Children's Services Agency
Division of Continuous Quality Improvement

Annual Progress and Services Report 2022

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 2021

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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 public health, family, and children's services, aging and adult services, service delivery and community operations, economic stability, health and behavioral health services, family support, and community services. Director Elizabeth Hertel was appointed to lead MDHHS in January 2021.

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, Demetrius Starling, oversees:

- Bureau of Administration Director
- Bureau of In-Home Services Director
- Bureau of Out-of-Home Services Director
- Business Service Center (BSC) Directors
- Division of Continuous Quality Improvement (DCQI)
- Native American Affairs and Race Equity
- Children's Trust Fund

DCQI is responsible for the development and administration of the Child and Family Services Plan and leading ongoing continuous quality improvement (CQI) 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 (CSA) 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. Our professional, respectful staff and agency partners will work to address and remediate family trauma, access to services, and strengthen families and their communities.

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) 2022 represents year two reporting on Child and Family Services Plan (CFSP) goals for 2020-2024 based on the state's achievements in fiscal year (FY) 2020. Michigan's Child and Family Services Review (CFSR) Program Improvement Plan (PIP), data on 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 and 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 in 2020 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 M
2. Health Care Oversight and Coordination Plan – Attachment N
3. Child Welfare Disaster Plan – Attachment O
4. Staff and Provider Training Plan – Attachment P

COLLABORATION ON THE IMPLEMENTATION OF THE CFSP 2020-2024 AND APSR

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. Ongoing feedback from these groups in feedback loops provides MDHHS with vital information that spurs efforts to address identified issues and improve services to children and families. Some of these groups are listed below.

- The Citizen Review Panel on Prevention provides a forum for citizen input on prevention issues and makes recommendations to 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.
- Tribal-State Partnership is a collaboration between MDHHS and the 12 federally recognized tribes located in Michigan. This group meets quarterly to address Indian child welfare practices and discuss the needs of Michigan's indigenous populations.

- 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 Foster Care Review Board, housed within the State Court Administrative Office (SCAO), is comprised of citizen volunteers who independently review foster care cases and make recommendations to the court overseeing the case.
- The Children's Protective Services (CPS) Advisory Group is comprised of CPS supervisors from across the state who meet quarterly to discuss what is occurring in the field, as well as potential systemic changes. Group members are asked to provide feedback regarding new MDHHS pilots.
- The Foster, Adoptive and Kinship Collaborative Council is comprised of foster, adoptive and kinship support, and advocacy organizations. The group provides feedback and suggestions for actions that should be taken on behalf of families and children.
- Fostering Success Michigan was established with the goal of increasing access and success to higher education for students who have experienced foster care. MDHHS participates in the group's Policy Action Network, which reviews and identifies policies that focus on improving education outcomes for youth who are in foster care.
- The Adoption Oversight Committee is comprised of MDHHS central office staff, adoption agencies, the Michigan Adoption Resource Exchange (MARE), the State Court Administrative Office (SCAO), and adoptive parent groups. Subcommittees include Post Adoption, Residential, Training and Recruitment, and Legal Services and Provisions.
- The CSA Youth Advisory Board was formed in 2020 and is comprised of young people from across the state representing various race and ethnicities, age, and gender backgrounds who share information about their experiences within the child welfare system with the goal of improving services to young people in the child welfare system.
- The Child Welfare Improvement Task Force addresses racial disparity in Michigan's child welfare system. The group is co-chaired by David Sanders of Casey Family Programs and Michigan Governor Gretchen Whitmer's Senior Advisor, Thomas Stallworth. The task force receives support from the Michigan Public Health Institute.
- The MDHHS Diversity, Equity, and Inclusion Council 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, including judicial, state, and local officials that examines and implements strategies to address the root causes of the overrepresentation of children of color in the child welfare system.
- The Michigan Network of Youth and Families is a collaborative of service providers for runaway and homeless youth focused on bringing statewide advocacy, education, information, and training to their members with the goal of strengthening Michigan youth in need, their families, and communities.
- The Children's Issues Committee within Community Mental Health (CMH) Association of Michigan includes directors from the children's division of local CMH agencies. The committee provides updates about child welfare and brings information that may be

pertinent to policy or programs.

- The Michigan Committee on Juvenile Justice is a governor appointed committee that consists of juvenile justice stakeholders throughout the state. The committee focuses on ensuring the state's compliance with the federal Juvenile Justice and Delinquency Prevention Act and advises the governor on juvenile justice matters occurring within the state.
- The Guy Thompson Parent Advisory Council is comprised of birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs.
- Michigan Youth Opportunities Initiative Youth (MYOI) 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.
- Parents and youth are represented on the CFSR PIP Stakeholder Group, where they participate in review and modification of PIP goals, interventions, and objectives.
- Capacity Building Center for Courts and University of Michigan. Wayne and Van Buren counties, which are involved in Michigan's QLR Pilot, worked with the above groups to develop measurement activities to demonstrate improvements based on the specific model of either pre-petition or post-petition or a hybrid of both activities by court-appointed attorneys assigned to the pilot.
- In the winter of 2020, the Capacity Building Center for States partnered with Wayne County to explore the need for a supervisory-coaching model to strengthen workforce retention, engagement, and communication supported by a supervisory-coaching framework. Wayne County leadership has completed exploration to determine a theory of change and two root causes. The root causes are the lack of supportive/educative supervision and perception of inequity in growth/development/promotional opportunities for staff. To address these two identified issues Wayne County will next look at research and intervention selection to identify the best supervisory-coaching model.

