - all have attended the	long term	child welfare	289
Domestic Violence - FP	This training will provide the Family Preservation and Child Welfare workers with knowledge about domestic violence, its manifestations and effects on the family. How to identify domestic violence and conduct an assessment of the potential lethality of the situation will be covered, in addition to intervention techniques, the role of the family preservation provider and safety planning with survivors. The training will include use of case scenarios developed based on actual case situations, role playing exercises, handouts and video. The training also focuses on the work, which can be done with perpetrators of domestic violence. Participants will learn to use the guiding principles for work with domestic violence in families, assessment skills and specific interventions developed for working to support the non-offending parent and the children. Attendees will also experience the strength-based perspective as applied to domestic violence.	Social work practice, communication skills required work with children and families, child abuse and neglect issues, impact of child abuse and neglect and the child, family centered practice, activities designed to preserve, strengthen, and reunify the family. Case management and supervision; development of case plan; referral to services	75%	18	Classroom	Multiple trainers	Long term	Family Preservation	118

Domestic Violence Laws 1/2 Day	This training is devoted to an examination of the law related to domestic violence, as well as a review of the Personal Protection Order. Participants will learn how to advocate for women with the legal system, as well as establishing and activating the order of protection. An attorney who is knowledgeable in the area of domestic violence is the presenter for this session.	Preparation for and participation in judicial determinations, communication skills required to work with children and families	75%	3	Classroom	Multiple trainers	Long term	Family Preservation	34
Foster Home Certification and Complaint	Foster Home License Certification Training for child placing agency staff. All staff and supervisors who complete ANY functions related to the licensure of foster homes must attend and pass the five-day class on certifying foster homes and for conducting special investigations on foster homes.	Recruitment and licensing of foster homes	75%	40	classroom	Division of Child Welfare Licensing staff	long term	licensing	303
ICWA Refresher	This ½ day training will educate CPS, Foster Care, and Adoption workers on MDHHS policy regarding the Indian Child Welfare Act (ICWA) as well as the Michigan Indian Family Preservation Act (MIFPA) and how the two laws work together to help preserve Native American children and families.	Development of case plan; referral to services; preparation of judicial participation	75%	3	classroom	multiple with support from the Office of Native American Affairs	long term	child welfare	35
Incest-Affected Families I - FP	Designed to assist the in-home worker to utilize techniques in working with incest-affected families within a brief time period. Issues of engagement, assessment, goal setting and structuring for safety are discussed. Workers gain practical knowledge in skills for families through demonstrations case examples and role-plays.	Social work practice, communication skills required to work with children and families, child abuse and neglect issues, family	75%	6	classroom	multiple trainers	long term	Family Preservation	11
Incest-Affected Families II - FP	This workshop is designed to assist the in-home workers in working with Adult survivors of Incest/Sexual molestation. The focus of “dos and don'ts” when working with Adult Survivors will be addressed, along with practical techniques for giving support and guidance.	Social work practice, communication skills required to work with children and families, child abuse and neglect issues, family	75%	6	classroom	multiple trainers	long term	Family Preservation	11
Infant Safe Sleep	Safe Sleep training is designed to raise awareness among child welfare staff to assess and address safe sleep with parents/caregivers and to engage them in putting the safe sleep education message in to practice.	How to address/treat child or family behaviors	75%	1.5	classroom	Michigan Public Health Institute	long term	child welfare	489
Mandated Reporter Train the Trainer	Participants will learn skills needed to provide training to Mandated Reporters to both internal and external stakeholders in child welfare to assist with making CPS complaints to Centralized Intake in accordance with the Michigan Child Protection Law.	Training topic not available under IVE but proper for administration of the IVE plan; general skills/knowledge	50%	1.5	classroom	CPS Program Office	long term	child welfare	81
Mental Health I - Interventions - FP	This one day workshop focuses on working with families with mental health issues such as schizophrenia, depression, bipolar disorder, or borderline personality disorder. Workers are given resources to help them protect the rights of family members who may be suffering from mental illness and safety planning.	Case management and supervision; development of case plan; referral to services	75%	6	Classroom	Multiple trainers	Long term	Family Preservation	10

Mental Health II - For Kids - FP	This one-day workshop focuses on providing workers with information regarding the issues of Bi-Polar Personality Disorder and Autism as these conditions relate to children. Teaches ways to assist parents/caretakers in finding resources in regards to treatment and support for their child(ren).	Social work practice, cultural competency, communication skills required to work with children and families, development of the case plan, family centered practice, referral to services, activities designed to preserve, strengthen, and reunify the family	75%	6	classroom	multiple trainers	Long term	Family Preservation	11
Domestic Violence Enhancement Training - MiTEAM	The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaborative and others. The behavioral focus of the model highlights the "how" of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including recent correlations with a reduction in out of home placements in child welfare domestic violence cases. This training is designed to provide staff and supervisors with the knowledge and tools to confidently and effectively work with victims, perpetrators, and children of domestic violence	case management and supervision; development of case plan; referral to services	75%	24	classroom	multiple trainers	Long-term	child welfare	1375
Money Whisperer - FP	Information and tools to increase knowledge of money management techniques to Family Preservation staff to assist families in developing short-term and long-term healthy financial management skills.	Tools to provide specific financial services to families. Job Performance enhancement skills	50%	6	classroom	multiple trainers	long term	Family Preservation	4
Personal Safety for Workers - FP	Basic safety in urban, rural and suburban areas. Participants will have an opportunity to explore with a home safety nurse the do's and don'ts of safety precautions for communicable diseases.	Worker safety	50%	6	Classroom	Multiple trainers	Long term	Family Preservation	9
Pride - Train the Trainer	PRIDE is a model for the development and support of resource families. It is designed to strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for recruiting, preparing, and selecting resource families. It also provides foster parent in-service training and ongoing professional development.	Recruitment and licensing of foster homes; retention of foster homes, foster parent training.	75%	24	classroom	multiple trainers	Long term	licensing workers/ foster parent trainers	33

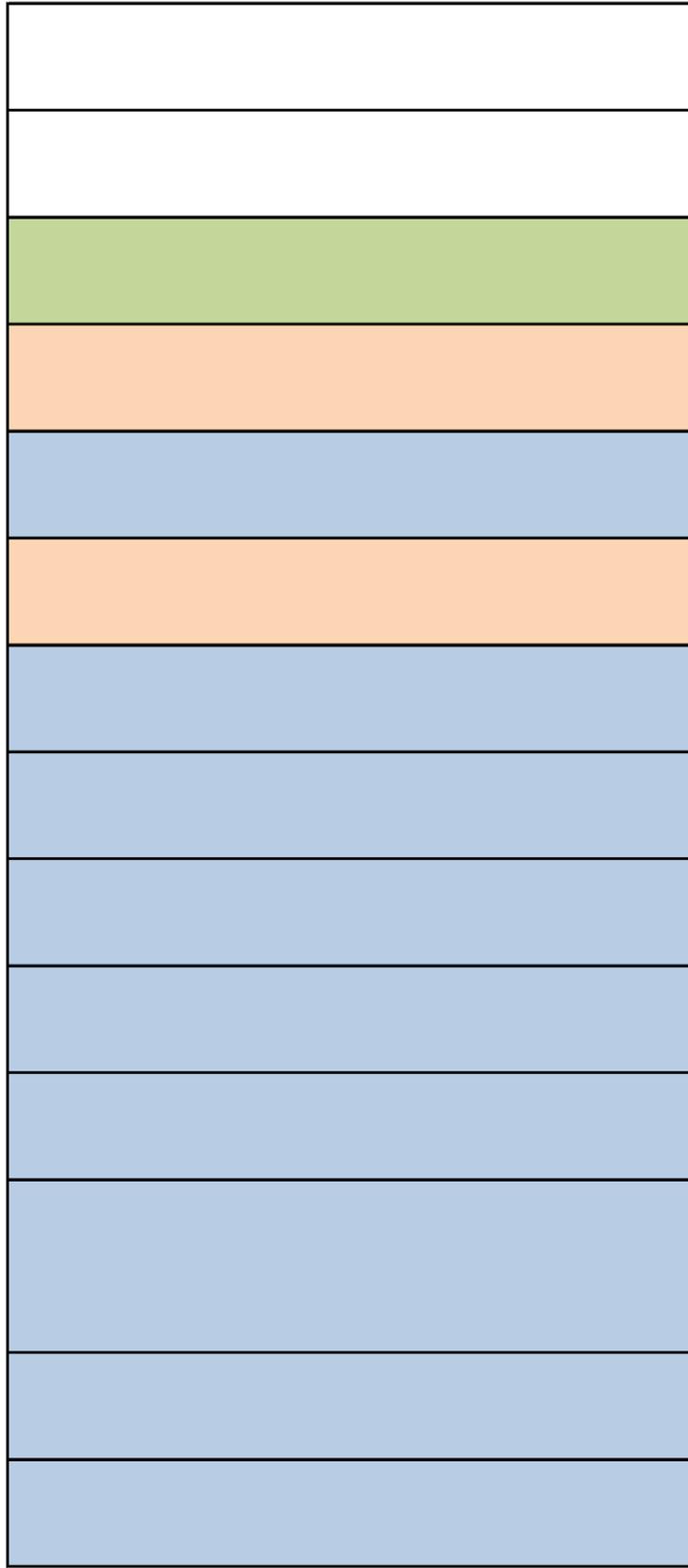
Safety By Design	This class is required for all child welfare caseworkers, supervisors, program managers, directors and those in supportive roles to these positions. The Safety by Design training will enhance the trainees' understanding of safety assessment and planning, as well as threatened harm policy and practice. As well as, provide frontline staff the opportunity to identify obstacles to the application of these policies and practices. Thorough and inclusive safety assessment and planning increases immediate child safety, assists in better placement decisions and can enhance worker relationships with families, courts and other community partners.	Case management and supervision; development of case plan; referral to services	75%	3	classroom	multiple tra	long term	child welfare	59
Secondary Trauma, Burnout and how MITEAM can help (Note: This class used to be called Secondary Trauma. The curriculum was updated to train it through a MITEAM lens.	Understanding the difference between secondary trauma and burnout and the importance of addressing these topics in child welfare work. Using Teaming, Engagement, Assessment and Mentoring to build and repair the culture in your office to reduce secondary trauma and burnout.	worker retention, stress management training	50%	3	classroom	multiple trainers	Long term	child welfare/supervisors	40
Self Care for Workers - FP	How to recognize and address stress from working with children and families at risk. The development of a personal care plan will be addressed and time will be given in the course of the day for sharing among participants.	Stress management training; worker retention	50%	6	classroom	multiple trainers	Long term	Family Preservation	6
Self-Awareness-FP	Focuses on bringing awareness to ones perceptions of other cultures, beliefs and practices that FPS Workers may encounter while servicing families. Through various exercises, trainees examine and challenge their own beliefs, how those beliefs were formed, and how to overcome biases, in order to provide the highest level of service to the customer as possible	Cultural competency, job performance enhancement	75%	12	Classroom	Multiple trainers	Long term	Family Preservation	79
Sexual Abuse	To provide child welfare staff with the opportunity to build needed knowledge and skills to define, assess, and provide quality services to identified victims of child sexual abuse and their families.	Case management and supervision; development of case plan; referral to services	75%	3	Classroom	Multiple trainers	Long term	Child Welfare	0
Skills Revisited-FP	Reviews the solution focus strength based model with workers in the field along with open discussion of successes and challenges in the field.	social work practice, job performance enhancement	75%	12	classroom	multiple trainers	Long Term	Family Preservation	6
Solution Focus - FP	Focus is on the Solution-Focused Brief Therapy approach developed by Stephen DeJong and Insoo Kim Berg. Both theory and practice will be taught. Emphasis is also placed on skill-building in the areas of engagement, goal-setting, communication, documentation, and safety-planning.	social work practice, job performance enhancement	75%	6	classroom	multiple trainers	Long term	Family Preservation	75
Substance-Affected Families - FP	Focuses on working with families in which children are at imminent risk of removal for abuse, neglect, or delinquent behavior due to the existence of substance abuse. It is designed to examine system and individual worker values while teaching behavior based techniques of engagement, assessment and intervention. Emphasis is placed on the worker's role in working with substance-affected families, as well as, ways to overcome obstacles that may be encountered during the intervention.	Social work practice, cultural competency, communication skills required to work with children and families, child abuse and neglect issues, family	75%	12	Classroom	Multiple trainers	Long term	Family Preservation	90

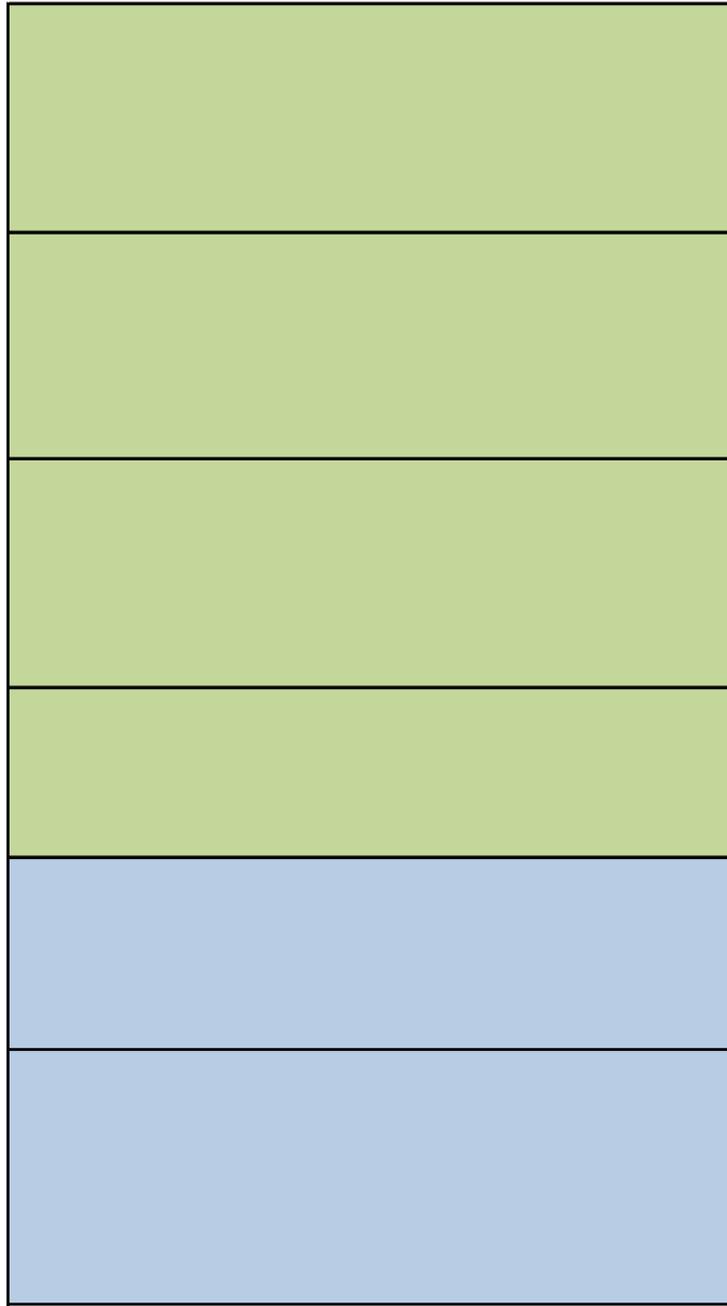
Testifying in Court - FP	An overview of the probate court process involving Family Preservation cases including court preparation, communicating with referring worker and attorneys, developing a legal case before taking the stand. Training reviews the court process, legal terms used in juvenile court and tips for testifying.	social work practice, preparation for and participation in judicial determinations	75%	6	classroom	multiple trainers	long term	Family Preservation	15
Working with LGBTQ Clients and Their Families	Staff will learn about the issues that LGTBQ youth face in the child welfare system. It provides staff with language needed to engage LGTBQ youth with specific tips on how to best advocate for them.	social work practice and job performance enhancement skills	75%	6	classroom	multiple trainer	long term	Family Preservation	23
Verbal De-escalation	Techniques and strategies for defusing verbal aggression and threats.	Worker safety	50%	3	classroom	multiple trainers	Long term	child welfare	129
Women in Leadership Conference	This one day, women's only training is comprised of two parts and was created for public assistance and child welfare staff and supervisors seeking to gain leadership skills. The morning session is led by an OWDT trainer with group discussion and activities, designed to allow participants to gain/enhance their knowledge and skills in becoming effective leaders. The afternoon session is a panel discussion comprised of local women leaders who share insights and lessons learned about being a women in a leadership role and balancing work and home	job performance enhancement skills	50%	6	classroom	multiple trainers	Long-term	MDHHS staff	177
Working with LGBTQ Clients and Their Families	This course covers definitions of sex/gender, sexual orientation, sexual behavior, sexual identity and gender identity. Participants will use practice exercises to apply concepts. Videos of negative reactions, misguided reactions and positive worker responses are used. Participants learn about the unique needs of and learn tips to being an advocate for LGBTQ youth. Common language pitfalls are reviewed.	Cultural competency related to children and families, candidates for care	75%	6	classroom	multiple trainers	long term	Family Preservation	79
Critical Thinking	This ½ day training will educate CPS, Foster Care, and Adoption workers on the use of Critical Thinking skills to enhance the use of structured decision making (SDM) tools and improve the accuracy of reports and decision making to improve outcomes for children and families.	Communication skills related to working with children & families, social work practice	75%	3	classroom	multiple trainers	long term	child welfare	27
Building Teams Utilizing The PERMA Model	This course is designed for first line supervisors to identify the best way to apply the PERMA Model when building their team. The PERMA model is based on seeking positive emotion in our day, engagement or flow when completing tasks, building relationships, finding meaning in what we do, supporting staff with goals and rewarding accomplishments. Participants will also be able to recognize ways to offer active constructive feedback with their staff.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	12

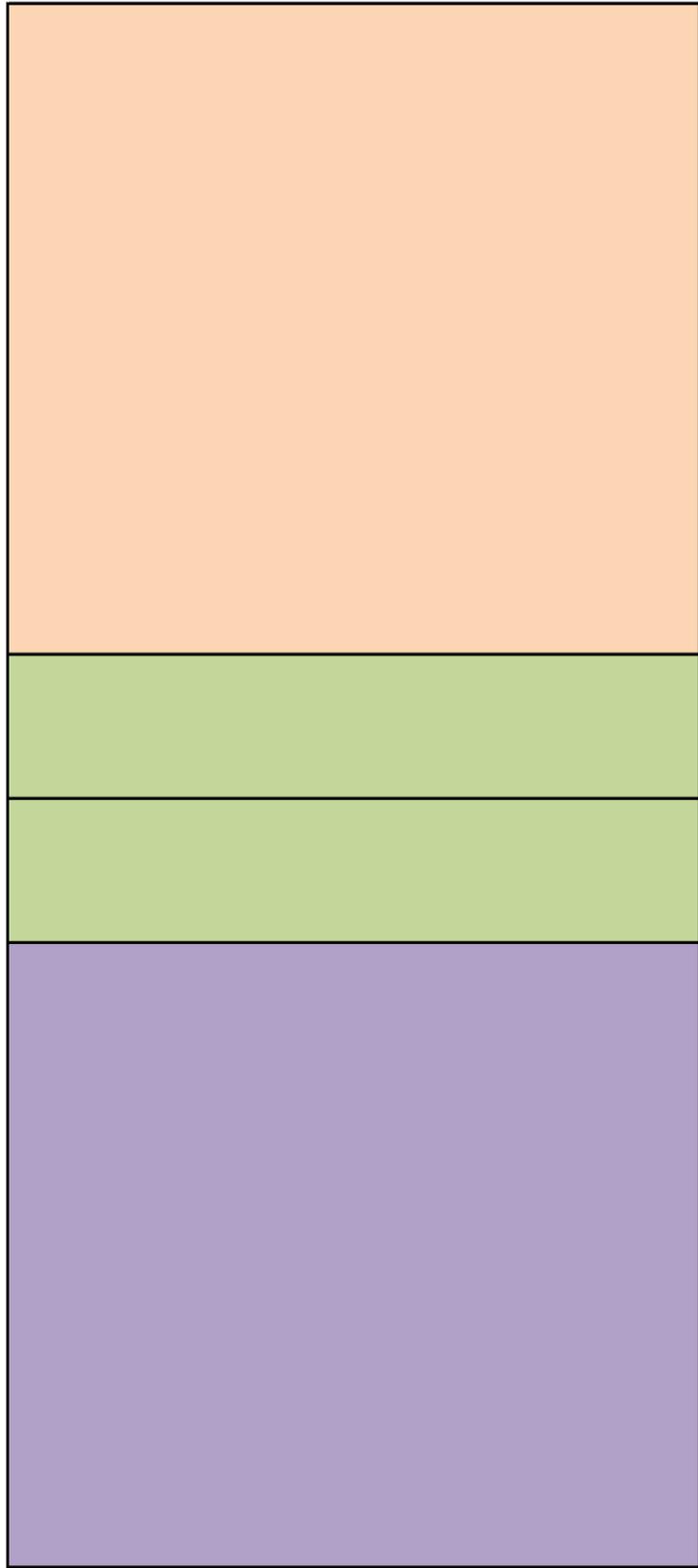
Emerging Leader: Behaviors That Exemplify Your Leadership Skills	The Emerging Leader program is for first line staff. It includes 5 quickknowledge courses : Business Writing Basics, Valuing Diversity, Applying Leadership Basics, Building a Successful Team, and Managing Change. Additionally, participants will complete two half days class titled: Behaviors That Exemplify Your Leadership Skills and Communication Techniques for Effective Leadership. A supervisor will serve as a mentor to the participant throughout the program. The mentor role includes but is not limited to discussing the individual trainings with the mentee following a discussion guide, supporting the mentee with implementation goals that will allow the mentee to implement what they have learned on the job, as well as evaluating the mentee at the end of the course on their leadership skills.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	103
Trauma Screening Checklist Training 101	This Training prepares Child Welfare staff to complete the Trauma Screening checklist with children/ youth, parents and caregivers in an engaging way. Trauma informed practice is infused in the MiTEAM Practice model. This training also prepares staff to do resiliency case planning, engage partners and make referrals with results of the screens	Impact of child and abuse on children	75%	5	classroom	multiple trainers	long term	child welfare staff	3053
Youth Mental Health First Aid	Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders	How to address/treat child or family behaviors	50%	7	classroom	multiple trainers	long term	child welfare staff	56
CPS Supervisor Refresher Session	This session has been specially designed to cover such CPS Supervisor topics as what changes have taken place due to the SCP and how cases are read and completed in the portal, how to best access safety and services for CPS cases, and also review any remaining ISEP gaps from the supervision perspective.	Case management and supervision	75%	3	classroom	multiple trainers	long term	MDHHS staff	2
Effective Communication	In this class participants will be able to be able to recognize how to improve their communication practices by understanding the four degrees of the intercultural awareness spectrum and be able to identify three effective ways to utilize asking questions and clarifying statements in the workplace. In this class participants will be able to be able to recognize how to improve their communication practices by understanding the four degrees of the intercultural awareness spectrum and be able to identify three effective ways to utilize asking questions and clarifying statements in the workplace.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	46

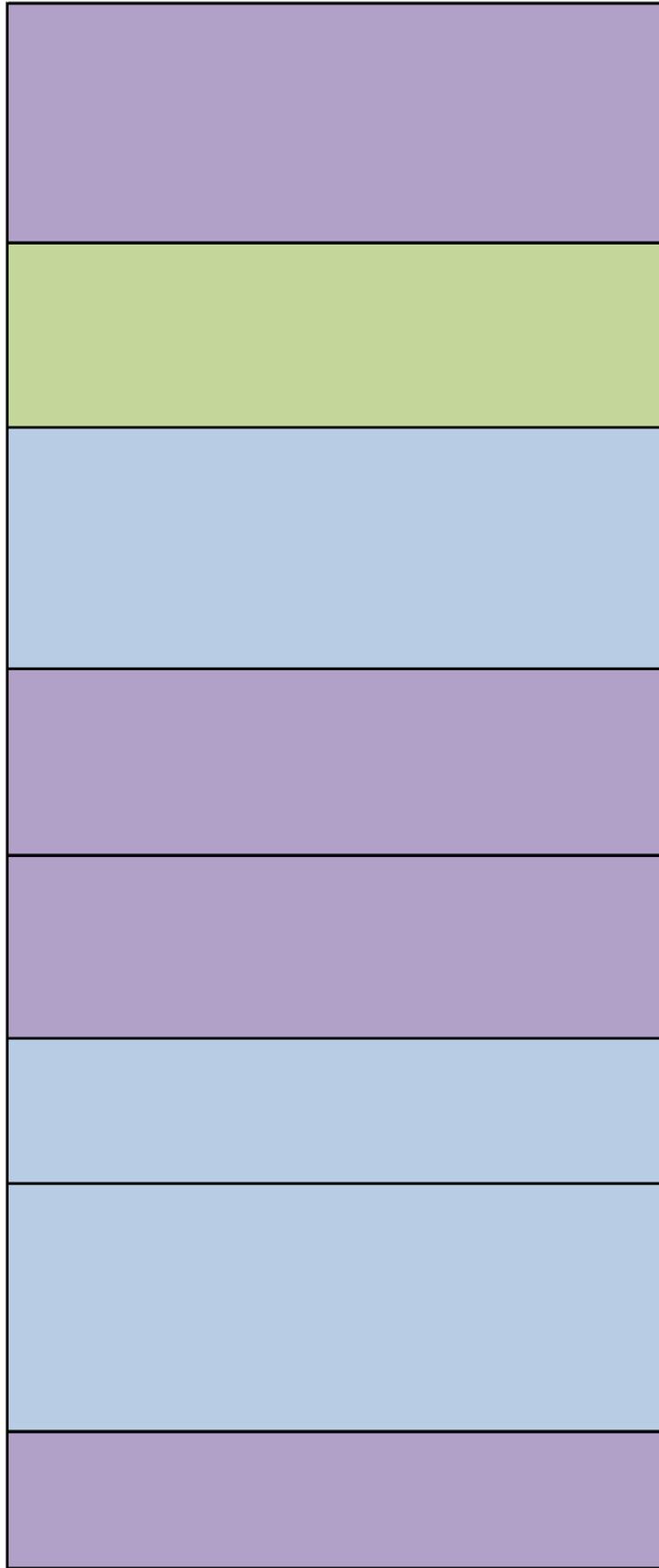
Foster Care Supervisor Payment and Placement	This training highlights the overall placement and payment process for children in Foster Care. Supervisors will understand how decisions made in the placement process affect funding and payment processing. Additionally, Supervisors will understand how to direct staff in finding payment resources using the on-line policy manual.	case management	75%	3	classroom	multiple trainers	long term	MDHHS staff	6
Foster Care Supervisor Refresher Session	This session has been specially designed to cover such Foster Care Supervisor topics as when does policy require non-case services and how do you tie them to the fans and cans. How to complete the PER and who approves them. Relative placement and safety general review along with the reunification documentation paperwork.	Case management and supervision	75%	3	classroom	multiple trainers	long term	MDHHS staff	1
Inside Our Minds: Hidden Biases	This is a 2-day intensive workshop during which participants are encouraged to develop the ability to recognize and reduce the impact of biased decision making to provide more inclusive and equitable services and programs to Michigan families.	Communication skills related to working with children & families	75%	12	classroom	multiple trainers	long term	MDHHS staff	32
Leading Change for Supervisors	In this course participants will identify how they personally respond to change and understand how their staff may respond to change. Participants will recognize ways to inspire action and learn how to turn their followers into leaders, based on the teachings of Simon Sinek. Lastly, participants will construct a plan to communicate change to their staff. This course is designated for MDHHS first line supervisors.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	56
Women in Leadership Part 2: Conflict Management Training for Women	Training will be centered on accepting that conflict can be discomforting and at times unavoidable; however, it can reveal and provide measures of opportunity for all parties involved. This will be explored by: Identifying how and why women view conflict differently than our men counterparts. Proactively recognizing sources that bring and/or create conflict. Discussing valuable ways that can help resolve conflict through self-reflection, presentation, and application.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	53
Women in Leadership Part 2: Enhancing Your Plan to Reach Your Goals	The Enhancing Your Plan to Reach Your Goals training is a one day, instructor led training. The training takes a deeper dive into the plan that was created during the original Women in Leadership training and introduces participants to SWOT analysis, the benefits to obtaining a mentor, creating a vision and mission statement, and more. All workshop activities are designed to enhance your leadership plan and keep you focused on your journey.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	34
Women in Leadership Part 2: Preparing for the Job	This is an instructor led workshop for women to grow their capability in leadership. With a concentration on preparing for the job and how to move to the next level of leadership. We will cover writing your resume and cover letter along with discussing interviewing tips. The workshop will conclude with a panel discussion with current women in leadership positions.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	68
Emerging Leader Implementation Goal Presentation	Participants present one of their completed implementation goals in class.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	83

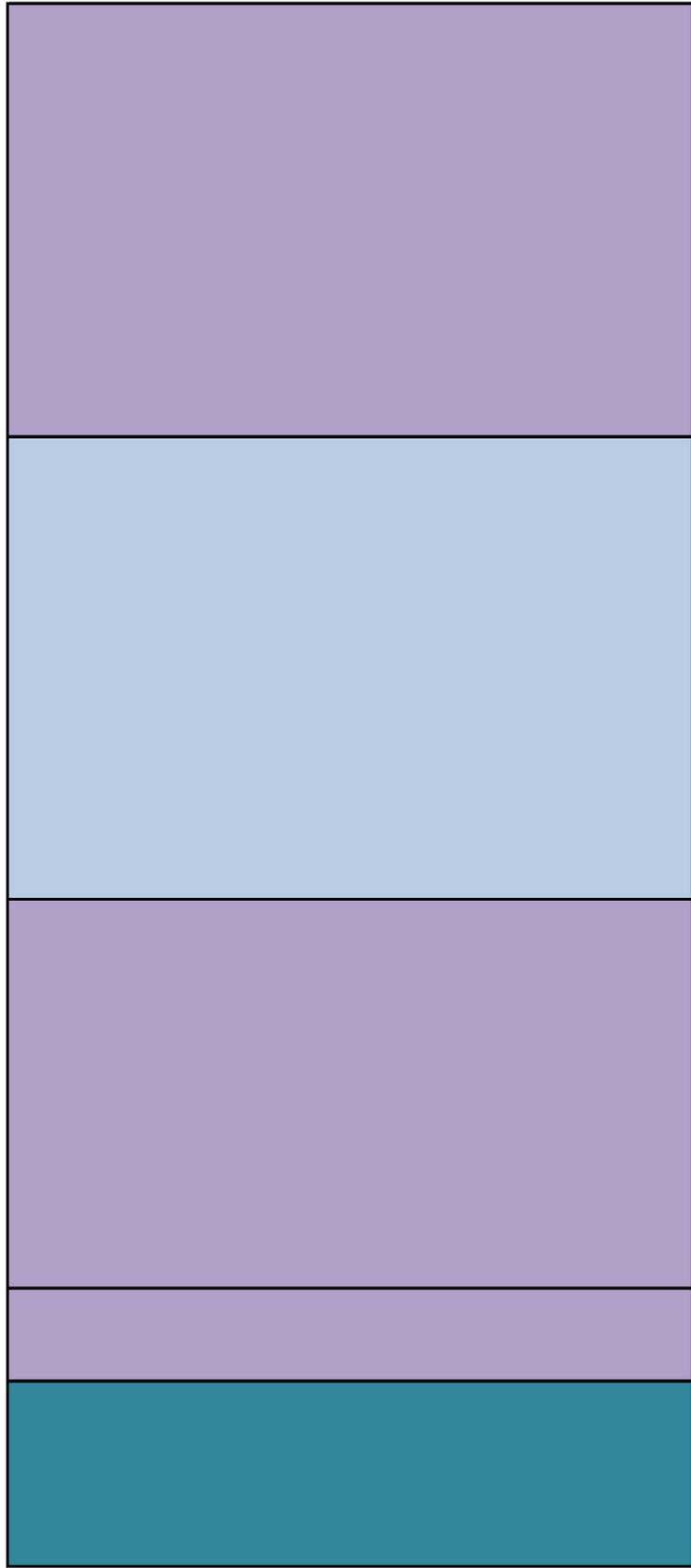
Emerging Leader: Communication Techniques for Effective Leadership	This course will allow participants to recognize how to improve their interpersonal communication skills as well as how to give active constructive feedback. The class will allow participants to practice their communication skills by presenting one of the implementation goals they have created to the class.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	88
Emotional Intelligence: Why it Matters and How to Improve Yours	This is an interactive introductory workshop about emotional intelligence. Participants explore theories of emotional intelligence, discover the brain's capacity to change, and receive an introduction to the 5 Components of Emotional Intelligence. We focus on the 4 Core Skills of Emotional Intelligence and practice ways we can increase our skills.	job performance enhancement skills	50%	6	classroom	multiple trainers	long term	MDHHS staff	34
Middle Management Training Track	Middle Management Training Track (MMTT) 2019 is a program designed for MDHHS middle level managers to build their leadership skills. This 51 - hour program includes both classroom training as well as online training through Franklin Covey.	job performance enhancement skills	50%	51	classroom	multiple trainers	long term	MDHHS staff	33

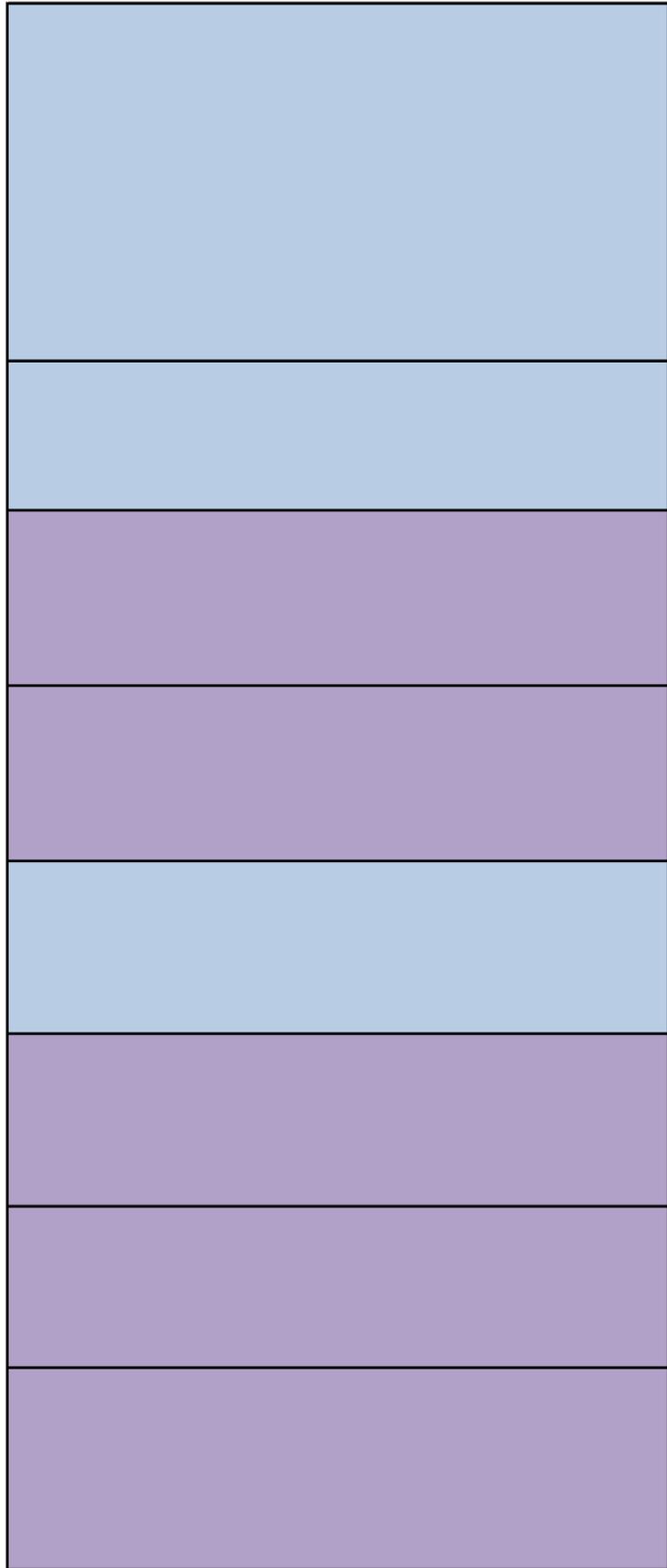


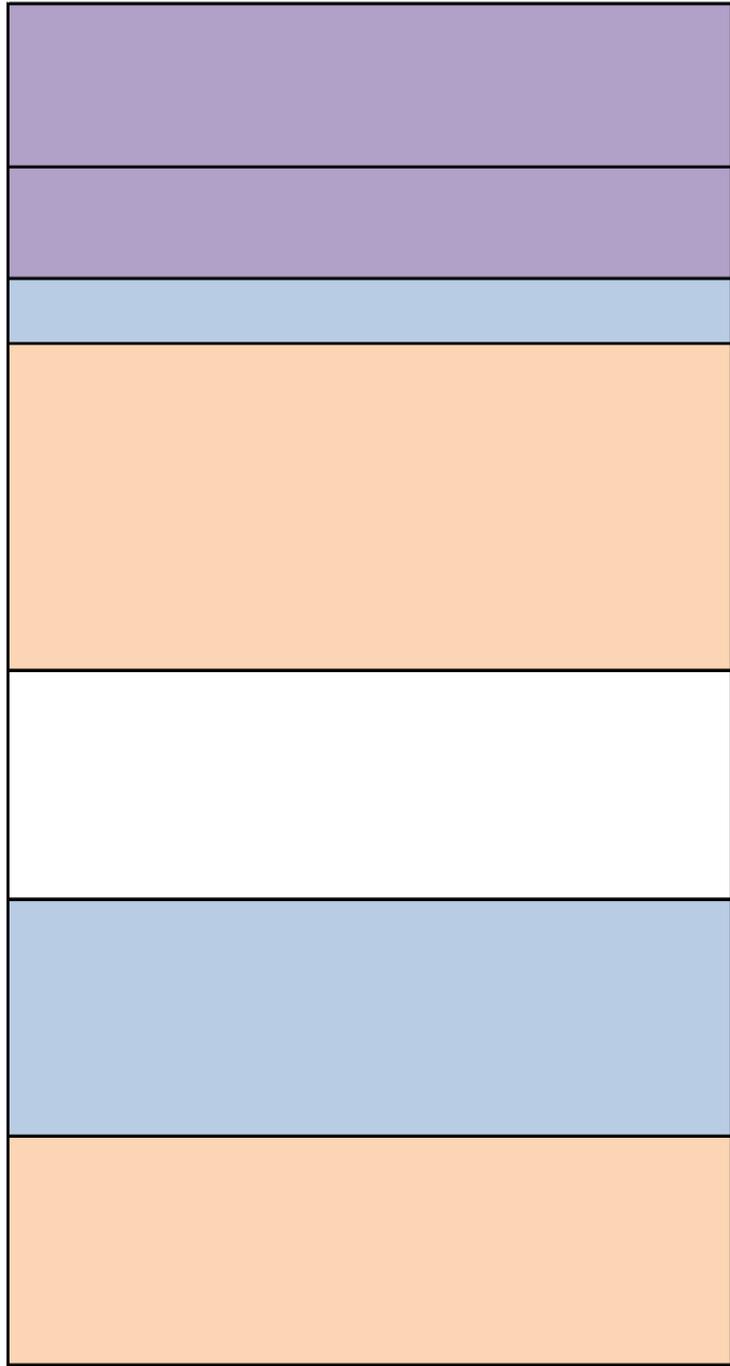
















FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

Introduction

Infants, children, and youth from various ethnic and cultural backgrounds need foster and adoptive homes. Michigan's demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of adoptive and foster homes that reflect the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoption is a strength in Michigan, and MDHHS' state-administered structure ensures a smooth process for placement of children across county and regional jurisdictions.