Involvement in CFSP 2020-2024 Development

Standing groups and committees continued to serve in their current capacity in 2020, reviewing data, policies and outcomes and making recommendations for improvements. MDHHS' status and progress are shared with the groups and committees as an integral part of their missions.

CFSR 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 (CB) targeted Safety Outcomes 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1 as primary outcomes needing improvement in Michigan. CFSR PIP Quarter 7 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 PIP

Michigan's CFSR Round 3 PIP was approved by the CB and signed on April 18, 2019. Baselines for each of the items identified for improvement in the PIP were established beginning with PIP implementation and concluded at the end of year one of the PIP. As of June 2021, Michigan has completed eight quarters implementing strategies outlined in the CFSR PIP. Michigan's PIP implementation period concluded on April 30, 2021, although system improvements begun during the PIP will continue throughout the remainder of the five-year CFSP and beyond.

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 removal whenever possible and achieve reunification at the earliest point possible.

During the creation of the PIP, Michigan created the following Plan to Enact the State's Vision, which was included in the CFSP 2020-2024.

MICHIGAN'S PLAN TO ENACT THE STATE'S VISION

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 were initiated at the beginning of the state's PIP and will extend through the five years of the CFSP. The state is committed to ensuring that the child welfare system addresses key areas that will improve child safety, permanency, and well-being within the five-year CFSP through the following strategies (headers in bold type), which are updated with some of MDHHS' current initiatives:

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.

- CSA is partnering with the MDHHS Bureau of Family Health Services to streamline the referral process and increase access to home visitation programs for families encountering child welfare. The Michigan Legislature allocated funding to support the expansion of home visiting services beginning in FY 2021 that will be utilized to provide services to families with children ages 0-5. The Home Visiting Needs Assessment and the Chapin Hall Analysis Gap was utilized to identify the expansion communities in 10 counties, adding approximately 500 additional slots.
- The Brilliant Detroit Prevention Project provides support to families in two zip code areas that have been identified as at high risk for abuse and neglect allegations. The goals of Brilliant Detroit are to:
    - Reduce the number of children placed in foster care.
    - Reduce the likelihood of future incidents of abuse and neglect.
    - Reduce the number of subsequent allegations of abuse or neglect.
    - Increase access to eligible benefits.
    - Increase parental social connections.

  Selected families receive intensive in-home parenting support through trained peer mentors who help parents access a range of available services. The goal is to serve 200 families in the two identified zip code areas. Michigan began the pilot prevention program with Brilliant Detroit on Nov. 1, 2020. As of Jan. 31, 2021, 17 families have enrolled in the program.

Decrease child removal. 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 extensive deliberation, significant efforts to alleviate the need for separation, meaningful family and community engagement, and rigorous review at the highest levels of leadership prior to removal. 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.

- Michigan established pilot projects in Wayne and Van Buren counties to provide legal representation for children and parents involved in child welfare. Wayne County is focusing on pre-petition work to minimize the number of children in care, and addressing barriers such as housing and evictions, custody, guardianships, and misdemeanor or traffic-related issues. Van Buren County is focusing on both pre-petition and post-petition work with changes to court appointed attorney contracts and

compensation. In August 2020, training for the QLR grant began in both Wayne and Van Buren counties. Monthly training seminars will be held.

- In 2020, Michigan implemented statewide Child and Parent Legal Representation grants concurrently with pilot programming in Van Buren and Wayne counties. The state amended the Title IV-E State Plan to allow counties to claim federal funding for parent and child attorney fees in child protective proceedings to promote activities aimed at improving representation of parents and youth. Michigan held webinars to explain grant opportunities and all courts were invited to apply for grants that would allow access to Title IV-E dollars.
    - In FY 2020, 32 counties participated in the Child and Parent Legal Representation project. As of March 2021, 40 counties are participating, including Van Buren and Wayne. Additional counties are expected to participate in 2022.
- Beginning in 2021, Michigan is piloting the use of the HOMEBUILDERS® model of family preservation services. Wayne, Kent, Ingham, Kalamazoo, Muskegon, Jackson, and Calhoun counties will have access to the HOMEBUILDERS® model, an evidence based, crisis-oriented family preservation program focusing on the needs of children ages 0-5 and 14-17. The inclusion of HOMEBUILDERS® will add 200 interventions to the MDHHS family preservation services array.
- In 2020 and 2021, many counties are seeing a reduction in their rate of entry into foster care. Several factors that may be contributing include the Prevention Outreach project, increased service provision to non-respondent parents, Quality Improvement Activities (QIA) coordinated through the BSCs, and data discussions with the county leadership.
    - In January 2019, there were 13,495 children in Michigan's foster care system.
    - In January 2020, there were 12,589 children in Michigan's foster care system.
    - In January 2021, there were 11,630 children in Michigan's foster care system, a reduction of nearly 14 percent from 2019.

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.

- CSA is partnering with Recovery Oriented Systems of Care, Medical Services Administration, and local Pre-paid Inpatient Health Plans to increase co-placement of infants and children with their parents in treatment facilities for substance use disorder. In 2020, data indicated that 38 children were residing with a parent while in residential care. In February 2021, the data indicated that 91 children entered a residential treatment facility with a parent, an increase of 53 from the previous year. CSA is collaborating with the National Center of Substance Abuse in Child Welfare over the next year to identify substance use disorder cross system communication strengths and needs.

- MDHHS is making ongoing efforts to improve caseworkers' use of the MiTEAM practice model. DCQI developed a dashboard for the dissemination of MiTEAM Fidelity Tool data to promote use of the tool by supervisors to gauge caseworkers' use of the MiTEAM skills of teaming, engagement, assessment, and mentoring. By tracking use of the fidelity tool in supervision by county and agency, the dashboard identifies areas of strength and opportunities for improvement. To support use of the MiTEAM practice model and Fidelity Tool, a mandatory virtual MiTEAM Fidelity Tool training occurred for all CPS, foster care, and adoption supervisors on Oct. 14, 2020.

Maintain family connections. Maintaining family connections when children are separated from their parents is a priority. Locating and involving extended family members will occur throughout a family's 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.

- Safety and Facilitation Expert (SAFE) Team Decision-Making Model. Family team meetings, central to the MiTEAM practice model, are structured around family participation in creating case plans. MDHHS implemented a pilot to test whether the SAFE process reduced MIC and increased other desired outcomes. The SAFE pilot utilized the Team Decision Making (TDM) model that uses an objective facilitator to conduct meetings following an evidence informed six stage model. The pilot was implemented from Dec. 16, 2019, to June 1, 2020, in the counties of Genesee, Ingham, Kalamazoo, Macomb, and Wayne - North Central District. SAFE TDMs occur before key decisions are made, including:
    - Before unsupervised parenting time and return home.
    - Before considered and emergency removals.
    - Before changes of placement.

    The decision was made to expand TDMs across the state and permanency resource monitors were identified as TDM facilitators. Wayne South Central District, Western Wayne District, and Oakland County began conducting TDMs for the decision points listed above on March 3, 2021. Expansion to select counties in each BSC is continuing from March through the fall of 2021.

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.

- In January 2021, North Central Wayne and Oakland counties launched the Kin Placement Working Group, which utilizes data to inform collaborative, solution-oriented conversations about how to increase the number of children in out-of-home care who are placed with kin. The group meets monthly to review data on recent placements, identify barriers to placing children with kin, and implement solutions in real-time. In

recent meetings, the group discussed strategies for securing kin placements for infants, focused on improving the process of securing placement exceptions, and reviewed trends in fictive kin or unrelated caregiver placements. In addition to working to increase the number of children placed with kin in North Central Wayne and Oakland counties, the group identifies best practices in securing kin placements to share effective strategies with other counties across the state.

- In 2021, CSA initiated the Relative Path to Licensure Initiative, an expedited process for licensing relatives within 90 days of receiving the signed application. The purpose is to provide a streamlined and expedited licensing process for relatives to relieve the burden of licensure, with the end goal of licensing more relatives. The project is rolling out in four phases, with technical assistance through BSC work groups to provide guidance for counties and private agencies implementing the process. By December 2021, it is expected that all counties and private agencies will be practicing or implementing the statewide Relative Path to Licensure.
    - In January 2019, the rate of placement with relatives was 34.7 percent.
    - In January 2020, the rate of placement with relatives was 36.5 percent.
    - In January 2021, the rate of placement with relatives was 39.6 percent, an increase of nearly five percent from 2019.

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 be creative, learn from 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 goals. In response to variable conditions and stressful circumstances, staff will rely on critical thinking, sound reasoning, and fair decision-making. Michigan's child welfare system will promote excellent service delivery, inclusion, diversity, innovation, responsiveness, and transparency.

- In 2020, MDHHS collaborated with Western Michigan University's Children's Trauma Assessment Center (CTAC) to assess organizational health including secondary traumatic stress using round 1 and 2 Comprehensive Organizational Health Assessment (COHA) data. Results of staff surveys identified universal stressors such as outdated new worker training and the perception that numbers are more important than children. Universal positives included relationships with children and families and relationships with co-workers. CTAC's final report included growth opportunities and trends to help CSA identify where to direct resources to better promote safety for staff and leadership.
- In November 2020, members of the Michigan Child Welfare University Partnership committee and workgroups comprised of a variety of child welfare stakeholders made recommendations in the following areas:
    - Organizational structure and implementation
    - Education and recruitment
    - Hiring and onboarding
    - Staff training

- Post-training and in-service support

To ensure a coordinated approach, CSA and the Office of Workforce Development and Training (OWDT) each assigned a manager to lead project coordination through 2021. The need for a permanent Child Welfare Workforce Development Unit will be revisited after one year.

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.