At any given time, Michigan has approximately 13,000 children in foster care and relies on public and private child-placing agencies to find temporary and permanent homes for these children.

Michigan has over 90 contracts with child-placing agencies for foster care case management and 60 contracts with agencies for adoption services that cover all areas of the state. These contractors work with potential foster and adoptive parents in a flexible manner to ensure all interested persons have access to agency services regardless of their financial status.

Reaching Out to All Areas in the Community

The Office of Child Welfare Policy and Programs provided materials and data to each of Michigan's 83 counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans for 2020. Each county received data regarding:

- Demographics of children in care by county.
- Children entering and exiting care by county.
- Total number of foster homes licensed by county.
- Foster home closures by relative and non-related foster homes.
- Data to complete the Foster Home Estimator, a foster home needs assessment tool.

Counties and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine overall recruitment needs, goals and actions steps.

In 2019, 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 2019, 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 1,686 new foster home licenses, a

decrease of 176 from 2018.

- Of new licenses, 1,186 accept unrelated placements, a decrease of 87 from 2018.
- On Oct. 1, 2018, there were 6,336 licensed foster homes. On Sept. 30, 2019, 4,616 of those licensed foster parents remained licensed, which is a 73 percent retention rate and a 1 percent retention rate increase from FY 2018.
- The number of homes that closed was 1,835, a decrease of 29 from 2018.
- Each month, approximately 100 to 200 surveys are sent to foster parents whose foster home closed during the previous month. These surveys are conducted to gain an understanding of the reasons the homes closed, what services were beneficial to the families and whether additional support was needed.

The results of the closed home surveys show the majority of homes closed voluntarily. The top reasons foster parents closed their licenses were:

- Adopted the child(ren) placed with them
- Family needs
- Frustration

The chart below details the trend of licensure and closed homes in urban counties:

County	New Licenses			Closed Homes		
	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Genesee	77	80	68	78	70	72
Kent	118	144	110	117	136	114
Macomb	105	115	88	97	102	105
Oakland	149	141	140	124	159	152
Wayne	219	204	216	220	240	229
Total	668	684	622	636	707	672

The chart below describes the type of homes (relative and non-relative) newly licensed in urban counties in 2019:

County	Relative	Non-relative	Total
Genesee	14	54	68
Kent	25	85	110
Macomb	21	67	88
Oakland	35	105	140
Wayne	80	136	216
Total	175	447	622

Statewide and Regional Recruitment Progress in 2019

- Regional Resource Teams were implemented in 2018 and continued to provide services

in FY 2019. The six Regional Resource Teams are located across the state and focus on recruiting, developing and supporting foster families to meet annual non-relative licensing goals, to retain a higher percentage of existing foster families, to prepare families for the challenges associated with fostering and adoption, and to develop existing skills to enable foster families to foster or adopt children with challenging behaviors.

- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2019 Heart Gallery Opening was held on April 13, 2019 and featured 135 children who were photographed by 57 photographers from around the state.
- The Michigan Adoption Resource Exchange (MARE) hosted Heart Gallery events statewide.
- MDHHS held its sixth annual Foster, Adoptive and Kinship Parent Conference in collaboration with the Foster, Adoptive and Kinship Parent Collaborative Council. The conference was attended by foster, adoptive and kinship parents from communities throughout the state.
- The Community and Faith-Based Initiative on Foster Care and Adoption collaborated with faith communities. This initiative worked with Faith Communities Coalitions on Foster Care located in 11 different regions.
- The Community and Faith-Based Advisory Council continued to promote foster care and adoption and identified ways faith communities could assist in enhancing services to children and families served by MDHHS. The council is composed of five members with at least three being members of the clergy. The council meets quarterly.
- MARE held “meet and greet” recruitment events that provided an environment for families to meet children available for adoption without an identified adoptive family.
- The template for the Adoptive and Foster Parent Recruitment and Retention Plan was revised in 2019 to include additional information about event goals and expected collaboration.
- Four trainings were hosted by MDHHS for child welfare staff on targeted recruitment efforts to locate homes for older youth including child-specific recruitment of adoptive families for children available for adoption without an identified family.

Using Foster and Adoptive Parents for Recruitment

Progress in 2019

- The Foster Care Navigator program assisted families who inquired about becoming licensed foster parents to navigate the licensing process, locate resources and understand the licensing rules and needs of children in foster care.
- Foster care navigators are a resource for mentoring and supporting relatives seeking to undergo the licensing process.
- Each year, over 2,000 new family inquiries are received through the Foster Care Navigator program, of which over 150 families are actively engaged in Foster Care Navigator services and working toward foster parent licensure at any given time.
- The Foster Care Navigator program was included in the Regional Resource Team

contracts. This allowed navigators to assist families in each region of the state.

- MDHHS continued to co-lead the Foster, Adoptive and Kinship Parent Collaborative Council. The council is a collaboration of MDHHS, tribes and parent-led organizations that focuses on connecting foster, adoptive and kinship parents to resources, education and training.

Addressing Barriers to Adoption

Progress in 2019

- Beginning in January 2017 and continuing in 2019, MDHHS began a collaboration with the Adoption Resource Consultants and MARE to evaluate placement and adoption status of 49 children who were photo listed with MARE without an identified family for over four years.
 - The group reviewed information regarding the 49 children, including length of time since termination, placement history, type of placement, assigned adoption agency and assigned adoption worker to identify trends.
 - The group met bi-monthly to review barriers to achieving permanency.
 - To achieve permanency for the 49 children, the group enlisted the help of permanency resource monitors and Community Mental Health liaisons.
 - Since the group's inception, 29 of the 49 children achieved permanency.
- MDHHS continued to provide post-adoption services statewide in 2019 through eight regional Post Adoption Resource Center 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 MARE 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 adoption process. Match Support Program specialists provide up to 90 days of services to families by referring them to support groups, educational opportunities and community resources. During 2019, the Match Support Program served over 60 pre-adoptive families.
- Adoption navigators are experienced adoptive parents who offer guidance and personal knowledge to potential adoptive families. Adoption navigator services continued to be provided through MARE.
- Adoption navigators host quarterly Waiting Family Forums for families who have been approved to adopt and/or those in the home study process. The forums are an opportunity for the families to learn what they can do to make the most of the wait time, learn ways to strengthen their inquiries, gain tips on how to effectively advocate for their family and meet other families waiting to adopt.

Recruitment of Foster and Adoptive Parents for Diverse Youth

Michigan relies on public and private child placing agencies to find temporary and permanent homes for children in foster care. Adoption agencies match recruitment efforts to community needs, including addressing language barriers to facilitate the licensing and adoption process.

Progress in 2019

- The Office of Child Welfare Policy and Programs held a two-day conference for CPS, adoption, licensing and foster care staff from agencies throughout the state. The conference included training on engaging relative and non-relative caregivers, developing thorough assessments, common licensing rule issues, enhancing caregiver support, supporting Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth and addressing children's educational needs.
- Technical assistance is provided by AdoptUSKids to increase Michigan's pool of foster, adoptive and relative families and improve the satisfaction of families.
- The Office of Child Welfare Policy and Programs provided data and technical assistance to the six Regional Resource Teams to assist them in creating targeted recruitment strategies in each community within the state. Recruitment strategies targeted varying ethnic groups, the LGBTQ community, and underserved neighborhoods.

ADOPTION CALL TO ACTION

Children's Bureau Presentation

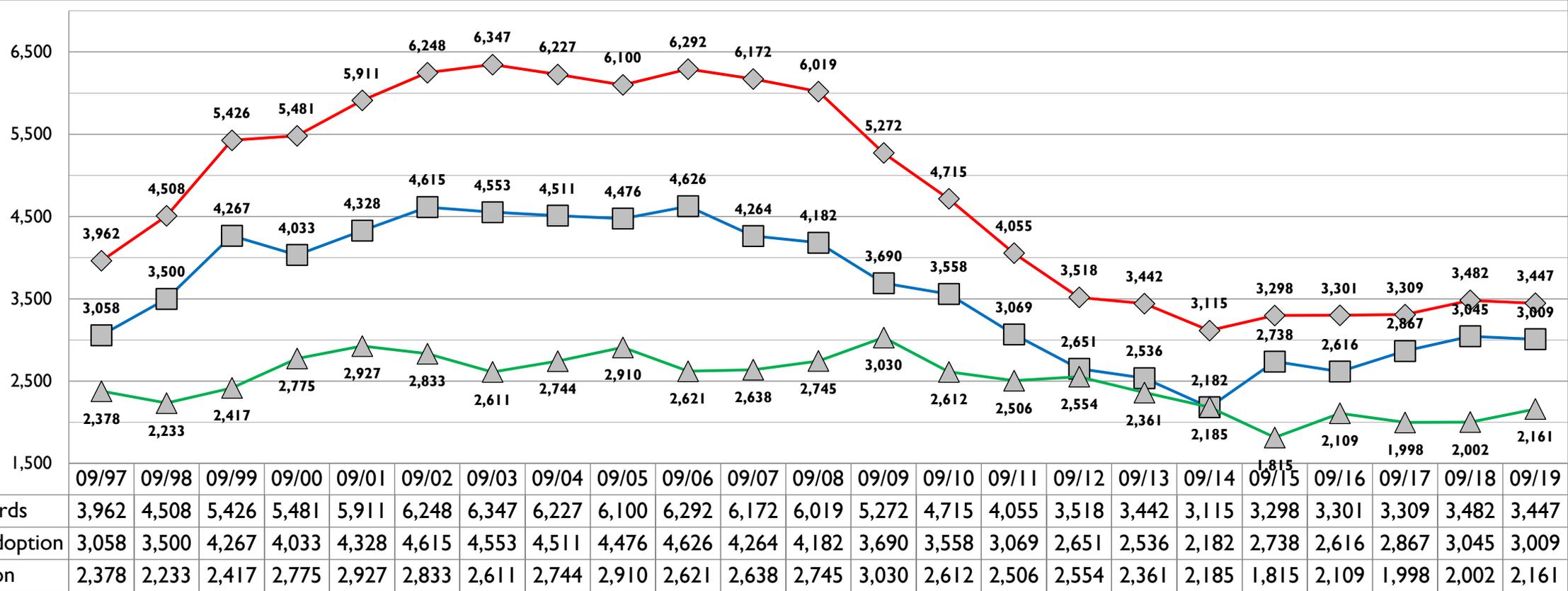
5/5/20

Cathe Hoover
Adoption Program
Manager

PRESENTATION OVERVIEW

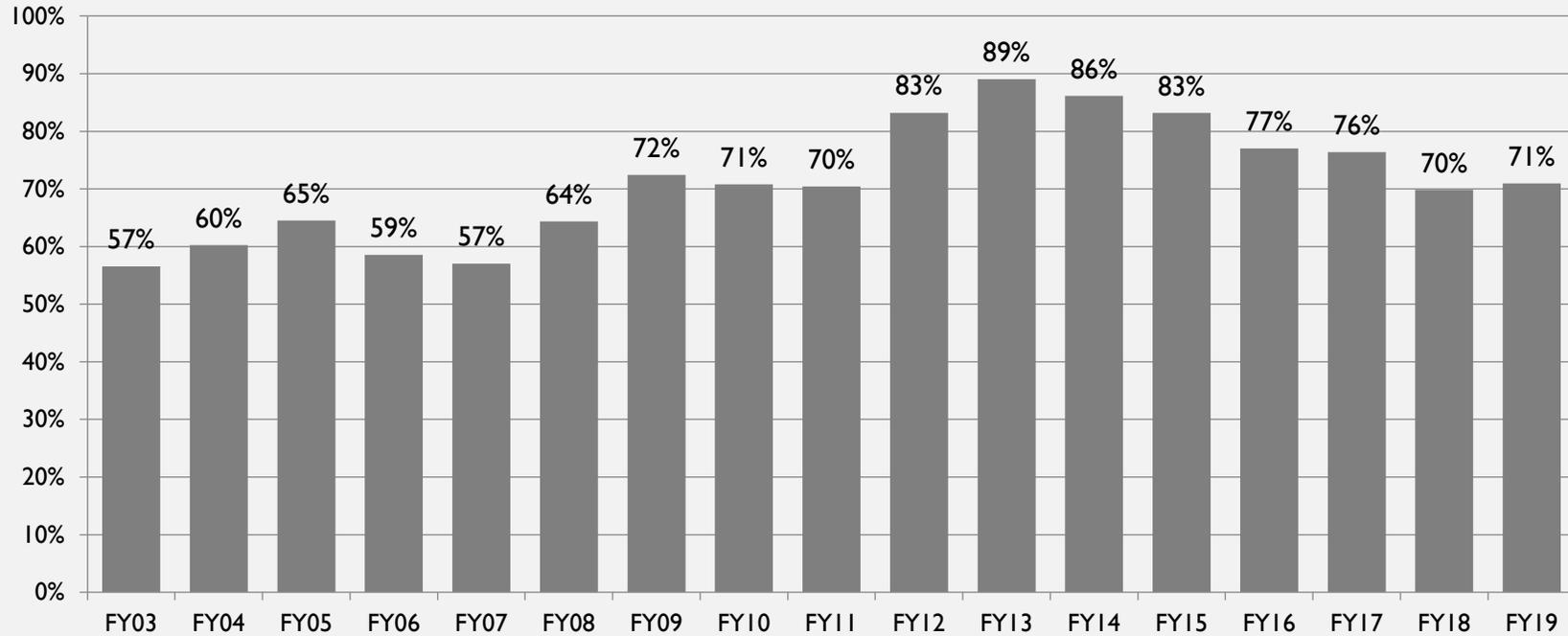
- GENERAL ADOPTION AND FISCAL YEAR DATA OVERVIEW
- IDENTIFICATION OF CHALLENGES
- REMEDIATION AND STRATEGIES IMPLEMENTED





STATE WARD ADOPTION DATA

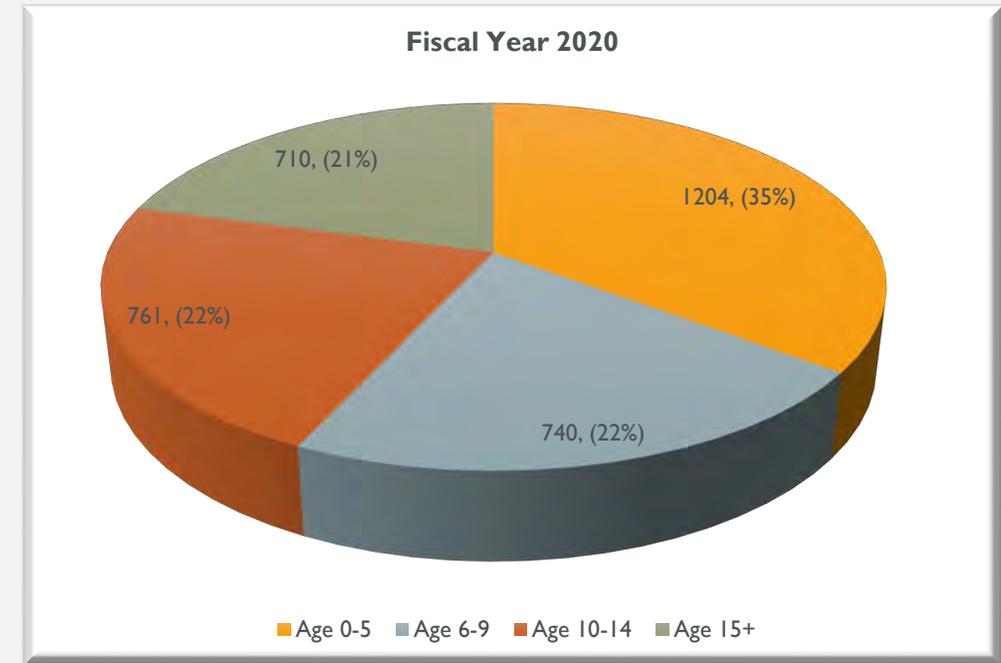
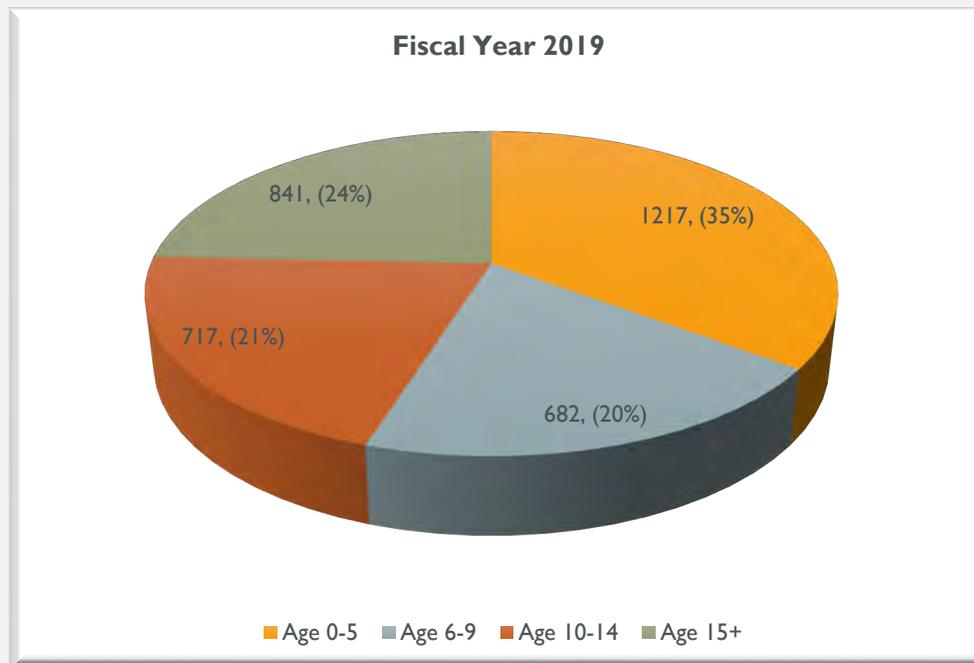
Finalized Adoptions



	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19
Percent Completed ¹	57%	60%	65%	59%	57%	64%	72%	71%	70%	83%	89%	86%	83%	77%	76%	70%	71%
Adoptions Completed During Fiscal Year ²	2,611	2,744	2,910	2,621	2,638	2,745	3,030	2,612	2,506	2,554	2,361	2,185	1,815	2,109	1,998	2,002	2,161
Children Available for Adoption at Beginning of Fiscal Year ³	4,615	4,553	4,511	4,476	4,626	4,264	4,182	3,690	3,558	3,069	2,651	2,536	2,182	2,738	2,616	2,867	3,045
State Wards at the Beginning of the Fiscal Year ⁴	6,248	6,347	6,227	6,100	6,292	6,172	6,019	5,272	4,715	4,055	3,518	3,442	3,115	3,298	3,301	3,309	3,482

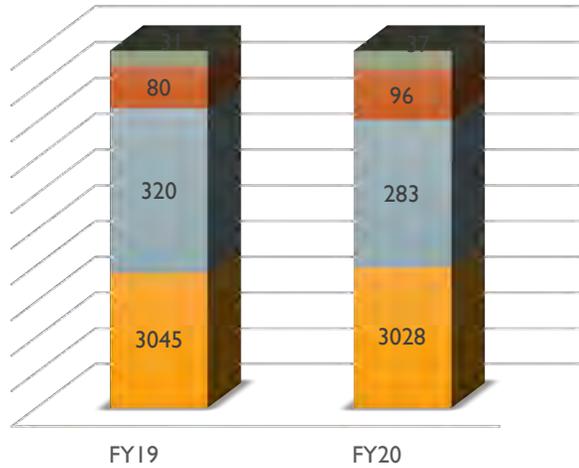
DEMOGRAPHICS OF CHILDREN LEGALLY FREE FOR ADOPTION AT THE BEGINNING OF THE FISCAL YEAR

On September 30, 2018, there were 3,457 children legally available for adoption.
On September 30, 2019 there were 3,415 children legally available for adoption.