- Michigan expanded work on race equity, diversity, and inclusion in 2020 and 2021 through the following groups:
  - The Office of Race Equity, Diversity, and Inclusion (REDI) is responsible for setting the strategic direction for the department to identify and address inequities that are the result of systemic marginalization and to create a culture of diversity, equity, and inclusion in practices and policies. The REDI office collaborates with CSA internal partners to develop strategies to address disparities in the areas of health, the wealth gap and poverty, employment, policies and procedures and services to children and families and other departments as identified.
  - The MDHHS Diversity, Equity and Inclusion Council developed MDHHS' Diversity, Equity, and Inclusion Plan in 2018 and serves as an advisory body to the MDHHS director, chief deputy director, human resources, and executive-level leaders in fostering an environment of diversity, equity, and inclusion throughout the agency.
  - The OWDT Race Equity Team continues implementing strategies to strengthen OWDT as a leading anti-racist multicultural entity influencing organizational transformation. Activities include:
    - Developing and delivering trainings that promote anti-racism, diversity, equity, and inclusion.
    - Actively supporting the MDHHS Diversity, Equity, and Inclusion Plan.
    - Collaborating with CSA to support the work of the CSA Anti-Racism Transformation Team (ARTT).
    - Implementing additional training requirements for OWDT staff to increase staff capacity to have productive discussion about race by Sept. 30, 2021.
- In 2020, MDHHS released a Secondary Traumatic Stress and Culture/Climate Toolkit which provides management strategies to effectively address secondary traumatic stress, using staff survey results to plan interventions and assistance in assessment and planning. Building on Michigan's work on the CSA Trauma Protocol, the toolkit provides access to the following resources:

- Critical Response Trauma Debriefing Protocol
- Resources for employees experiencing secondary traumatic stress
- Guidance for supervisors and administrators on addressing secondary traumatic stress with affected staff
- Secondary Traumatic Stress Index – Organizational Assessment

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. Examples of coordinated efforts that are underway include:

- 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.
- The Children's Trauma Initiative includes training and coaching in trauma screening, trauma assessment, caregiver education and Learning Collaboratives for Community Mental Health Service Provider (CMHSP) networks to prevent and address trauma. 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.

2021 Update to the Plan to Enact the State's Vision

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 in 2021 and 2022 include:

Front End Redesign (CPS). CSA is continuing to 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 focuses 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.

The Front End Redesign is described more fully in the Safety section of this report.

Youth Flow in Michigan's Child Welfare System Tableau was created by the University of Michigan as a tool that tracks the following data by age, gender, and race:

- Volume of hotline calls that were screened in.
- Volume of screened-in calls that lead to a preponderance of evidence.
- Volume of investigations with a preponderance of evidence that led to removal of a child.
- Time in care after removal.
- Reporter role.

The tableau will enable MDHHS to address disproportionality in the state's child welfare system by identifying crucial points where efforts can be focused in the child welfare continuum from CPS to adoption and guardianship. Data is broken down by county, allowing local offices to monitor their own performance along those measures.

New Child Caring Institution Dashboard. CSA developed a new dashboard reflecting data related to services and outcomes for youth who receive residential services at Michigan child caring institutions (CCIs). The new CCI dashboard is intended to help MDHHS and CCIs adjust programs, services, and supports to meet the needs of children and their families. The ability to track pertinent data is essential for MDHHS and CCIs to provide oversight and track the effectiveness of residential interventions and practices. The CCI Dashboard includes an overview of CCIs, including their child census, critical incidents, and MIC. Testing of the dashboard reports occurred from Dec. 9-15, 2020. The dashboard was made available for provider use prior to public release. Comprehensive training for utilization of the dashboard occurred in early 2021.

ChildStat meetings focusing on safety in care and recurrence of maltreatment. ChildStat involves:

- Bringing together agency leaders, field managers and CQI staff to review relevant data and identify successes and opportunities for improvement related to maltreatment in care (MIC) and recurrence of maltreatment.
- Assembling and previewing aggregate qualitative data.
- Selecting, reviewing, and summarizing case practice strengths and opportunities for randomly selected child welfare cases in which a MIC substantiation or recurrence incident occurred within the past six months.
- Tracking implementation of specific practice and policy recommendations.

- In 2019 and 2020, 54 ChildStat sessions occurred, resulting in 255 action items, 180 of which were completed.
- In 2021, the focus of ChildStat expanded to include recurrence of maltreatment as well as MIC.
- In 2021, ChildStat expanded by six counties in Michigan's northern region. Twenty-one counties are currently involved in ChildStat.

Data-Informed CQI

- CSA is continuing 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.
- Redesigned Quality Improvement Council (QIC). In 2021, the Quality Improvement Council is hosting monthly convenings of child welfare leaders to discuss data related to Safety in Care (MIC), Recurrence of Maltreatment, and Permanency, featuring best practices demonstrated in county offices and private agencies.

CSA continues to make improvements to keep children safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. Efforts will continue to be made to engage MDHHS staff, community partners, and other key stakeholders in the development and utilization of new tools and services to address family needs prior to coming to the attention of the department. For circumstances that require further intervention by the department, MDHHS must ensure that the response is appropriate, timely, and family-centered. This includes a dedicated focus on addressing implicit bias and disproportionality throughout the continuum of child welfare. The state has outlined strategies to address the issues impacting progress. This APSR reports on progress made in the second year of the CFSP in implementing these strategies.

CHILDREN'S SERVICES AGENCY 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 emergence of the novel coronavirus COVID-19. Several Executive Orders, including state mandates to "Stay Home, Stay Safe" and to limit entry into residential facilities, among others, followed to promote safety of Michigan residents.

Based on executive orders and with appropriate guidance and review from state health officials, CSA provided regular interim policy and practice modifications to public and private child welfare staff to promote the safety of staff, children, families, and service providers. These Communication Issuances (CIs) were in alignment with guidance released by the CB outlining expectations that children be 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 also conferenced with the CB 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. MDHHS also posted the majority of COVID-19 related communications on the public website: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117_7166---,00.html

Michigan implemented use of video conferencing to conduct monthly face-to-face visits with children and instructed staff how to record the visits in the MiSACWIS system, which 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. CSA also offered weekly leadership meetings for MDHHS and private agency leadership to ensure data, communication issuances and best practices were communicated statewide.

MDHHS further responded to the needs of at-risk families through the following efforts:

- **Rapid Reunification Project:** Due to Michigan's Stay-at-Home orders, court operations were reduced. The Rapid Reunification Project involved a partnership between CSA and SCAO, to identify children who were in the process of reunification prior to the Stay-at-Home orders so delays in reunification did not occur. The effort used a team approach among caseworkers, lawyers, and judges to reunify children as quickly as possible. Family specific plans were created to address barriers and plan for successful transitions. Of the 432 cases identified, 69 percent achieved reunification.
- **Caregiver Needs Survey:** To support foster and kinship caregivers, a Caregiver Needs Survey was sent on March 24, 2020, to all foster parents and relative caregivers who had an email address on file to parent-led organizations, MDHHS county offices and private agencies. Over 61 percent of the 2,145 caregivers who completed the survey indicated they did not need additional support. 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. A second survey was conducted in November 2020. Of the 1,431 caregivers who completed the survey, over 51 percent indicated they did not need additional support. The top three needs among those indicating they needed additional support were respite care, tutoring services, and childcare.
- **Youth Needs Assessment:** 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.

- **Prevention Outreach Project:** Based on the shut-down of schools and businesses across the state, there was a significant reduction in calls to Centralized Intake, and recognition that many families at greater risk of child maltreatment may not have the appropriate resources or supports to ensure child safety. The Prevention Outreach Project helped engage at-risk families and offer resources and supports to address identified challenges. Department staff spoke with over 14,000 families; 80 percent of those families received a text, email, or mailed packet of information and available resources.
- **Prevention and Reunification Funding Expansion:** The effects of COVID-19 on children and families resulted in an increased need for specific items or services to ensure child safety, family cohesion, and reunification. CSA received $1,424,400 in CARES Act funding and used it to support these needs. MDHHS, private agency foster care, family preservation providers and Post Adoption Resource Centers (PARCs) were able to assist more than 1,400 families with this funding.
- **Expansion of Eligibility for Tutoring Support:** To assist with the shift to virtual school, MDHHS expanded the eligibility to receive tutoring supports for youth in care.
- **Older Youth Supports:** A variety of efforts were implemented to ensure that older youth in care had the necessary resources and supports to face challenges related to COVID-19. Among these were:
    - **Young Adult Voluntary Foster Care (YAVFC) Enrollment Outreach:** 132 youth were enrolled through outreach efforts by staff and received services and a stipend to assist with COVID-19 related challenges.
    - **Expansion of eligibility for YAVFC programming:** Youth who were unable to meet eligibility requirements for school, employment, or volunteering were not disqualified from participating in YAVFC.
    - **Independent Living Expenses:** For youth ages 18 and older in out-of-home placement, Youth in Transition (YIT) funds were made available to cover costs associated with establishing or maintaining housing that was jeopardized as a result of COVID-19 related circumstances. MDHHS also implemented an exception to exceed the lifetime limit on the use of YIT funds for housing needs, even if the youth previously accessed and exhausted their lifetime limit, or if funds are needed to cover rent due to loss of employment.

MDHHS made extensive efforts to utilize technology to share information and provide ongoing communication through:

- Town halls for MDHHS child welfare staff
- Town halls with parents and caregivers
- Letters and resources for parents and caregivers
- Regular release of MDHHS Communication Issuances

- Regular meetings for public and private child welfare leaders

MDHHS continues 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 (FFPSA) in several areas. The strategies described below were added to Attachment M: 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 children are not placed in Qualified Residential Treatment Program (QRTP) settings rather than in foster family homes because of inappropriate diagnoses.

Ensuring Appropriateness of Placement in QRTPs

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, mental health 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 QRTP. QRTPs 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 QRTP, 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 the 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 treatment is the least restrictive setting appropriate to meet the child's needs and must also identify short-term and long-term treatment goals for the child.

Michigan contracted with Maximus to guide development of QRTP independent assessments of children prior to placement in a residential setting as well as technical assistance on the requirements of the FFPSA.

Clinical Pathways to Guide Decisions about Treatment in Residential Settings

To ensure that practitioners with appropriate knowledge, training and skills have the tools to arrive at an accurate diagnosis, all members in the child welfare system must follow clinical pathways or procedures to guide decisions about treatment in residential settings. These clinical pathways are informed by the best available evidence and 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 system of care about the clinical pathways, including parents, caregivers, courts, child welfare personnel, and health and mental health care providers.
- Evaluation methods to track fidelity in following the clinical pathways and outcomes for the children and families served.

Ensuring Children in Foster Care Are Not Inappropriately Diagnosed

To ensure children are not placed in QRTP settings rather than in foster family homes because of inappropriate diagnoses, Michigan developed the following policies and procedures.