CHILDREN LEGALLY FREE FOR ADOPTION BY PERMANENCY GOAL

- Placement with a Fit and Willing Relative
- Guardianship
- APPLA
- Adoption



LENGTH OF TIME SINCE TERMINATION OF PARENTAL RIGHTS

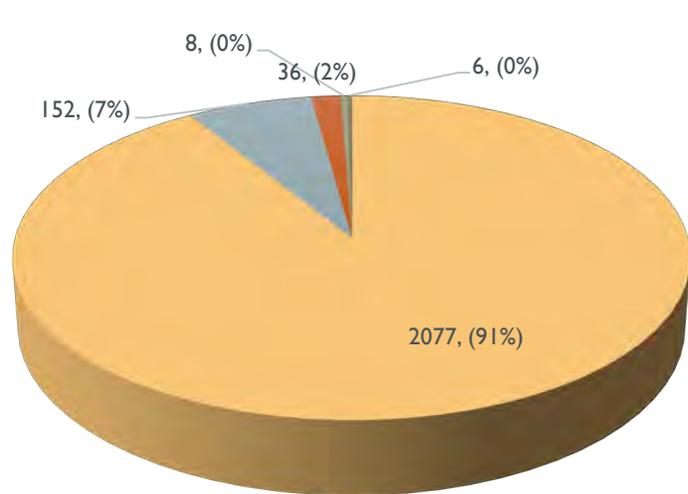


Length of time since TPR is calculated using the date the report was created or the discharge date if applicable.

■ FY19 ■ FY20

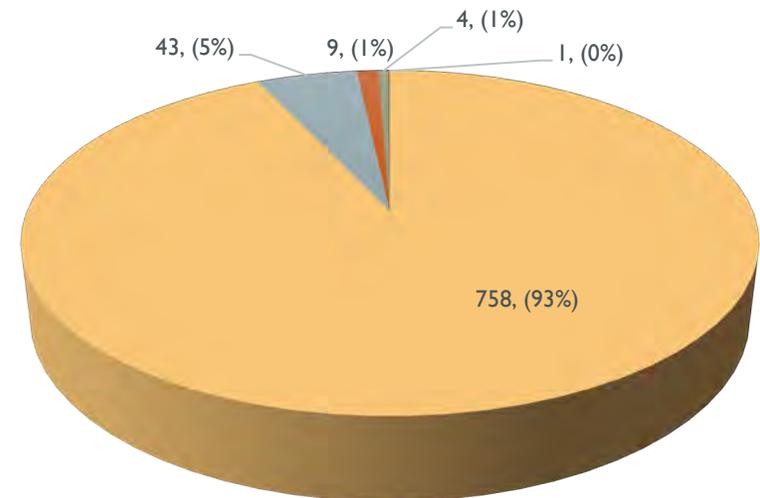
PERMANENT COURT WARD EXITS: BY EXIT TYPE

Fiscal Year 2019



Adoption Emancipation Guardianship Living With Other Relatives Runaway

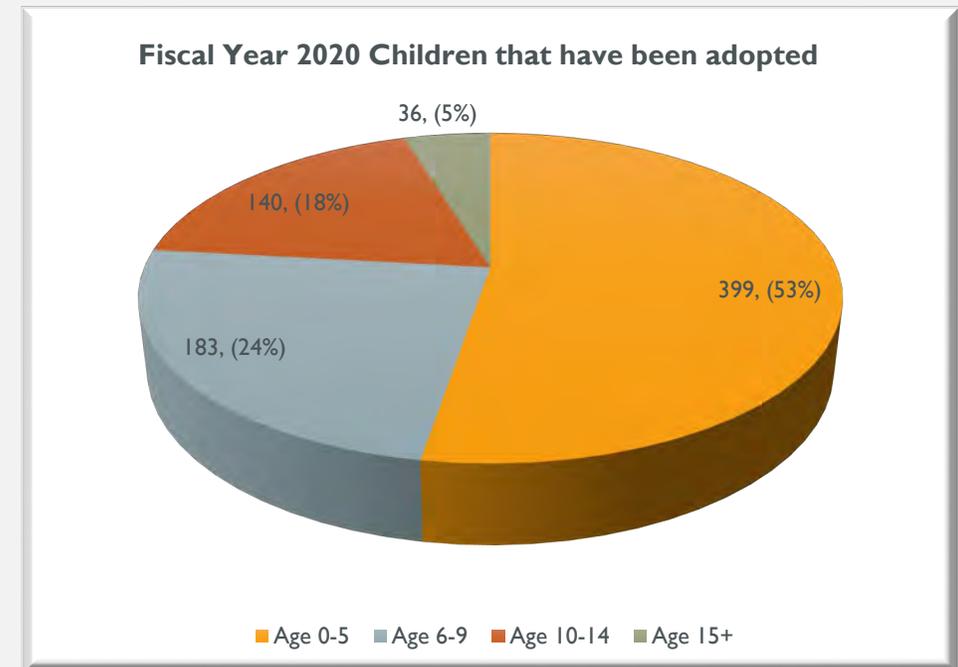
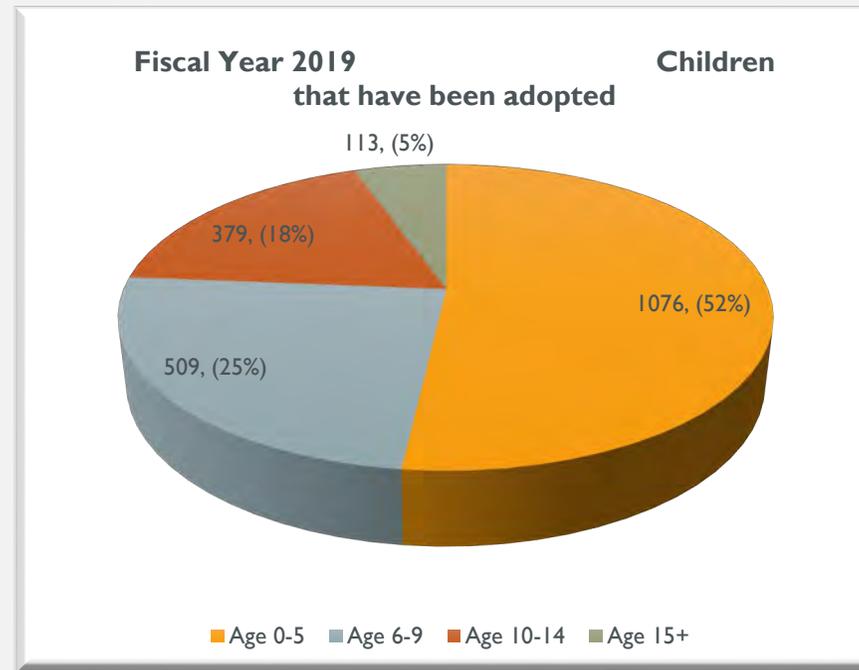
Fiscal Year 2020



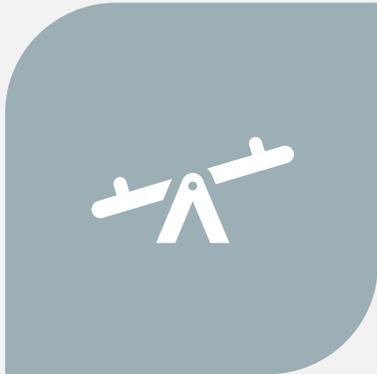
Adoption Emancipation Guardianship Living With Other Relatives Runaway

Of the children legally free for adoption at the end of fiscal year 2018, 3,024 children had the goal of adoption and 2,077 children had finalized adoptions.

Of the children legally free for adoption on at the end of fiscal year 2019, 2,997 children had the goal of adoption and 758 children had finalized adoptions.



IDENTIFIED CHALLENGES



CHILDREN WITHOUT AN
IDENTIFIED FAMILY



CHILDREN IN CHILD
CARING INSTITUTIONS



COMPETING ADOPTION
PARTIES/FAMILIES

CHILDREN WITHOUT AN IDENTIFIED FAMILY

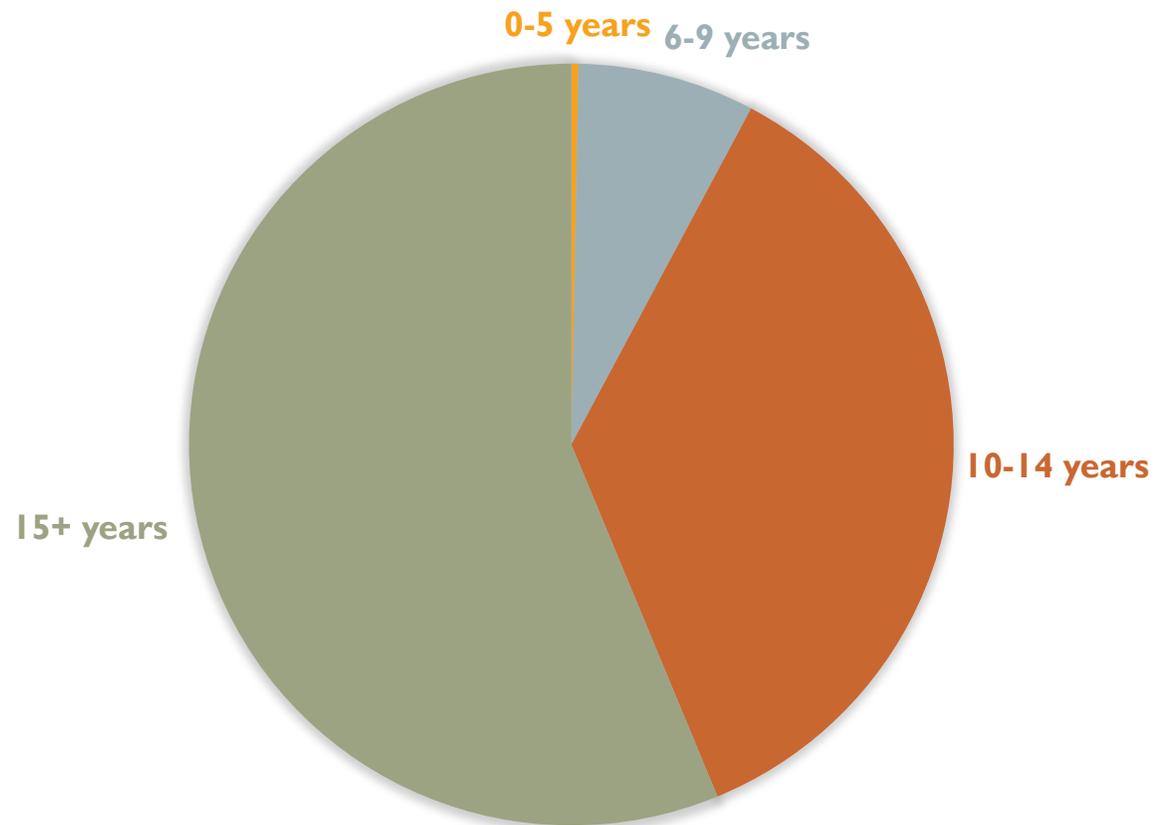


Joseph
Photo by Cayla Johnson

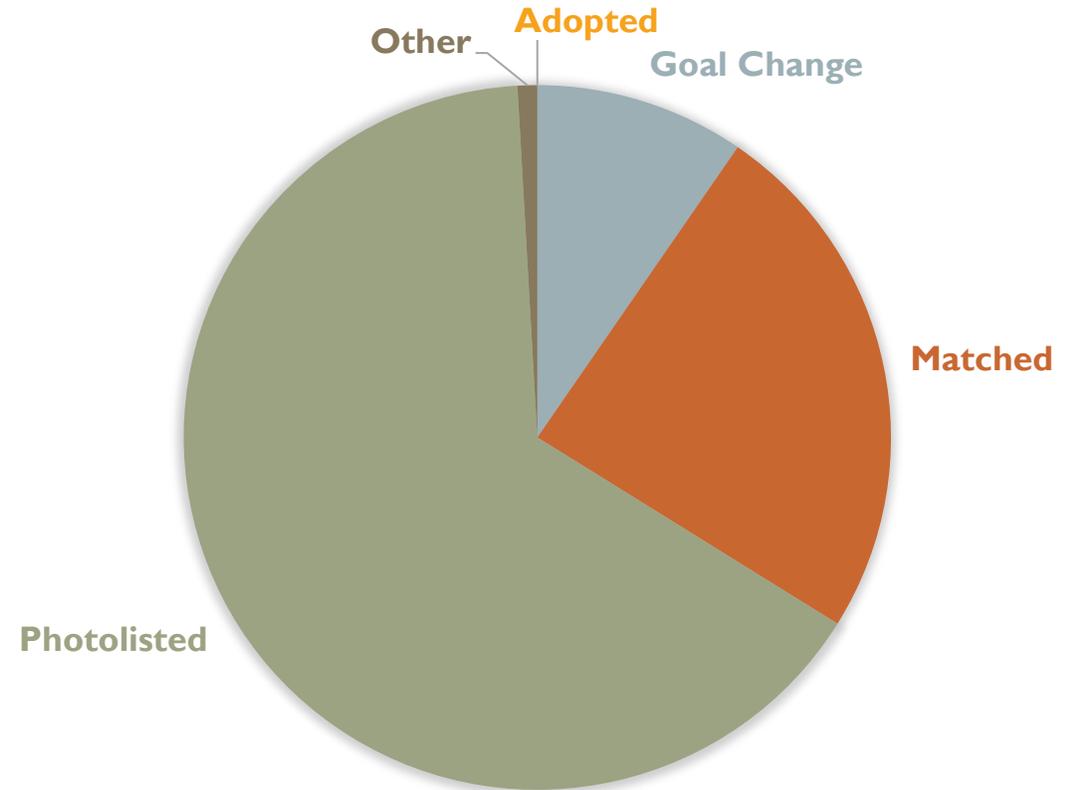


CHILDREN
PHOTOLISTED
ON THE MARE
WEBSITE

AGE, AS OF 10/1/2019



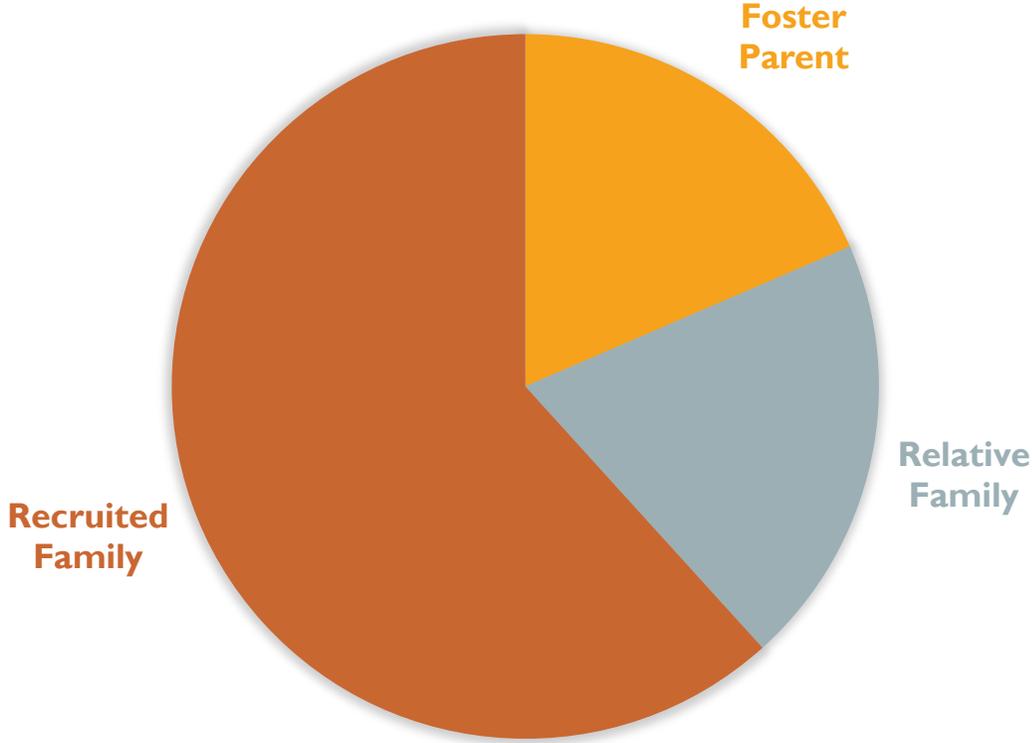
CURRENT STATUS, AS OF 2/26/2020



CHILDREN
PHOTOLISTED
ON THE MARE
WEBSITE

Goal	Number	Percentage
Adopted	0	0%
Goal Change	32	9.6%
Matched	81	24.3%
Photolisted	218	65.3%
Other	3	.9%

CURRENT PLACEMENT TYPE, AS OF 2/26/2020



CHILDREN
PHOTOLISTED ON
THE MARE WEBSITE
ON 10/1/2019

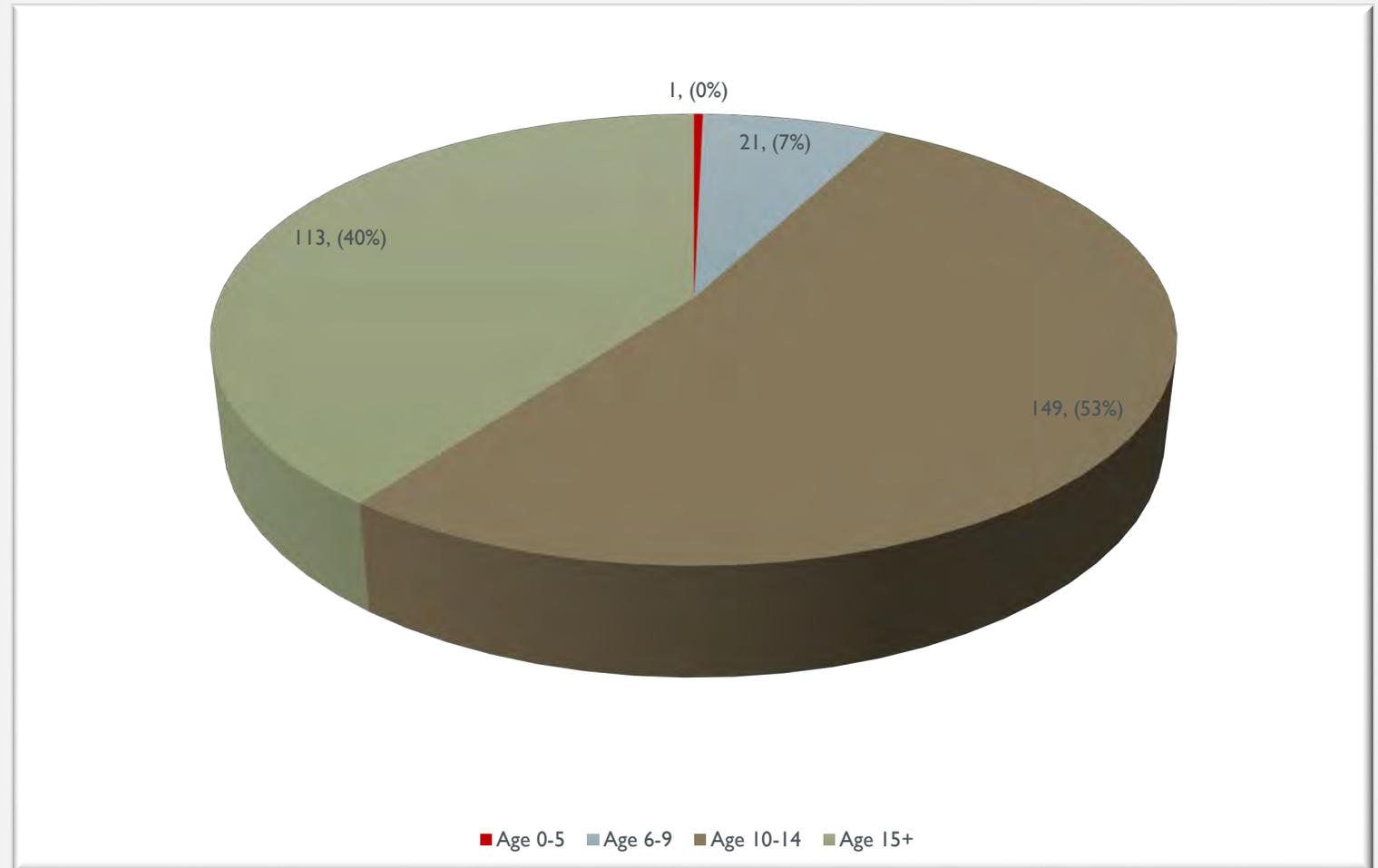
Match Type	Number of Children	Percentage
Foster Parent	15	18.5%
Relative Family	16	19.8%
Recruited Family	50	61.7%

*Of the 334 children listed, this reflects the number of children who are matched



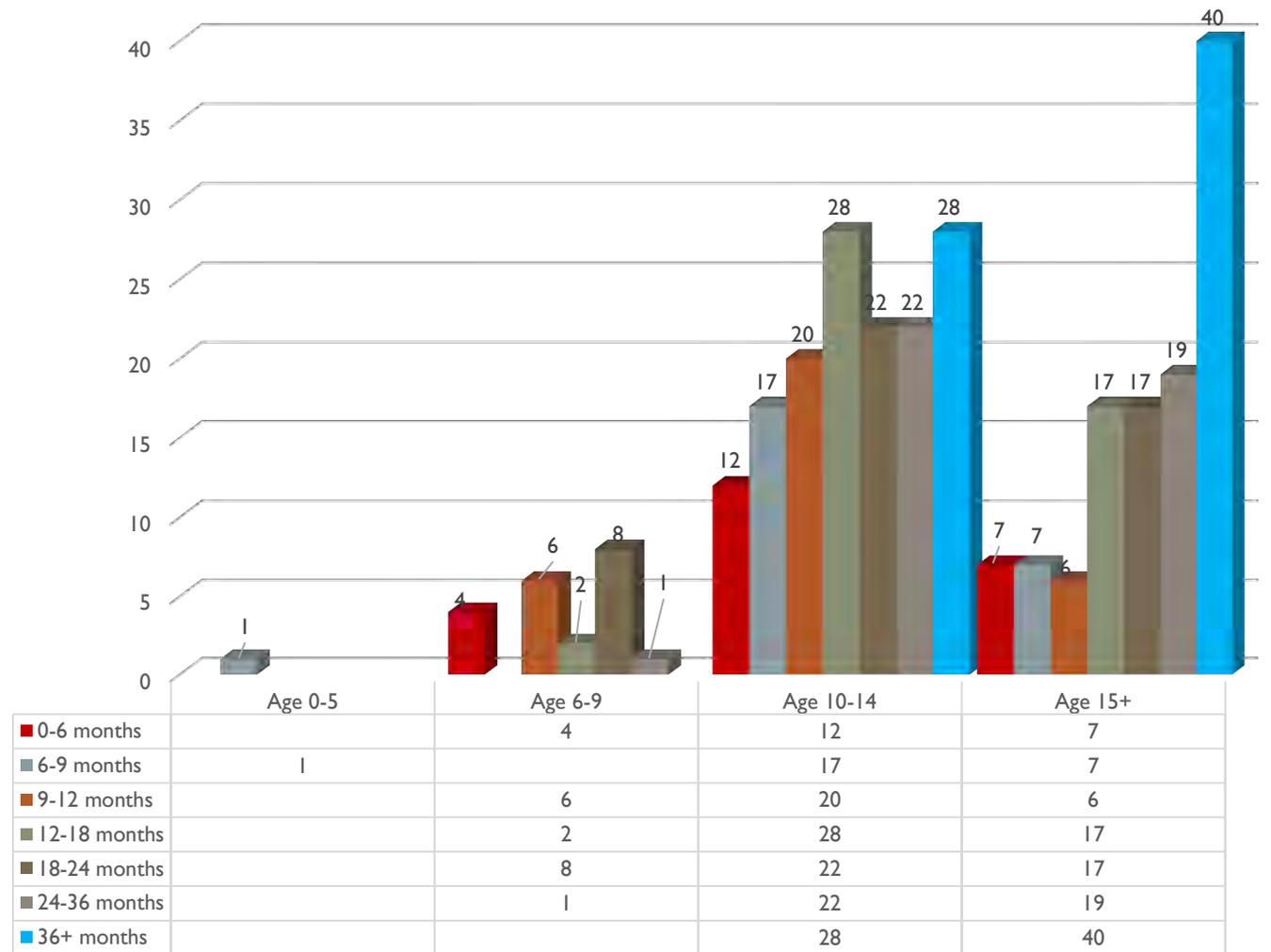
CHILDREN IN CONGREGATE CARE FACILITIES

CHILDREN
LEGALLY FREE
FOR
ADOPTION
AND PLACED
IN A
CONGREGATE
CARE SETTING
BY AGE

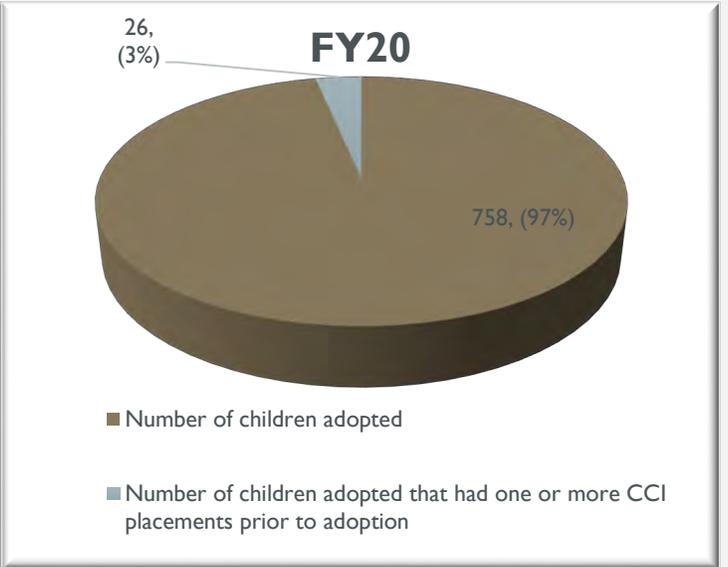
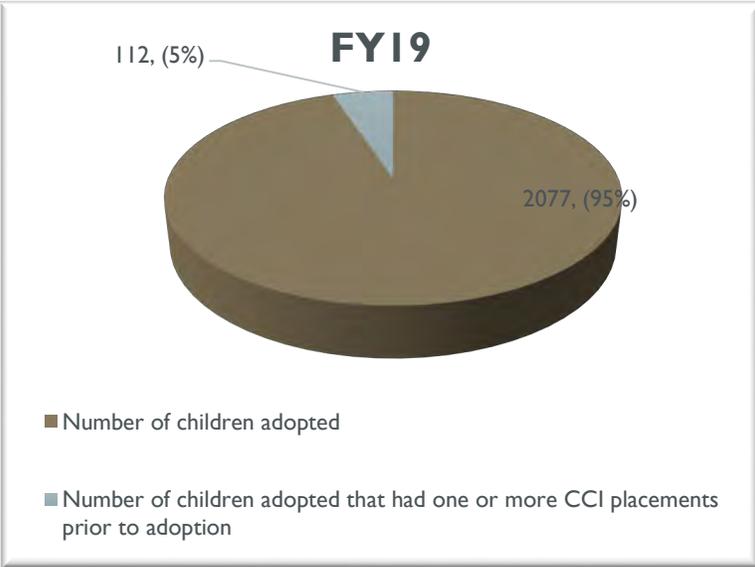
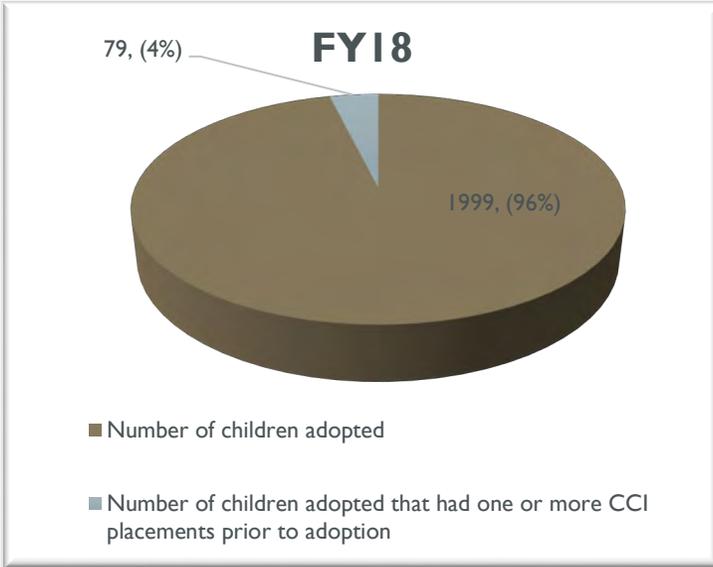


CHILDREN WITH A GOAL OF ADOPTION IN CONGREGATE CARE

AGE AND LENGTH OF STAY



ADOPTION AND CONGREGATE CARE POPULATION

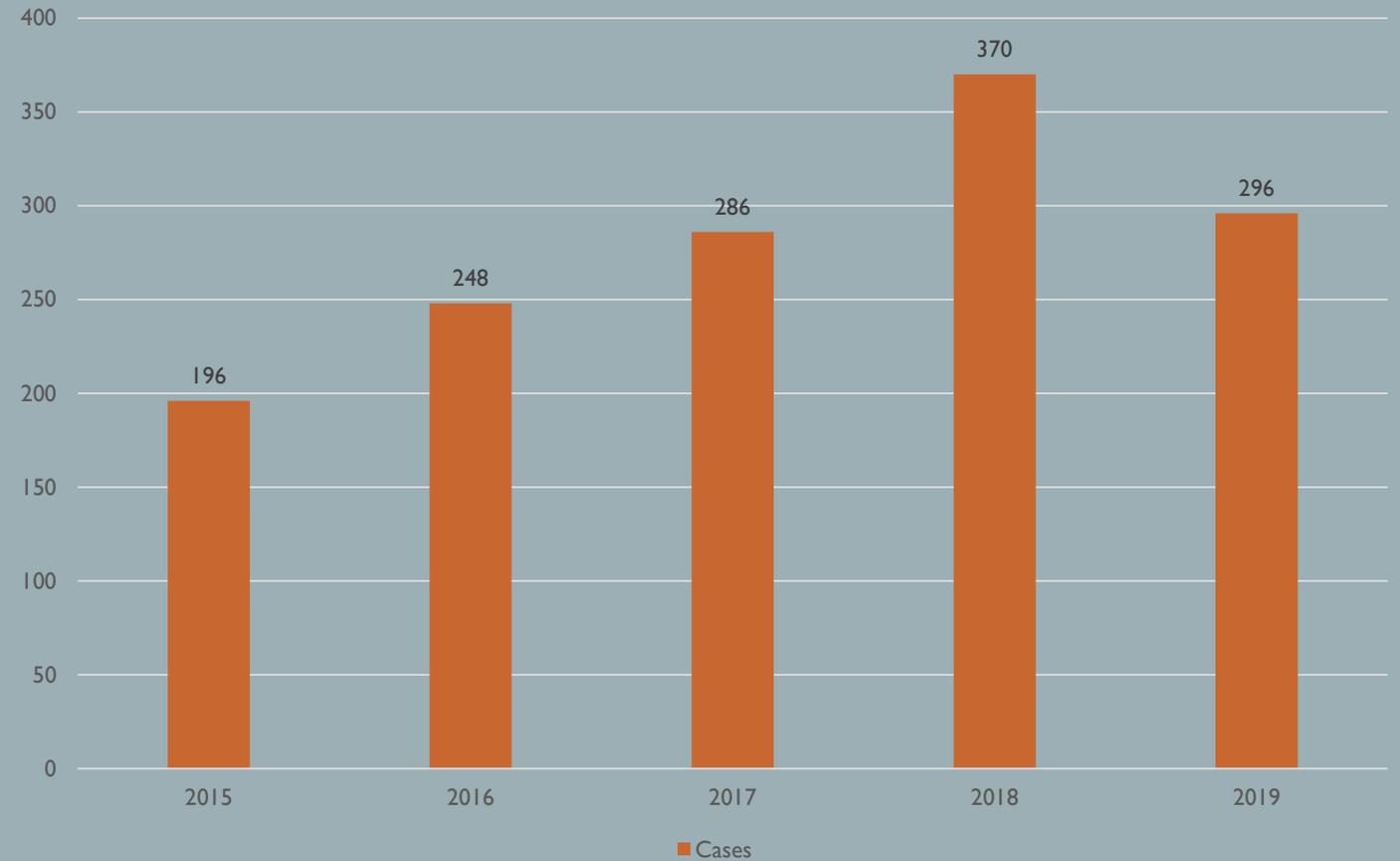




COMPETING PARTY ADOPTIONS

COMPETING PARTY REQUESTS

Competing Party Cases 2015-2019





STRATEGIES FOR CHILDREN WITHOUT AN IDENTIFIED FAMILY

ADOPTION NAVIGATORS

Experienced adoptive parents who offer guidance and personal knowledge to potential adoptive families.

Respond to inquiries from families, pre-screen inquiries from families, suggest potential child/family matches and provide support, guidance, direction and information to prospective adoptive families.

Fifty-six children were matched with an adoptive family through the adoption navigators in FY2019.

The Navigators work with an average of 450-500 families a month and are currently working with approximately 125 approved adoptive families.



MATCH SUPPORT PROGRAM

MARE's Match Support Program is a state-wide service for families who have been matched with a child from the MARE website and who are in the process of moving forward with an adoption.

Match Support Specialists provide up to 90 days of services to families by providing them with referrals to support groups, educational training opportunities, and other referrals to helpful community resources.

During FY2019, the Match Support Program served 64 pre-adoptive families.



WAITING FAMILY FORUMS

Adoption Navigators host Waiting Family Forums for families who have been approved to adopt and/or those in the home study process.

The forums are an opportunity for families to understand what happens to their inquiries on a youth after they submit them, what they can do to make the most of the wait time, learn ways to strengthen their inquiries, tips on how to effectively advocate for their family and meet other families waiting to adopt.

Four Waiting Family Forums occurred in FY19 with 28 families. A fifth event was cancelled due to weather.



MEET & GREETs

Unique events that provide prospective adoptive families the chance to interact face-to-face with many of Michigan's youth and allows them to see past the labels, diagnoses and case histories that mask the personalities of each youth. The youth enjoy a fun day filled with various games and activities.

Ten Meet & Greet events occurred in FY19 wth 173 youth & 68 families.



ART & SOUL

- Partnership with local artist, Melissa Parks to feature 14 youth annually.
- Traveling Art Gallery to local Art Galleries, small businesses, libraries, hospitals and other local connections.
- Aims to connect each featured youth with a supportive mentor.



	FY18 Cases	FY19 Cases	FY20 (10/1-2/28) Cases
Region 1- Judson Center	347	376	304
Region 2- Orchards	224	228	194

Cases Closed to the Following	FY18	FY19	FY20 (10/1-2/28)
Adoption	47	74	23
Placement with Fit and Willing Relative	3	1	1
Another Permanent Planned Living Arrangement	47	61	25
Guardianship	10	4	3
Other	18	25	7

ADOPTION RESOURCE CONSULTANTS

Children in the foster care system, under the supervision of the Michigan Department of Health and Human Services (MDHHS), who have a permanency goal of adoption and who have been legally free for adoption for one year or longer without an identified adoptive family. Case is open until the child achieves permanency through adoption or another federal permanency goal.



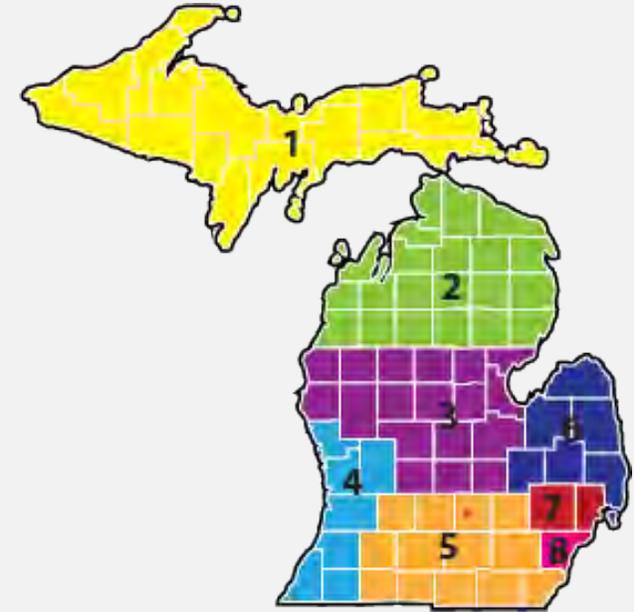
ADOPTION MEDICAL SUBSIDY

Michigan's Adoption Medical Subsidy Program is a reimbursement program that assists in paying for services for children adopted through Michigan's public child welfare system who have an identified physical, mental or emotional condition which existed, or the cause of which existed, before the adoption petition was filed.

Approximately, 22,000 children have medical subsidy contracts for varying eligibility diagnosis.



POST ADOPTION RESOURCE CENTERS



- Youth 21 of age or younger, who were adopted from Michigan's foster care system or who were adopted in Michigan through an international adoption or a direct consent/direct placement adoption or placed in guardianship through Michigan's foster care system who are eligible for guardianship assistance and their families.
- **Served over 4,400 families in FY2018 and in FY2019.**

Service 1: Case Management- short term (6 to 8 weeks) of in-home intervention services with a minimum of weekly contact for families in crisis or at risk of disruption. This includes 24/7 contact.