- Requirements for careful and thorough documentation of the child's diagnosis, appointments, and medications in the MiSACWIS health screens because this provides critical information that health care providers need when engaging in assessment and treatment of children in foster care. The MiSACWIS diagnosis screen was updated to include the resolution date of diagnoses that will print on the medical passport.
- 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 from residential to residential settings.
- The child and family worker must provide comprehensive information about the child and family to the Regional Placement Unit (RPU) which reviews and approves potential QRTP referrals.
- Within 30 days of placement in a CCI, a child assessment will be conducted by a qualified individual to determine whether QRTP level of care is needed to meet the mental and behavioral needs of a child.

Ensuring Accurate Documentation and Sharing of Child Health Information
Health providers must have a comprehensive health history of a child, also known as a 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 or behavioral concerns

MDHHS has processes in place to address FFPSA requirements:

- MDHHS is working with the Harvard University Government Performance Lab to pilot an approach to divert children from placement into congregate care. When the RPU 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 QRTP focused on:
    - 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 this report.
- Trauma screening, assessment and treatment protocols continue.
- Michigan has made revisions to licensure and oversight of congregate care, improved data systems to track and adjust strategies, and enhanced support and training, aimed toward the reduction of entry into congregate care.

Michigan's FFPSA Assessment
Michigan conducted 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 QRTP 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 FFPSA and the broader child welfare transformation.
- Development and implementation of robust CQI processes across the MDHHS continuum of preventive services.

FFPSA Transition Grant
Please see Michigan Supplemental Funding Activities FY 2020, p. 267

Michigan's FFPSA State Plan

On Aug. 13, 2021, Michigan submitted a FFPSA 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 includes 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

Michigan will implement FFPSA 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, 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 their body. A report is not required 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 their mother.

- 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 identify appropriate medical treatment for the infant.
    - Review the family history.
    - Interview the parents to assess the need for substance use disorder, assessment prevention or treatment, or recovery support.
    - Determine the parents' capacity to provide adequate care of the newborn and other children in the home.
    - Develop and implement an Infant 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 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, infant and other affected family members.
    - Ensure 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 through 2018. The 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 or 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, withdrawal symptoms, or as a victim of Fetal Alcohol Spectrum Disorder.
- In confirmed complaints where the infant requires medical treatment to address symptoms resulting from substance exposure and medical personnel indicate 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 or developmental delay must be referred to Early On.
- MDHHS employs a 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 from the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. With the support 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 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 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.

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 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 National Child Abuse and Neglect Data System (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 and 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 phone calls. In February 2020, NCSACW provided further technical assistance regarding approach and possible priorities. Since that time, MDHHS requested written feedback and suggestions from the field and created three priorities for 2020 and 2021:
    - 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. To address this, MDHHS is working collaboratively with the Governor's Task Force on Child Abuse and Neglect, as well as other child welfare stakeholders, to create a Plan of Safe Care Protocol. The protocol will identify how to develop and implement Plans of Safe Care at three distinct timeframes: pre-natal, at birth, and post-natal. The protocol will be available to all child welfare staff, medical professionals, and service providers.
    - 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, or co-occurring disorders.
    - Access to resources, tools, and templates regarding Plans of Safe Care. These will be incorporated into the Plan of Safe Care protocol.

Progress in 2020

- A multidisciplinary committee continues to complete work on the Plan of Safe Care Protocol. It is expected to be finalized and distributed in late 2021 or early 2022.
- MDHHS continues to develop access to resources and encourage collaboration and care coordination between MDHHS, relevant service providers, and medical professionals.

COLLABORATION WITH THE COURT SYSTEM

MDHHS collaborates extensively with courts through the SCAO Court Improvement Program, including preparation for Round 3 of Michigan's CFSR held in 2018, along with development of the PIP. SCAO's Child Welfare Services division director is co-leading strategies within the PIP to improve the quality of legal representation. During PIP implementation, the Court Improvement Program (CIP) worked closely with MDHHS to identify courts to pilot legal representation strategies in an effort to improve outcomes, develop the general strategies for the courts to implement, and provide training on high quality legal representation. The CIP also brought in two consultants to provide direct training and technical assistance to the pilot courts to assist with program development, and the Capacity-Building Center for Courts for the

evaluation component.

Through the Court Improvement Program (CIP), MDHHS works with the court system to improve court procedures and ensure federal and state laws, 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.

In 2020, due to the emergency orders related to the COVID-19 pandemic, most of SCAO's regular activities outlined in prior APSRs could not occur. SCAO's focus shifted to training courts and child welfare professionals on how to navigate the new format of remote learning and virtual court hearings. SCAO hosted 26 multi-disciplinary trainings in 2020, with over 3,500 total in attendance. Additional collaborative efforts in 2020 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 MDHHS Data Management Unit (DMU). SCAO provides the data reports to courts monthly to determine whether the court can drive performance improvement in those areas.
    - Between January 2017 and December 2020, performance varied in the urban counties in each of the five measures. The most significant gains were in worker-child visits, which improved from 71 percent to 80 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 100 percent in December 2020. Worker-parent visits rose from 20 percent to 82 percent.
- Through a data-sharing agreement between MDHHS and SCAO, the court obtains data provided by DMU that are modified to create judicial reports on hearing timeliness and permanency.
- A Data Snapshot Report provides an overview of each county's child abuse and neglect data. This is also available to courts in SCAO's Judicial Data Warehouse.