Service 2: Coordination of Services- liaison for the family with other service providers to assist with the coordination of identified services (Medical subsidy application, tutoring, special education, assessments, etc.)

Service 3: Information Dissemination- connecting families to appropriate community resources with community support services within one business day of request.

Services 4: Family Support- monthly support groups, quarterly trainings, and annual conference (one- 2-day conference, or two- 1-day conference)

Service 5: Communication, Technology, and Information Sharing- 24/7 website, brochures, and quarterly newsletters.

RAPID PERMANENCY REVIEWS

Develop Rapid Permanency Reviews
focused on children who are
permanent court wards without an
identified adoptive family and who
have been in a Child Caring
Institution for more than 6 months.



IN-DEPTH PROFILES

MDHHS & MARE recently partnered with Northwest Resource Association (NWRA) to develop 20 In-Depth Profiles of youth during FY20.

Strength-Based

Feature youth using positive language that honors their story and celebrates their potential.

Youth Driven

Youth voices are important. IDPs search for innovative ways for youth to tell their stories to potential adoptive families.

Fiercely Optimistic

Our community can meet the need. We believe that every child can find the adoptive family they deserve.

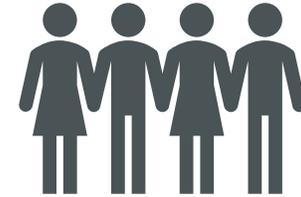




MICHAEL



Policy Modification



Competing Party
Workgroup

COMPETING PARTY STRATEGIES

POLICY
MODIFICATION TO
ADDRESS
COMPETING PARTY
DELAYS

- Clarification in policy (ADM610 & ADM820)
 - Who to consider for adoption of a specific child.
 - Who should receive a DHS-4809, Intent to Adopt.
 - Who should be assessed for adoption.
 - Requirements added following a prospective adoptive family submitting a DHS-4809, Intent to Adopt.
 - Updated Information regarding the length of time that a signed PCA 309, Consent to Adopt is valid.

COMPETING PARTY WORKGROUP



Discuss and propose changes to
MCL 710.45



Create a bench card for Judges on
the focus of MCL 710.45 being on
whether the MCI decision was
arbitrary and capricious

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Providing well-coordinated, comprehensive, trauma-informed health services to children in foster care requires sustained commitment to collaboration among state departments, non-governmental advocacy organizations and the medical and mental health community. This commitment must extend throughout each level, from the child and family served to organizational leadership. To support children in foster care achieving and maintaining health and well-being, it is critical to develop child welfare policy, infrastructure and oversight that supports caseworkers and aligns with the best available evidence about effective service delivery. The child welfare system depends on its partners to develop and implement systems of care supporting the well-being of children in foster care. Achieving well-being outcomes is important to support and sustain permanency and safety.

Health Care Oversight and Coordination Plan Planned Activities for 2021

- Streamlining Medicaid opening/enrollment at the time of foster care entry to prevent delays in medical exams and treatment due to lack of health insurance.
- Maintaining health liaison officers that focus on addressing system barriers to the provision of quality physical and behavioral health care at the county level.
- Amending CPS policy to require CPS caseworkers to notify the health liaison officer within 24 hours of a court order removing a child from parental custody.
- Holding regular conference calls and meetings between the Child Welfare Medical Unit with health liaison officers to provide policy and practice updates.
- Providing training and technical assistance to local office staff to ensure timely Medicaid opening, and accurate/timely documentation of health care activities in MiSACWIS.
- Providing a brochure, “Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services,” to foster and relative providers at placement to outline health care requirements.
- Presenting webinars for staff on the health needs of children in foster care and how to document needs and services.
- Providing ongoing outreach/education/technical assistance to the primary care community.
- Requiring trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- Developing a video about parent engagement in health care when children are in foster care for use as a training tool.
- Requesting a change in dental policy to comport with American Dental Association standards.
- Planning the projects recommended by the physician leadership team, focusing on standardizing and improving the documentation of psychiatric care and the dissemination of the documentation during care transitions.
- Updating, renaming and expanding content in the www.michigan.gov/fosteringmentalhealth website
- Development and implementation of child and adult psychological assessment

contracts.

- Exploring other models of treatment foster care that increase the available number of beds for children in foster care.
- Hosting an exhibit table at three physician group annual conferences with information about psychotropic medication informed consent when children are in foster care.
- Statewide rollout of community mental health intensive crisis stabilization services for children and youth, ages 0-21 years.
- Producing a new monthly report for the field to track compliance with informed consent documentation when children in foster care are prescribed psychotropic medication.
- Instituting monthly case reviews to ascertain whether prescription of psychotropic drugs to foster children is being monitored within policy requirements.

Key Goals

Well-Being – Health

Every child entering foster care must receive a comprehensive medical examination including a behavioral/mental health screening within 30 calendar days from the child's entry into foster care, regardless of the date of the last physical examination.

- Every child must receive periodic and annual medical exams as outlined in the current American Academy of Pediatrics Periodicity Schedule.
- All children re-entering foster care after case closure must receive a full medical examination within 30 days of the new placement episode.
- Every child entering foster care ages three and older must have a dental examination within 90 days of entering foster care (unless one was completed in the six months prior to foster care entry) and yearly thereafter.
- All children must have a medical home.
- The foster care worker must ensure recommended follow-up health care.
- The foster care worker must complete and update the medical passport and share it with health providers.

Well-Being – Mental Health

- Every child under 3 years identified as a victim in a CPS category 1 or 2 case must be referred for Early On assessment. Children with pre-existing medical conditions must be referred to Early On regardless of CPS case status.
- Every comprehensive medical examination must include a psychosocial/behavioral assessment per the American Academy of Pediatrics Periodicity Schedule.
- Foster care workers must ensure that each child obtains any recommended mental health care assessment and treatment services.
- Each child and family must participate in formal trauma screening as outlined in MDHHS policy. Based on the results of each screening, the caseworker must ensure that the child receives services appropriate for that clinical pathway.

Psychotropic Medication Oversight

- Every child must participate in screening and receive a comprehensive mental health

assessment when indicated.

- Every child in need must have access to interdisciplinary treatment that includes psychotropic medications when indicated.
- A rigorous process of shared decision-making and informed consent must occur when psychotropic medications are recommended.
- MDHHS must provide oversight of psychotropic medication use as part of interdisciplinary mental health care for children in foster care.
- MDHHS must support providers in engaging in treatments that are consistent with current clinical standards based on evidence and/or best practice guidelines, including appropriate medication monitoring.

Family First Prevention Services Act

- MDHHS must ensure that placement of a child in any setting that is not family foster care is based on the needs of the child as documented in the child's diagnosis and plan of care provided by a qualified medical practitioner.
- MDHHS must ensure that health and mental health documentation is shared with health providers and caregivers to support accurate and comprehensive diagnosis and treatment planning, including decisions regarding placement in a qualified residential treatment program (QRTP).

Health Care Needs of Children in Foster Care

Achieving the health care needs of children in foster care requires attention to access, continuity, support for youth transitioning into adulthood, tracking data, ensuring accurate and complete documentation and providing training and technical assistance. The following are steps already implemented or planned to support health care goals:

Access

- **Insurance coverage** - Michigan ensures that all children are enrolled in a Medicaid Health Plan (MHP) upon entry into foster care, and that MHP re-enrollment occurs if needed during placement transitions to ensure access to health care services throughout the time a child is in foster care. MDHHS tracks the enrollment of children in MHPs, and the MDHHS Child Welfare Medical Unit provides assistance to the field when barriers to enrollment occur. Once successfully enrolled in an MHP, this information is given to foster parents so they can facilitate routine medical services for the children in their care. Increased attention has focused on youth aging out of foster care to ensure the youth have continuation of health coverage upon discharge.
- **Local coordination** – MDHHS recognizes that access to care depends on awareness by health care providers about the health needs of children in foster care and child welfare policy. Coordination is addressed through:
 - Amending CPS policy to require notification of a removal to the health liaison officer within one business day of the removal.
 - Requiring Health Liaison Officers to establish and maintain working relationships with primary care providers to improve access to medical services.

- Completing the “Fostering Health Partnerships” project, a grant-funded program to hold Learning Collaborative events in all counties with key stakeholders. Learning Collaboratives are intended to develop relationships between local and regional partners to create sustainable improvements in local systems of care. This project was completed in December 2019. The data obtained from the project will continue to inform ongoing efforts to sustain coordination and address access to care.

Continuity

- MDHHS policy requires foster parents to maintain care with the child’s previous primary care provider (i.e. “medical home”) unless doing so is impracticable.
- When there must be a shift in the primary care provider, foster care workers must ensure medical information is transferred. For more detail on planning to achieve medical information transfer, see “Ensuring Accurate Documentation and Sharing of Child Health Information” below.
- Barriers to care continuity and coordination are addressed during Fostering Health Partnerships Learning Collaborative events.

Supporting Youth in Maintaining Care During Transition to Adulthood

- MDHHS extended Foster Care Transitional Medicaid to former foster youth from age 21 to age 26, effective Jan. 1, 2014, and revised information systems to continue Medicaid coverage for current beneficiaries until the age of 26.
- MDHHS distributed Affordable Care Act Medicaid extension information to post-secondary education programs with independent living skills coaches and campus coach programs.
- MDHHS included information on the Affordable Care Act in Fostering Success Michigan’s informational webinar and forwarded it to their distribution group.
- Through collaboration with the State Court Administrative Office (SCAO), the initial removal order includes an order for parents to sign releases for medical records transfer within seven days from the court hearing.
- MDHHS provides foster children with the option to execute Durable Power of Attorney and distributes a brochure that explains the purpose of a Durable Power of Attorney and how to attain one. Other efforts include development of a page for the Foster Youth in Transition website that includes:
 - How to choose a patient advocate.
 - A brochure explaining Durable Power of Attorney.
 - The purpose of a Durable Power of Attorney.
 - Frequently asked questions.
 - A link to the Michigan State Bar website for additional information.

Data Analysis/Tracking Timeliness

MDHHS ensures that all children in foster care receive routine comprehensive medical examinations according to nationally accepted Early and Periodic Screening, Diagnosis and Treatment guidelines as outlined by the American Academy of Pediatrics. Foster care policy outlines expectations for

completion of medical and dental examinations and immunization status. MDHHS actions to meet this goal include:

- Monitoring and addressing any systemic barriers to the assignment of a child to a Medicaid Health Plan at placement.
- Providing data to local offices through the Monthly Management Report and Book of Business to help gauge adherence to policy and assist with local planning efforts to address any gaps.

Ensuring Accurate Documentation and Sharing of Child Health Information

Health providers must have a comprehensive health history of a child to make accurate diagnoses and develop an appropriate care plan. The medical passport is one of several tools that child welfare and health care provider teams employ to communicate health history, needs and services during the time children are in foster care.

- The medical passport must be provided to a new health provider at or before the first appointment with the child. The medical passport prints from MiSACWIS and includes the following information:
 - Current primary care physician, dentist and insurance information
 - Allergies
 - Diagnosis
 - Medications
 - Health history
 - Health appointments, including behavioral health appointments in the last 18 months
 - Developmental/behavioral concerns
- CareConnect360 is a software system that allows authorized users to view health-related information from Medicaid claims. Health liaison officers, county-based foster care workers and supervisors and private agency foster care workers and supervisors are required to obtain access to CareConnect360. The Child Welfare Medical Unit works with Child Welfare Services and Support to achieve 100 percent enrollment and use of CareConnect360.
- Caseworkers and supervisors must know how to obtain details of health history that are not provided by examining Medicaid claims data from CareConnect360. Doing so requires engaging parents and caregivers in consenting to release information, engaging health care offices in provided health care information and transferring information from health records into the appropriate data elements in MiSACWIS. Building knowledge and skills is a joint effort between the Child Welfare Medical Unit, Child Welfare Services and Support and the Office of Workforce Development and Training.

Training and Technical Assistance

The Child Welfare Medical Unit provides training and other technical assistance on a regular basis to support best practices in achieving health outcomes including:

- Caseworker and supervisor training for the use of CareConnect 360, entering health information in MiSACWIS, and engaging children and families in children's health care services. Training topics are informed by review of data, e.g., the Monthly Management

Report describing compliance with medical and dental appointment standards, outreach to the field and feedback from system partners.

- Health liaison officer quarterly training that provides updates on policy and in-depth information on health-related topics.
- Outreach to health care providers via exhibiting at professional meetings, contributing to organization newsletters and publicizing web-based materials related to the health needs of children in foster care.
- Advising foster care/adoption policy and recruitment/retention personnel on health-related information that should be included in training for foster parents and contract requirements for foster care provider organizations.

Mental Health Care Needs

Circumstances leading to foster care significantly raise the likelihood that children in foster care will experience emotional and behavioral challenges requiring mental health services. These circumstances highlight the need for early and periodic mental health screening, and when indicated, assessment and referral for appropriate mental health treatment. Screening for mental health problems during yearly and periodic well-child examinations may provide the first indication of need for children in foster care.

Effective Dec. 1, 2014, Medicaid provider policy changed to allow surveillance or the use of a validated and standardized screening tool to accomplish the psychosocial/behavioral assessment required at each well-child visit. MDHHS policy was updated to allow surveillance as documentation that a mental health screening was completed during a child's routine exam. Current efforts to collaborate with the behavioral health division of MDHHS has allowed for increased discussion pertaining to identified delays in access for community based behavioral interventions.

MDHHS works with partners to ensure that case planning and interventions are trauma informed. MDHHS developed protocols for trauma screening to expand access to trauma-informed clinical assessments and comprehensive team and trans-disciplinary assessments. MDHHS developed policy, protocols and training to ensure that trauma screening results in appropriate follow up, including completing assessments and ensuring that information gathered is integrated into service plans and with medical and mental health treatment. MDHHS has contracts with seven providers for statewide comprehensive trauma assessment services. The following actions are implemented or planned to support meeting mental health care needs.

- The MDHHS Incentive Payment program continues to provide funding to the Pre-Paid Inpatient Health Plans (PIHP) for improving access to services within the Community Mental Health System for children in CPS Category I and II and foster care. This program is re-evaluated regularly to maximize the impact of this blended funding.
- The waiver for children with Serious Emotional Disturbance became available statewide effective October 2019. The Children's Services Agency and Division of Mental Health Services to Children and Families provided training to designated lead persons from

county MDHHS offices and Community Mental Health programs in summer 2019 to prepare for the statewide expansion.

- The Fostering Health Partnerships project Learning Collaborative events engage child welfare, mental health providers and primary care providers in strategies to address local and regional gaps in access to mental health services for children in foster care.

Oversight of Psychotropic Medications

MDHHS continues its commitment to provide oversight and guidance supporting best practices in psychotropic medication use for children in foster care. The Foster Care Psychotropic Medication Oversight Unit continues its primary oversight activities which include:

- Developing and updating databases necessary to track the use of psychotropic medications in the foster care population. This includes tracking individual and aggregate use and reporting on trends based on child characteristics, e.g., age and placement status and clinical diagnosis.
- Tracking informed consent documentation from the field to ensure consent engagement and consent per MDHHS policy.
- Entering psychotropic medication, diagnosis, physician review information and uploading informed consent documentation into MiSACWIS.
- Facilitating case reviews by physicians.
- Providing technical assistance to the field.
- Witnessing psychotropic medication consents via conference call when the consenting party cannot be present at psychiatric evaluations and medication monitoring appointments.

Psychotropic Medication Data Management

The Foster Care Psychotropic Medication Oversight Unit loads Medicaid claims weekly into a foster care database. The claims are used for monitoring compliance with informed consent policy requirements, updating the health screens in MiSACWIS, determining whether physician review is needed and tracking and analyzing psychotropic medication prescribing trends for children in foster care.

Informed Consent Reconciliation and Outreach

The Foster Care Psychotropic Medication Oversight Unit receives informed consent documents from the field, enters the medication data in MiSACWIS and uploads the consent document into MiSACWIS. The unit also cross-references consent documentation to Medicaid prescription claims and conducts outreach to the field when there are medication claims without accompanying consent documentation. The unit provides monthly reports to each BSC to assist the field with tracking successful completion of informed consent for psychotropic medications.

Physician Review

Pre-review queries are run at least monthly to identify cases where the recommended medication regimen meets established review criteria for a secondary physician review. When triggering criteria are met for physician review, the unit arranges and tracks the reviews.

Analyzing Psychotropic Medication Trends

The Foster Care Psychotropic Medication Oversight Unit works with the Child Welfare Medical Unit to track and analyze psychotropic medication prescribing trends for children in foster care.

Psychotropic Medication Physician Review Process

The Foster Care Psychotropic Medication Oversight Unit staff use Medicaid prescription claims to determine whether triggering criteria are met, arrange and track the review process. MDHHS contracts with board-certified child and adolescent psychiatrists to conduct reviews. Physician reviews occur based on the presence of specific medication regimens. Physician reviewer actions depend on the presence or absence of medical concerns based on the medication regimen and/or specific health characteristics and may include:

- No further action when no significant medical concerns are noted.
- Written outreach to the prescribing physician outlining the concerns raised during the review when concerns are present but not serious.
- Verbal outreach to the prescribing clinician when concerns are potentially serious. The unit staff uploads the physician review documentation into MiSACWIS.

Psychotropic Oversight Policy and Procedures

MDHHS develops policy and practice under general principles derived from a review of professional standards of care and child welfare practices in several other states:

- A psychiatric diagnosis based on the current Diagnostic and Statistical Manual should be made before prescribing psychotropic medications.
- Clearly defined symptoms and treatment goals should be identified and documented in the medical record when beginning treatment with a psychotropic medication.
- When recommending psychotropic medication, clinicians should consider potential side effects, including those that are uncommon but potentially severe and evaluate the benefit-to-risk ratio of pharmacotherapy.
- Except in the case of emergency, informed consent must be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent includes discussion of diagnosis, expected benefits and risks of treatment, common side effects, need for laboratory monitoring, the risk for adverse events and treatment alternatives.
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented in the medical record.
- Monotherapy regimens for a given disorder or specific target symptoms should be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, functioning and potential side effects.
- The potential for emergent suicidality should be carefully evaluated and monitored in

the context of the child's mental health condition.

- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist should occur if the child's clinical status has not improved within a period appropriate for the child's clinical status and the medication regimen.
- Before adding additional psychotropic medications, the child should be assessed for medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders) and the influence of psychosocial stressors.
- If a medication is used for a primary target symptom of aggression and the behavior disturbance has been in remission for six months, serious consideration should be given to tapering and discontinuation of the medication. If the medication is continued, the necessity for continued treatment should be evaluated a minimum of every six months.
- The medical provider should clearly document care in the child's medical record, including history, mental status assessment, physical findings, impressions, laboratory monitoring specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan and intended use.

MDHHS reviews and amends policy in the context of changing general practice standards, new medical knowledge and foster care practice needs across the state. The medical consultant meets monthly with the physician reviewers to examine trends observed during the review process, discuss relevant practice standards and advise and implement changes in psychotropic medication oversight processes. The medical consultant also convenes a broader group of physician leaders that includes child and adolescent psychiatrists and primary care physicians to inform updates to MDHHS policy and practice. Action steps in planning are:

- Conducting a case review to profile psychiatric assessment practices. This profile will inform the process of implementing standards for assessment and its documentation.
- Developing additional requirements for documentation of monitoring for expected and adverse impacts of psychotropic medications. Once implemented, these standards will be incorporated into child welfare case planning and documentation.
- Expanding the current FosteringMentalHealth website to provide additional guidance to providers based on developments in knowledge and standards of care.