Examining or Improving Quality of Court Hearings

- 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 and Parent Legal Representation Grants that were offered to all 83 counties 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 40-plus courts who applied in FY 2020 can successfully implement and maximize the new funding. These grants will continue in FY 2022 and SCAO will continue to partner to increase the number of courts that apply.

- SCAO participated on the Child Welfare Partnership Council throughout 2020 to steer statewide planning and implementation of the FFPSA. This included a Court Workgroup to develop legislation, court rules, and court forms specific to the QRTP requirement of the act. SCAO and MDHHS provided joint training to courts, tribes, and agencies on the QRTP requirements including the new heightened judicial review and oversight of a child's placement into a residential facility.

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 QLR project focuses on early engagement, including prior to a petition being filed, or before the preliminary hearing when a petition has been filed. SCAO assisted with identifying two pilot counties to participate in the QLR project and supports technical assistance for each county to assist with model development, implementation, and evaluation. SCAO and MDDHS lead and participate in monthly calls with the pilot counties and leadership team.
- Van Buren County QLR Pilot: The court restructured their attorney contracts and hired a social worker to work with parents' attorneys to reduce the number of removal petitions, and to achieve faster permanency for children already removed.
    - Attorney contract changes included:
        - Increased attorney pay to attract and retain high quality attorneys.
        - Paying for attorneys to handle ancillary legal matters such as custody orders that can help resolve the child protection case.
        - Reimbursing attorneys to attend out of court meetings such as Family Team Meetings and trainings.
    - Social worker role: The court contracted with a social worker who works with the parent's attorney to assess needs and provide support to parents.
- Wayne County QLR Pilot: In coordination with the local MDHHS office, the court developed processes for a pre-petition legal representation project to reduce the number of removal petitions. In May 2021, the court contracted with a legal firm to handle ancillary legal issues that put children at risk of removal.
    - In 2021, Wayne County reported 30 cases were successfully resolved without a petition for removal as a result of ancillary legal issues being addressed. The front line staff at the Wayne County district have been trained on the referral

process and case criteria and are connecting families with the attorney group. The courts and attorneys in Wayne County have a training path outlined and the full implementation is planned for July 2021.

- SCAO's Court Improvement Program focused on educating parents on their rights when their children are taken into custody by developing an informational 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 2,100 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 allows for SCAO to track and keep records of attorney participation. The training modules include the following:
    - Meeting and Communicating with your Client
    - Conducting an Independent Investigation
    - Advocacy in Court
    - Child Development
    - Cultural Competency and Trauma

  The standard training curriculum ensures that 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. In 2020, 175 users enrolled in the training.

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

- All 12 tribal courts filed for reciprocity in recognition of tribal court orders. Tribal court orders are recognized if 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, ICWA 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 occasionally participates on MDHHS quarterly Tribal-State Partnership regional meetings to provide updates and discuss ICWA and MIFPA compliance concerns.
- SCAO has held 18 multi-disciplinary trainings on ICWA or 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

and 2020. The committee also developed a Verified Report of Active Efforts. The report will be submitted to the court by the caseworker to improve the quality of judicial findings and oversight of active efforts made by MDHHS to comply with ICWA and MIFPA. The committee recommended an amendment to MDHHS' Recruitment Plan (form DHS-878) to include licensed Indian foster homes. This improved the ability of courts and caseworkers to identify local tribal placements and increased compliance with MIFPA placement preferences.

- SCAO participates on the national CB ICWA Constituency Group to share best practices and innovative solutions to improve state compliance.
- SCAO incorporated the 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 statewide Foster Care Review Board program, which is comprised of citizen volunteers dedicated to helping ensure 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 2020 Foster Care Review Board annual report presented the following top three systemic issues and recommendations to MDHHS:

1. **COVID-19 identified barriers.**
    a. **Children's services interrupted or delayed due to COVID-19** (141 children**).** In the foster care cases reviewed by the board in 2020, 141 children (32 percent) had limited access to services, such as medical, dental, mental health, behavioral, and educational services. To ensure children have continued access to services even during an emergency, the board recommends a hybrid model of service delivery going forward. Remote innovations, such as tele-health services and certain court hearings, should continue to be offered virtually where it may lead to better engagement and outcomes for families.
    b. **In-person parenting time interrupted due to COVID-19 resulting in delay of reunification** (80 children). Due to the stay-at-home executive order, parenting time for 80 children in cases reviewed by the board in 2020 was interrupted. The board recommends virtual options for parenting time, such as video conferencing through Zoom, Face Time, or similar remote technology options that are widely available. Virtual parenting time should also be combined with in-person parenting time to increase communication and connections between parents and their children while in foster care.

       The Foster Care Review Board also recommends that parents be offered opportunities to engage in activities and planning for their child as an additional option for in-person visits pursuant to the Reasonable Prudent Parent Standard. Such activities include attending medical and dental appointments, attendance at school events and community gatherings.

2. **Lawyer Guardian Ad Litem (LGAL) not actively involved in representation of the child** (136 children). LGAL noncompliance with MCL 712A.17d (Lawyer-guardian ad litem; powers and duties), continues to be raised as an area of concern by the Foster Care Review Board. Of the 439 children in cases reviewed by the board in 2020, LGAL noncompliance with the statutory duties was reported as a concern for 136 children (31 percent).