Family First Prevention Services Act

Ensuring Appropriateness of Placement in Qualified Residential Treatment

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

- Include a trauma-informed treatment model designed to treat children with emotional or behavioral disorders.
- Have licensed nursing and clinical staff onsite as required by the program's treatment model.

- Facilitate outreach to family members of the child.
- Document how family members are integrated into the treatment process.
- Provide discharge planning and family-based care support for six months after discharge.

Ensuring Children in Foster Care Are Not Inappropriately Diagnosed

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

- Prior to placement of a child in a qualified residential treatment facility, caseworkers must prepare a Placement Exception Request that documents supervisor and county director review and approval.
- The referring worker must provide the residential provider with all recent medical, behavioral and mental health diagnoses and reports.
- MDHHS contracts with residential providers require that a licensed clinician with a minimum of a master's level degree conduct a bio-psycho-social assessment of a child using evidence-based tools within 30 calendar days following placement.
- The bio-psycho-social assessment ensures placement is based on documented need for the treatment provided in the program and used to develop a treatment plan based on a review of past information with current assessments specific to the child's needs.
- Additionally, Policies 722-03 p. 25-27; 722-03 p. 4 and 722-03E p. 7-9 provide the placement requirements and restrictions, so that children are placed in the least restrictive settings and avoid placements in child caring institutions. Michigan is currently developing procedures and policies for the Qualified Individual Assessment, which will ensure appropriate diagnosis, identification of treatment needs, and least restrictive level of care.
- Careful and thorough documentation of the child's diagnosis, appointments and medications in the MiSACWIS health screens provide critical information that health care providers need when engaging in assessment and treatment of children in foster care. When a medical passport is given to new treatment providers, especially those in behavioral health, the information on the passport must be up to date. Concentration is focused on the careful transfer of health information when children move between hospitals and residential settings and residential to residential settings.

When contracts for QRTP are executed in 2021, within 30 days of placement in a child caring institution, a child assessment will be conducted by an independent contractor to determine whether placement in an institution is needed to meet the mental/behavioral needs of a child.

To ensure that practitioners with the appropriate knowledge, training and skills have the tools to arrive at an accurate diagnosis, all members in the child welfare systems of care must follow clinical pathways or procedures to guide decisions about treatment in residential settings. These clinical pathways are informed by the best available evidence, re-evaluated and

improved regularly based on statewide outcome data and emerging scientific evidence. The process of developing clinical pathways includes:

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

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

- Systems transformation project, described in the Permanency section of the APSR
- Enhanced MiTEAM practice model training and support
- Trauma screening, assessment and treatment protocols
- Placement Exception Request process
- Regional Placement Unit

Coordination and Collaboration

MDHHS takes a team approach to addressing the needs of children in foster care by working with and soliciting input from a variety of experts that include:

- Michigan Department of Health and Human Services:
 - Office of Child Welfare Policy and Programs
 - Division of Continuous Quality Improvement
 - Child Welfare Services and Support
 - Office of Workforce Development and Training
 - Medical Services Administration
 - Medicaid Program Operations and Quality Assurance
 - Pharmacy Management Division
 - Office of Medicaid Health Information Technology
 - Division of Mental Health Services to Children and Families
 - Behavioral Health and Developmental Disabilities Administration
 - Strategic Integration Administration
 - MiSACWIS Division
 - CPS Centralized Intake
 - External Affairs and Communication
 - Bureau of Community Based Services
 - Population Health Administration
 - Children's Special Health Care Services

- Child Welfare Advocacy Organizations:
 - Michigan Federation for Children and Families
 - Association of Accredited Child and Family Agencies
- Community-Based Professional and Advocacy Organizations:
 - American Academy of Pediatrics, Michigan chapter
 - Michigan Association of Family Physicians
 - Michigan Primary Care Association
 - Michigan Council of Child and Adolescent Psychiatry
 - Association for Children’s Mental Health, Michigan branch

CHILD WELFARE DISASTER PLAN

Michigan participated in disaster planning, response and recovery activities required by the Child and Family Services Improvement Act of 2006 and Section 422 (b)(16) of the Social Security Act. The Child Welfare Disaster Plan addresses the federal requirements below:

- To identify, locate and continue services for children under state care or supervision who are displaced or adversely affected by a disaster
- To respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases
- To remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster
- To preserve essential program records
- To coordinate services and share information with other states

The Michigan Department of Health and Human Services (MDHHS) holds the primary responsibility to perform human service functions in the event of a disaster. The MDHHS emergency management coordinator is responsible for conducting emergency planning and management, and interfaces with MDHHS local directors and central office staff to ensure adequate planning. Michigan's Child Welfare Disaster Plan remained in place in 2019.

A list of state and local emergencies that required the mobilization of the Child Welfare Disaster Plan in 2019 and the results are included at the end of this plan.

Disaster Plan 2020 Review

To ensure local MDHHS child welfare disaster plans are reviewed and updated annually, Business Service Centers (BSCs) request county offices and Child Welfare Services and Support (CWSS) requests private agencies each year to review and update their local emergency plans. Completion of county and agency plans is tracked and stored in a central repository by BSCs and CWSS respectively.

BSCs and CWSS also distribute the current state plan to county MDHHS offices and private agencies on an annual basis. County and agency offices are requested to review the state plan, make suggestions for possible changes and provide an update as to whether the disaster plan was mobilized in their community during the previous year, including the results of the mobilization.

BSCs, local MDHHS offices and private agencies reviewed Michigan's Child Welfare Disaster Plan in 2020, and it was determined that changes to the plan were needed:

- The disaster plan should better address communication with clients who are deaf and/or non-English speaking.
- The plan should address the necessary actions to be taken when clients cannot be seen face-to-face.

- The plan should include a process for informing Centralized Intake (CI) of any local emergency so CI is alerted to the need for possible additional information, resources, and staffing.
- The state plan should include a process for informing BSC directors and the Regional Placement Unit if any institutions are being evacuated and if so, where.
- The state plan should include a plan for identifying all children in institutional placements in the affected area and informing county directors to alert them to the need for follow up.
- The state plan should address outstate children and youth placed in an areas affected by an emergency and include a process for follow-up by the local office.

Other feedback leading to changes to the disaster plan includes the following:

- The plan does not state who is to notify CI with information, including what information CI should provide to callers such as shelter places or actions that they need to share. We recommend that the plan require the following:
 - The county director should inform the BSC director of the situation and provide details of sheltering for residents and/or plans being taken.
 - The BSC director should notify all BSC directors, CSA director, and Division of Child Welfare Licensing (DCWL) director to alert them so they can follow up on any youth/institutions they have in the area. This communication should include details regarding shelter plans for residents.
 - The BSC 5 director will notify the following directors: BSC 5 deputy director, Centralized Intake, and the Regional Placement Unit (RPU) so they can then follow their emergency plan.
 - The RPU will be on alert to assist with shelter placements and/or residential moves if needed.
 - All BSC's will pull information on their foster children in that area to send out to the county directors to follow up as needed.
- For statewide institutional requirements – The DCWL director should immediately notify BSC directors and RPU if any institutions are being evacuated and if so where.
 - The RPU will develop a plan to identify all children in that facility and send it to the county directors statewide to alert them to follow up as needed.

Michigan's Child Welfare Disaster Plan

Contacting MDHHS for Assistance

- Free language assistance services: 517-241-2112
- Hearing impaired or TTY users: 711.
- Cash, food, medical, or home and burial assistance: 855-275-6424 (855-ASK-MICH)
- Child support: 866-540-0008
- Report abuse and neglect: 855-444-3911
- General Information: 517-241-3740
 - Hearing impaired callers may contact the Michigan Relay Center at 711 to be connected to the number above.

Contacting Local MDHHS Offices

[Use our County Office Map to find your local contacts](#)

Guidance for Face-to-Face Contacts During an Emergency Due to Public Health Concerns:

- CSA leadership will work collaboratively with the field to generate solutions surrounding changes in face-to-face contact and visitation guidelines and will communicate these changes through communication issuances.
- Guidance for face-to-face contacts and parenting time/sibling visits, including CPS investigations, CPS ongoing, foster care, juvenile justice, adoption, Independent Living Plus contractors, parenting time and sibling visits:
 - Face-to-face visits must occur to assess or respond to an immediate child health or safety concern, regardless of program or placement setting. In these instances, caseworkers should communicate with their supervisor for guidance on how to proceed with in-person contact to mitigate risk of exposure to and spread of COVID-19 or other communicable disease. For all required contacts that are not intended to address an immediate child health or safety concern, allowable alternatives should be used.
 - Allowable alternatives include phone calls, Skype, FaceTime, or other technology that allows verification of child safety and ability to address identified concerns and to allow contact among family members.

Emergency Response Planning for State-Level Child Welfare Functions

MDHHS incorporates 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 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 BSC for approval and to the MDHHS emergency management coordinator. MDHHS local offices review their disaster plans annually and re-submit updated plans.
- **Foster parent emergency plans.** According to licensing rules for foster family homes and foster group homes for children, licensed foster parents must develop and maintain an emergency plan. This must include plans for relocation, if necessary, communication with MDHHS and private agency caseworkers and birth parents as well as a plan to continue the administration of any necessary medications to foster children and a central repository for essential child records. The plan must also include a provision for practicing drills with all family members every four months.
- **Institutional emergency plans.** According to licensing rules for child caring institutions, an institution shall establish and follow written procedures for potential emergencies and disasters including fire, severe weather, medical emergencies and missing persons.

Local Office Emergency Procedures

Each MDHHS local office is required to create their own emergency plan that addresses local needs and resources. The required elements of local office emergency plans include:

- As part of the local office emergency plan, the county or agency will designate an alternate office, which, in emergencies that affect a local office or agency's ability to perform its normal functions, will be responsible for performing necessary and emergency tasks associated with newly assigned investigations and essential administrative functions. The local office or agency will notify Centralized Intake of the name and contact information for the alternate office on a yearly basis.
- 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 respective BSCs and CWSS and are reviewed and revised as necessary to ensure all required elements are included.

State and Regional Communication and Coordination Protocol

- When an emergency occurs in a community that requires mobilization of the disaster plan, the local office or agency director or designee shall inform their BSC director and include the nature of the emergency, the status of any contingency planning including evacuation/sheltering, and other necessary information.
- The BSC director of the area affected by the emergency shall notify all BSC directors, the CSA director and the Division of Child Welfare Licensing (DCWL). The communication should include details regarding shelter plans for residents.
- BSC directors shall ensure their county directors follow up with any children placed in the affected area to ensure they are safe and relocated.
- The BSC 5 director shall notify the BSC 5 deputy director and the RPU so that they can then follow their respective emergency plans. The RPU will be on alert to assist with shelter placements and/or residential moves if needed.
- The BSC 5 director shall inform Centralized Intake of the nature of the emergency, the status of any contingency planning including evacuation/sheltering, and other information necessary for Centralized Intake to address emergent communication needs of callers to the hotline.
- The DCWL shall immediately notify BSC directors and the RPU if any institutions are being evacuated and if so, where the affected children will be sheltering. DCWL will gather information about the temporary location to ensure that safety needs are being met.
- The RPU will develop a plan to identify all children in any facility that is evacuated and send it to the county directors statewide to alert them to follow up as needed.

Local Staff Communication and Coordination Protocol

- During an emergency, the local office or agency director will mobilize 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 maintain contact with the MDHHS emergency management coordinator to synchronize services and provide updates.
- The protocol will include instructions that unless they have received previous instructions from their local or state-level director or designee, all staff in the

affected area should call in to a locally designated communication center to inform the agency of their safety and location. If communication channels are compromised, the Centralized Intake telephone lines may be used to share instructions.

- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform their local 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. Centralized Intake's toll-free number, (855) 444-3911, may be used for this purpose when other means of communication are inoperable.
- The foster caregiver guidelines for responding to emergencies shall include the MDHHS Centralized Intake toll-free number (855) 444-3911, to be used as a clearinghouse to ascertain the location and well-being of foster children and youth in the affected area, as well as the safety and location of staff in their agency if they have not been otherwise notified by the county or agency staff.
- Centralized Intake will track the location and well-being of foster children and youth as well as staff in the affected area through the use of an Emergency/ Disaster Plan Relocation Spreadsheet.
- Centralized Intake Second Line Managers will send a copy of the Emergency/Disaster Plan Relocation Spreadsheet to the county and BSC director that is affected by the emergency/disaster within twenty- four (24) hours.

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 location 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 accidents
 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 Centralized 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 and 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 location, 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 location, status 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 CPS staff is displaced or unable to provide CPS investigative or ongoing services, alternate counties designated in local MDHHS disaster plans shall be prepared to provide CPS investigation and ongoing services to new child welfare cases and to children under state care or supervision displaced or adversely affected by a disaster.
- The toll-free Centralized Intake number will remain the primary means of initiating CPS investigations for new child welfare cases.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster

- In an emergency, caseworkers and caregivers must attempt to call their local office to report their status and receive information or instructions. If local office phone lines are unavailable, caseworkers and caregivers will contact the alternate local office. In offices covering multiple counties, they will call the designated county.
- Caseworkers may use cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers to maintain cell phone service.
- If the local Emergency Coordination Center is activated by the MDHHS emergency management coordinator, the toll-free Centralized Intake number will be available as a backup communication method for current and new child welfare cases.

4. Preservation of essential program records

- MDHHS maintains essential records in the MiSACWIS database and can access records statewide. MDHHS caregivers enrolled in electronic funds transfer will not have a disruption in foster care payments, since payments are made to their account

electronically.

- To safeguard the database itself, the servers are located in Michigan's secure data center. Schedules are configured to perform a full system backup for both onsite and offsite storage. The databases are also configured for live replication in case of a disaster that involves loss of the primary server. The Department of Technology, Management and Budget retains one quarterly update per year and maintains an annual backup indefinitely. That code base is backed up as well, so in case of a catastrophic event that affects the computer system, the application can be rebuilt with minimal loss of time.

5. Coordinate services and share information with other states

- In the event of an emergency, the MDHHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the state MDHHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.
- The MDHHS Office of Communications will coordinate communication on the MDHHS emergency response to the news media, MDHHS executive staff and human resources, persons served and the public.

FY 2019 Mobilization of the Child Welfare Disaster Plan

Kalamazoo County

During 2019, the local emergency plan was partially invoked during facility closures due to a weather emergency from Jan. 28 to Jan. 31, 2019. The county activated emergency services for financial and emergency assistance by providing financial assistance workers with laptops so that they could address client needs while working remotely. All child welfare protocols were effective due to the short period of time that the office was closed, and CPS staff were able to meet the needs of clients. Modifications after the disaster were made to ensure that all financial assistance supervisors were equipped with laptops.

Allegan/Barry Counties

Allegan and Barry Counties implemented the disaster/business continuity plans in late January 2019. As a result of a weather emergency, Michigan Governor Gretchen Whitmer closed all state offices for two and a half days. Communication with employees and consumers was enhanced with the use of State of Michigan broadcast messaging. Although the calling tree for employees was in place, the broadcast messaging was most effective. The director followed up with email after the broadcast message regarding office closure and reopening.

Allegan and Barry Counties did not experience any difficulty contacting employees nor did any employees fail to return to work. Client emergencies were resolved in child welfare by using a combination of on call workers and volunteers to assist clients. Client emergencies in payments were resolved with the assistance of a Pathways to Potential worker who was able to make

contact with procurement card holders so necessary payments could be made. There were no reports of unmet needs in either county.

STAFF AND PROVIDER TRAINING PLAN

Staff Training COVID-19 Response

Due to the COVID-19 pandemic, the routine in-person delivery methodology for the Pre-Service Institute (PSI) and the New Supervisor Institute (NSI) was modified to accommodate Governor Gretchen Whitmer's Executive Order 2020-21, "Temporary requirement to suspend activities that are not necessary to sustain or protect life," which took effect on March 24, 2020.

Office of Workforce Development and Training (OWDT) staff deliver PSI and NSI in the morning via Skype and conduct conference calls as touch points with trainees. OWDT staff make themselves available throughout the day to answer questions and to provide support to the trainees, and to their supervisors. The class comes back together via Skype at the end of the day to debrief the learning activities and assess for learning transfer. OWDT staff meet weekly to discuss barriers and share successes to enhance training delivery and trainee engagement. The following modalities have been utilized: group discussions, chats, question and answer, white board delivery and written assignments.

Two online trainings, "Safety Assessment and Planning During COVID-19" and "Social Distancing and Successful Video Visits with Young Children" were developed based on resources from the National Council on Crime and Delinquency. This guidance is for all child welfare staff, in addition to the communication issuances by CSA.

CFSR Program Improvement Plan (PIP)

During 2019, Michigan's training office designed and began implementing a Program Improvement Plan (PIP). OWDT is working with a program improvement team composed of internal and external stakeholders which is undertaking a total redesign of the PSI. There is a steering committee responsible for submitting proposals to CSA. Within the program improvement team, there are three workgroups:

- One group is examining pre-training to determine what changes need to be made in child welfare throughout the collegiate institutions, prior to caseworkers and supervisors being hired in public and private agencies.
- There is a workgroup charged with redesigning the PSI. This group is examining training models from around the country, identifying research-based best practices, and creating a new model for Michigan that leverages existing university partnerships.
- The third workgroup is charged with looking at mentoring components of training, incentives to recruit qualified people to apply for public and private child welfare positions, as well as developing a curriculum path for new hires for the first two years of their career.

Focus areas of the PSI redesign include:

- Reducing travel for trainees with a regional approach
- Optimizing technology and distance learning
- Investing in robust mentoring in the field that is structured and well-supported

- Prioritizing new employee training time by reducing other job responsibilities that currently compete with classroom and field instruction time
- Aligning the new worker training curriculum with the emerging Michigan child welfare practice model focused on prevention
- Building a competency-based training plan that includes an extended curriculum path

Initial Training Overview

Training requirements are in MDHHS policy manual SRM 103 and are summarized in this plan. Initial staff training is designed to provide a comprehensive understanding of the needs of service in child welfare fields, combining theory and practical knowledge. New public and private child welfare caseworkers complete a nine-week Pre-Service Institute (PSI) within 112 days of hire. Caseworkers receive a progressive caseload throughout the nine weeks. They report first to their local office and then come to training facilities for four of the nine weeks. During classroom training, students receive program specific training in adoption, foster care or CPS, as well as child welfare topics that build skills to help them support families through use of the MiTEAM practice model.

Structured on-the-job activities and computer-based training support the transfer of learning from classroom to application of skills in the field. Caseworkers are assigned a mentor and supervisor who, in conjunction with the OWDT trainer, complete a new hire evaluation summary of the caseworker. This, along with two competency-based exams, identify the new caseworkers' strengths and areas that need additional support. This evaluation provides a basis for the supervisor to create an individualized ongoing training plan for the new caseworker after PSI. All caseworkers must complete 32 hours of ongoing training per calendar year.

New supervisors in child welfare must attend New Supervisor Institute (NSI) within 112 days of hire. This training includes program specific content in adoption, foster care or CPS. Public supervisors also receive leadership and MDHHS management training. Private agency supervisors get this additional training in their local office. The supervisors take a competency-based exam in their program specific area. After NSI, supervisors must complete 16 ongoing training hours per calendar year.

Initial Training for Caseworkers

Public and private child welfare caseworkers must complete the nine-week PSI within 112 days of hire or promotion. Except for the COVID-19 adjustments previously described, the training consists of five field weeks of on-the-job training and four weeks of classroom training.

The five field weeks consist of structured activities such as reading policy, working in MiSACWIS, learning local procedures, becoming familiar with community service providers and completing online training. These activities are outlined in an online student guide and are a formal part of the training curriculum. Activities are guided by the supervisor and mentor. The supervisor signs a field activities log verifying the activities were completed.

During classroom weeks, trainees receive instruction, feedback and coaching on the application of MiTEAM practice skills. Strong emphasis is placed on personal and child safety, family preservation and the continuum of care. New workers are assisted in developing a trauma-informed lens that stresses the importance of parent/child visitation and helps to create networks of support.

During the training, two scored exams are administered to the trainees to evaluate knowledge. Trainees are required to pass both exams at least at the 70 percent level. In addition, a competency-based evaluation of the new worker is completed in partnership by the supervisor and trainer. These evaluations are kept on file locally. Evaluations measure:

- Cultural and self-awareness
- Safety awareness
- MiTEAM practice skills
- Interviewing skills
- Documentation skills

While in training, a progressive caseload may be assigned.

- Caseload progression for CPS:
 - No cases will be assigned until after completion of four weeks of training and passing the first exam.
 - After successful completion of week four, up to five cases may be assigned using case assignment guidelines. The first five cases will not include an investigation involving children under eight years of age or children who are unable to communicate.
 - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meet or exceeds expectations rating on the competency-based evaluation.
- Caseload progression for foster care and adoption:
 - Three training cases may be assigned on or after day one of training at the supervisor's discretion using case assignment guidelines.
 - After successful completion of week four of pre-service training and passing exam one, up to five cases may be assigned.
 - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meet or exceeds expectations rating on the competency-based evaluation.

Training caseloads are assigned strategically to help support the new caseworkers in applying new skills under the guidance of the supervisor and with the support of peers.

Initial Training Plan for improvement

- OWDT will continue to offer 17 PSI classes per year to an unlimited number of new hires per institute in Detroit, Gaylord, Grand Rapids and Lansing.

- In collaboration with university partners, private agencies, CSA, and MDHHS field representatives, OWDT will continue to work on the PSI redesign with the PIP workgroups. Upon approval from CSA, the recommendations will be implemented.

University Partnerships and Child Welfare Certificate Program

MDHHS has collaborative relationships with 13 undergraduate and two graduate schools of social work. Through this collaboration, a certificate program was created to educate a pool of qualified applicants to fill child welfare positions statewide. This program is intended to expose social work students to Michigan child welfare policies and practices through coursework and field experiences. The Child Welfare Certificate (CWC) from an endorsed university shows that the participant has received a valuable foundation of knowledge and experiences. Program outcomes include:

- Certificate holders are a population of potential caseworkers and supervisors 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 PSI, 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 CWC programs.

To receive a CWC from an endorsed university, the student:

- Completes a core course in child welfare and courses in child development.
- Completes an elective course that supports the theory, knowledge, skills and values required to work with families and children.
- Completes a supervised, structured 400-hour field placement at MDHHS, a private agency or tribal child welfare program.
- Achieves a 3.0 grade point average for the last 60 credits of their studies.

In November 2019, a partnership with deans and directors from the schools of social work within universities across the state was established to initiate focus on enhancing Michigan child welfare recruitment, training, and retention. This committee met in November 2019, December 2020, and February 2020 to understand strengths and challenges of the current child welfare system and review workforce models from different states to determine what a desired approach may look like in Michigan. Three workgroups have been established as a result of this partnership and in response to challenges identified from Michigan's child welfare workforce: 1) Pre-Hire/Recruitment, 2) Pre-Service Training and 3) Post-Training Support/Mentoring. Each group is responsible for researching and drafting proposed recommendations for the three focus areas. A steering committee worked to combine recommendations from each group into a comprehensive proposal for consideration by June 2020.

University Partnerships Plan for Improvement

OWDT continues to collaborate with CSA along with several private agencies and many universities on the PIP workgroup redesigning the certificate program to increase participation and streamline transition into the workforce.

Program-Specific Transfer Training for Caseworkers

Caseworkers who completed a PSI in one program and are reassigned to another program must complete a two-week program-specific training. This training must be completed within 112 days of the transfer. Between three and six days are spent in a classroom depending on the program, and on-the-job learning activities are also completed.

Program Specific Transfer Training Plan for Improvement

OWDT will incorporate MISACWIS training into Program Specific Transfer Training. The CPS training includes the mobile investigator application that allows caseworkers to enter data into MiSACWIS while in the field.

Initial Training for Supervisors

New supervisors who oversee any caseload-carrying staff in CPS, foster care, unaccompanied refugee minor, supervised independent living, adoption, and MDHHS monitor positions must complete the New Supervisor Institute (NSI) within 112 days of hire. The training is composed of classroom instruction and on-the-job training. The training encompasses management competencies and program-specific skill development. MDHHS supervisors complete a classroom week learning MDHHS human resources, performance management, labor relations, and related topics. Private agency staff learn human resource policies applicable to their agency while on the job. During on-the-job training, supervisors must complete structured field activities, webinars and computer-based trainings.

Program Specific Transfer Training for Supervisors

Supervisors who completed NSI in one program and are reassigned to another program must complete a one-week program-specific training if they do not have prior experience in the new program. This training must be completed within 112 days of the transfer.

Initial Training Plan for improvement

- MDHHS will continue monitoring institutional and residential staff training processes through the learning management system.
- MDHHS will continue meeting with BSCs to track the effect of initial and ongoing training on the quality of case management.
- MDHHS will respond to training needs identified by the PIP workgroups.
- MDHHS will send surveys to new employees' supervisors three and 12 months after training completion to evaluate learning over time.
- The supervisory control protocol portal will be added to CPS program specific training.
- MiSACWIS training for supervisors will continue to be offered to supervisors during BSC in-service trainings.

Child Welfare Training Monitoring

Training is tracked using the Cornerstone OnDemand learning management system (LMS). The system is updated from MiSACWIS, assuring that the training available to child welfare staff is aligned with their roles and responsibilities. In addition to registering for training and directly accessing online training, child welfare staff document completion of external training in the 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:

- 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

Monitoring Initial Training Requirements

Initial training is monitored locally, as well as through a collaborative effort between OWDT, MDHHS central office and the BSCs. Data is collected and analyzed from learning management and human resource systems, MiSACWIS caseload counts and a variety of other methods as needed.

Monitoring Plan for improvement

Initial training monitoring efforts will continue throughout 2020. OWDT will review other monitoring options and evaluate their effectiveness. Monthly meetings will be held with CSA to address non-compliance with initial training requirements.

Ongoing Training Overview

Ongoing training is offered across the state to address current child welfare topics, build leadership skills, and provide foster parent training. Targeted child welfare training on fundamental skill development identified by BSCs is offered regionally. In addition, OWDT staff offer over the shoulder support upon request. OWDT staff will go into the local office to provide on-site feedback on case management and systems documentation.

Child welfare caseworkers and those in supportive positions are required to complete a minimum of 32 training hours each calendar year. Child welfare supervisors are required to complete a minimum of 16 ongoing training hours each year. To meet the ongoing training and development needs of the diverse child welfare population, staff can complete computer-based training in the learning management system, register for instructor-led training and add external training to their transcript.

The Governor's Task Force on Child Abuse and Neglect created a child welfare clearinghouse to provide easy access for child welfare staff and their supervisors to see schedules of external

training opportunities. In addition, a university in-service training catalog is available, which lists free training opportunities for child welfare staff and foster and adoptive parents.

Ongoing Training Plan for Improvement

- In collaboration with local child welfare offices and private agencies, training staff will continue to provide over-the-shoulder support to staff as well as supervisors. This includes training for mentors and one-on-one support for staff and supervisors.
- OWDT drafted a curriculum path for new caseworkers and submitted it to the PIP workgroup for consideration and will initiate recommended changes.
- The training office will continue to offer leadership development training and resources for first line supervisors.
- The training office will continue to develop additional resources specific to leadership competencies at all levels of staff and employees.

Monitoring Ongoing Training Requirements

Learning management system reports are accessed locally and centrally to monitor individual, local office and BSC progress in completing ongoing training throughout the year.

Identifying Ongoing Training Needs

The primary way to ascertain individual ongoing training needs is for the supervisor to use the competency-based evaluation from initial training to identify areas for training and development. A computer-based training for supervisors “Creating an Employee Training Plan” teaches a systematic process to identify training and development needs of their staff, provide professional development opportunities and document them on the learning management system. There are multiple ways in place to identify ongoing training needs for the child welfare workforce:

- Collaboration with CSA to identify training topics.
- The BSC directors receive input from their counties and meet with OWDT to discuss how to best support the field.
- Level one evaluation surveys include a question about what other training is needed.
- CSA may identify statewide child welfare trends and collaborate with training staff to develop and deliver training.
- OWDT has a training request process for the field to request sessions of existing training or to develop training on a new topic.

Ongoing Training Plan for improvement

- OWDT will continue to collaborate and evaluate input and feedback from the PIP workgroups to develop and deliver relevant training topics.
- OWDT will continue to support university based in-service training courses, which provide for relevant, timely topics online, and in-person led by experts in their field at locations across the state.

Diversity, Equity and Inclusion

MDHHS has a Diversity, Equity and Inclusion (DEI) plan that OWDT actively supports. OWDT will continue to provide training opportunities including “Inside Our Mind: Hidden Biases” and “Cultural Competence” training to support child welfare management and staff to provide appropriate and culturally sensitive services. Upon request, OWDT will also assist child welfare management in the development of office-wide DEI plans.

OWDT will continue its partnerships with CSA, which has committed to address the disproportionality of children of color in foster care in Michigan. This includes the ongoing collaboration with children’s services leaders and the establishment of the CSA Antiracism Transformation Team. This work is being supported by a vendor, Eliminating Racism and Claiming and Celebrating Equity, through a joint contract funded by the OWDT and CSA.

OWDT has a race equity team that promotes ongoing dialogue and analyses of systemic racism. This team developed a three-year plan to support OWDT becoming an anti-racist, multicultural organization by valuing one another through diversity, equity, and inclusion.

Family Preservation Training

In 2020, MDHHS will continue to collaborate with external partners in creating and implementing a streamlined family preservation core training allowing new hires to begin training more quickly. The proposed core training will consist of four days of foundational strength-based, solution-focused techniques. During this time, all programs will convene together because the content is the same for everyone. The final two days of the core will be program specific based on the program the new hire will be assigned (Families First of Michigan, Family Reunification Program or Families Together Building Solutions). Training materials will be created to support the new format. The implementation timeline is as follows:

January 2020 – August 2020

- Discuss proposed plan with external partners
- Development of new core curriculum
- Present final project to partners for review
- Pilot of new format
- Make modifications based on feedback

October 2020

- Implement new streamlined family preservation core training

Provider Training

Parent Resources for Information, Development, and Education (PRIDE) Training

In 2020 and 2021, MDHHS will continue collaboration with Regional Resource Teams and Eastern Michigan University to implement the newly developed curriculum for Michigan foster and adoptive parents. This will aid in providing a more consistent and needs-centered training. Implementation Timeline:

January 2020 - September 2020

- Present the training to MDHHS for modification.
- Pilot the curriculum in BSC 3
- Gather data from training classes to inform necessary changes to the curriculum and make those changes
- Prepare a final report about the findings of the pilot

October 2020 - September 2021

- Train key MDHHS staff to oversee the training program, including making changes in response to policy and practice changes
- Train master curriculum trainers in each BSC
- Oversee the statewide program implementation
- Training the trainers throughout the state

Leadership Development

In collaboration with CSA and local offices, the OWDT leadership development division developed multiple training programs and resources to support MDHHS and private agencies at all levels of leadership.

OWDT will continue to expand its leadership development training opportunities for leaders at all levels. There will be a focus on the “Emerging Leader” program for front-line staff, leadership assessments and training for first line supervisors, and in collaboration with Franklin Covey, a curriculum for middle managers. In addition, a toolkit with resources including videos, articles, podcasts for directors is being developed.

OWDT Professional Development and Staff Preparedness

OWDT recognizes the importance of training staff being up-to-date on policy as well as having a robust knowledge of training development and facilitation skills.

All training staff are required to complete 12 hours of training per year in the areas of race equity, leadership and performance excellence. Training staff have dedicated funds each year to spend on professional development as determined in collaboration with their supervisor. These funds can be used to attend a conference, attain certification, or attend professional development opportunities. New trainers follow a curriculum path which ensures that they receive trainings that are current and relevant to training facilitation and delivery, including the core class “Training by Design.” New trainers are provided with onboarding which includes going over a trainer expectation guide to assist them with classroom preparedness.

Child welfare training staff stay current on child welfare issues and policy updates. These include:

- All OWDT staff attend the 2.5-day workshop “Understanding and Analyzing Systemic Racism.”

- The OWDT race equity team continues to address ways to assure all training products are created and delivered with a race equity lens.
 - Training staff are provided the information on overrepresentation of children of color in the child welfare system in Michigan, and complete mandated reporter training that includes checking bias before making a report of child abuse or neglect.
 - Each year, training staff complete the following online training:
 - Systemic Racism
 - Introduction to Health Equity
- OWDT staff participate in the MDHHS policy review process.
- Training staff participate on committees and serve as liaisons to various programs to stay current on child welfare practice. Some examples include:
 - University partnerships
 - Supervisor Control Portal and MiSACWIS
 - PIP workgroups
- Classroom observations and trainee evaluations are used to provide timely feedback to trainers.
- Bi-monthly meetings with CSA program offices to share information on current and upcoming policy and practice changes.
- Division and unit meetings for incorporation of policy changes into current curriculum and development of additional training.
- One-on-one field support provides trainers with an opportunity to get real-time feedback on improvement opportunities and challenges to improve trainer preparedness and inform child welfare content and delivery.

OWDT Professional Training Plan for improvement

OWDT will continue exploring training certification for staff. There are currently several options being explored, including:

- Bob Pike
- Training Industry
- Association for Talent Development

Comprehensive Statewide Plan to Prevent Child Fatalities

Vision: Create a state where no child dies from abuse or neglect.

Mission: Improve collaboration across the spectrum in Michigan for services involved in preventing child fatalities. Identify and institute evidence-based practices which promote family support, the protective factors, and reduce the incidence of child fatalities in Michigan.

Goals:	Objectives:	Primary Activities:
<p>Goal 1: Increase the accurate and early identification of children most at risk for maltreatment fatality or serious injury in Michigan by improving the consistency and quality of the data sources currently available.</p>	<ol style="list-style-type: none"> 1. Identify gaps in existing data sources and implement a plan to address identified data needs. 2. Use existing data to identify strategies to increase the presence of protective factors and evidence-based services for communities at highest risk for child maltreatment and fatality. 3. Complete a national search to identify what additional evidence-based services would be appropriate to utilize in Michigan to further reduce child maltreatment and fatality. 	<ol style="list-style-type: none"> 1. In partnership with MDHHS, MPHI staff will analyze data from the past five years, including, but not limited to, the following sources: data from the National Child Death Review Case Reporting System, findings and recommendations to improve the state's child protection system from the three Citizen Review Panels, information gathered on children and families who come into contact with CPS (MiSACWIS), data collected on perpetrators and their custody statuses by the Michigan Victim Information and Notification Everyday (MI VINE) system used by the Division of Victim Services (DVS) office, the Michigan Law Enforcement Information (LEIN) and Michigan Incident Crime Reporting systems used by the State Police, as well as state injury and

		<p>hospitalization data, based on International Classification of Diseases-10th Revision codes.</p> <p>2. MDHHS will partner with MPHI staff to aggregate critical data points collected by CSA that best identify child fatality/injury risk. Using the data and partner input, a “Fatality/Injury Risk Identification Tool” will be created. MDHHS and MPHI will work to create a plan for disseminating risk and protective factor identification and develop an effective ongoing communication strategy.</p>
<p>Goal 2: Increase collaboration among community organizations and service providers to prevent child maltreatment in Michigan.</p>	<ol style="list-style-type: none"> 1. Expand the Child Death State Advisory Team/Citizen Review Panel on Child Fatalities to create a more robust multidisciplinary group focused specifically on promoting family well-being as a means of preventing child maltreatment. 2. Use the workgroup to identify as many stakeholders as possible whose missions are at least partly related to preventing child maltreatment or increasing victim service delivery, including community groups. 	<ol style="list-style-type: none"> 1. To accomplish this, MDHHS and MPHI will expand the Memorandum of Understanding (MOU) within this proposal to establish new relationships with community providers, the Michigan Department of Education, and others. The purpose will be to create a forum for dynamic information and innovation exchange among members of the newly expanded multidisciplinary workgroup. 2. MDHHS and MPHI will utilize the network of over 1,400 local professionals statewide serving on CDR teams to help identify these

		<p>entities. MPHI will develop a database of the organizations identified, and distribute it to service agencies across Michigan to use as a resource for information and referrals. This directory will be key in making community connections statewide, increase the ability for all providers to coordinate their services, and increase the efficacy of those services to improve outcomes for child victims and their families.</p>
<p>Goal 3: Increase public awareness around the risk factors for child maltreatment and ways communities can build capacity to support families before maltreatment occurs.</p>	<ol style="list-style-type: none"> 1. Establish a presence in social media which promotes evidence-based practices, family and community support strategies, and the utilization of the protective factors with regards to reducing child fatality and maltreatment as well as when and how to utilize MDHHS’s Centralized Intake to report suspected CAN. 2. Further strategize how to directly target messaging to community partners in high risk areas. 	<ol style="list-style-type: none"> 1. Currently, CSA has little presence within MDHHS’s social media pages. Input from all project partners will be solicited to create a social presence rich in child welfare information aimed at the general public. 2. MDHHS and MPHI will identify potential community outreach partners to assist in communicating the messages related to child welfare issues to the public and engage them in dynamic discussions regarding this information.
<p>Goal 4: Increase access to evidence- based services to support families and help</p>	<ol style="list-style-type: none"> 1. Engage the workgroup to develop a strategic plan/state protocol for both the state and local levels which will guide stakeholders and service providers on what strategies increase family well-being, community capacity, and build protective 	<ol style="list-style-type: none"> 1. Several activities will be combined to achieve this objective. MDHHS, MPHI, and the workgroup will collect data from providers to learn more about existing barriers to the provision of services to child

<p>address factors that lead to maltreatment. Working with state and local partners, MDHHS will modify the state’s typical response to child victims using strategic, innovative efforts and bridging the gap that often exists between systems, service providers, and victims.</p>	<p>factors with the aim of reducing maltreatment and child fatality.</p> <ol style="list-style-type: none"> 2. Identify and eliminate barriers that exist for child victims of crime when attempting to access and receive services. 	<p>maltreatment victims. This will be key to developing strategies designed to reduce these barriers. These data collection activities may include key informant interviews, surveys, and/or focus groups. Based on recommendations from the workgroup, as well as local commitments to engage in the process, specific strategic community(ies) may be identified and used to conduct child victim service needs assessment.</p> <ol style="list-style-type: none"> 2. Engagement and communication with community stakeholders during this phase will be key. MPHI will continue to be in regular communication with service providers to learn more about any evidence-based practices that are emerging. Exploring successes, barriers, and best practices with these partners will assist in meeting this objective. 3. MDHHS and MPHI will continue to monitor state and local implementation of the strategic plan and elicit feedback from project partners on implementation experiences, adjusting as appropriate. MDHHS and MPHI will continue to grow Michigan’s maltreatment knowledge base with up-to-date trend data dissemination to ensure the “Fatality/Injury Risk Identification
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		<p>Tool” remains current and useful. Lessons learned in the first half of Phase II will be communicated to all parties involved and a plan will be implemented to ensure continued collaboration and sharing. MDHHS and MPHI will identify ongoing opportunities to share project findings with service delivery providers.</p>
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