   Having an active, engaged LGAL who consistently discusses the case with the child and seeks their input and needs can 1) significantly improve the quality and depth of court hearings, 2) reduce the child's stress and safety risks, 3) help prevent unnecessary placement moves; and ultimately 4) improve case outcomes.

   Recommendations:
    a. The Foster Care Review Board recommends that every contract for LGAL legal representation include an explicit requirement to comply with MCL 712A.17d, which governs the minimal LGAL powers and duties.
    b. Specific to the statutory requirement to meet with or observe the child and asses their needs and wishes before the pretrial hearing and all post-

adjudicative hearings, the board recommends LGALs utilize remote technology to accomplish this if they are unable to see the child in person.

The Foster Care Review Board continues to recommend the following:

1) Courts should apply for the MDHHS Child and Parent Legal Representation (CPLR) Grant, that allows federal reimbursement for parent attorney and LGAL costs to improve legal representation.
2) Courts should require court-appointed LGALs to complete the online, self-paced SCAO-Child Welfare Services training program, Michigan Lawyer-Guardian Ad Litem Online Training to ensure they receive training appropriate to their role, as required by the federal Child Abuse Prevention and Treatment Act and MCL 712A.17d(1)(m).
3) The LGAL state at each court hearing when and where they last met with the child, what the child's wishes are, and what the LGAL recommends for the child's best interests.
4) The LGAL discuss the child's status, progress, and needs with the child and the foster parent before each post-adjudication court hearing.
5) Courts require LGALs to file the SCAO Form JC 82 (Affidavit of Service Performed by Lawyer-Guardian Ad Litem at each hearing or when seeking payment for services.

3. **Changes in child's placement** (104 children)**.** In 2020, the percentage of cases reviewed by the Foster Care Review Board that involved a placement change for the child (24 percent) was slightly higher than in 2019 (22 percent). Placement instability can lead to poorer outcomes for child well-being, such as increased behavioral and mental health issues and permanency is delayed when a child has multiple placement changes.

   Recommendations:

   a. The Foster Care Review Board recommends diligent efforts be made to place children with relatives whenever possible upon initial entry into foster care, and for caseworkers to become familiar with the strategies included in the Casey Family Program national commitment of "first placement, best placement, family placement, only placement."
   b. The Foster Care Review Board recommends expanding the definition of "relative" in the state statute to be inclusive of fictive kin which would afford more options for the child's first and best placement. As recommended in the 2018 and 2019 Foster Care Review Board Annual Reports, the board continues to support better equipping relatives and foster homes to care for children with diverse and complex needs to minimize placement disruptions and build stability for children.

The Foster Care Review Board is continuing to update and develop 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 in 2020. Throughout 2020, board program representatives who serve on various state level child welfare workgroups and committees, including the Court Improvement Program, analyzed the data and promoted 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 (MARE) 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 a random selection of cases of children who have been in foster care for less than 90 days. In 2020, the Foster Care Review Board conducted 391 case reviews involving 439 children in 238 cases. Cases are reviewed every six months. Recommendations made in cases reviewed include the following:

- Recommendations related to child safety: 58
- Recommendations related to permanency: 314
- Recommendations related to well-being: 1,684

The program held 74 foster parent appeals statewide in 2020. 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 42 cases (57 percent).
- The board supported the agency's decision to move the child in 32 cases (43 percent).

COORDINATION OF CHILD WELFARE SERVICES

State-level coordination of child welfare services is accomplished through the efforts of CSA leadership, BSC directors, child welfare staff, and county CQI teams, with an emphasis on quality data and CQI. CSA ensures that governing laws, rules, and policies are followed in coordinating child welfare services and assists in securing resources. BSCs coordinate the implementation of federal and state mandates and initiatives to ensure appropriate practice in the field. Data is collected and findings are shared regularly, allowing for feedback to inform decisions to continue successful methods or modify those that are ineffective.

CSA Realignment

In 2021, CSA realigned the agency structure to streamline work with MDHHS' strategic goals and core values. The realignment was designed to increase adaptability, efficiency, and effectiveness, as well as simplify internal workflow. The realignment provides more opportunities for central office leadership roles, increases diversity in leadership, and will result in additional support to the field. CSA leaders developed three bureaus that govern child

welfare activities in Michigan:

- The Bureau of Administration focuses on child welfare policy, funding and payments, technology, and regulatory services including:
    - Legislation and policy
    - Adoption and guardianship assistance
    - Federal Compliance and Child Welfare Funding
    - Division of Child Welfare Licensing
    - MiSACWIS
- The Bureau of In-Home Services focuses on the front end of the child welfare system, including prevention, safety, family preservation, and child protection, including:
    - Centralized Intake Division
    - Prevention, Preservation, and Protection Division
        - Preservation and reunification services
        - CPS and front-end redesign
- The Bureau of Out-of-Home Services focuses on development and delivery of foster care and juvenile justice programs that achieve positive outcomes for children and their families, including:
    - Juvenile Justice Programs
    - Foster and Adoptive Parent Recruitment and Retention
    - Child Welfare Medical and Behavioral Health
    - Foster Care, Guardianship, and Adoption
    - Michigan Children's Institute

Restructured Quality Improvement Council (QIC)

To ensure that the CSA infrastructure supports MDHHS' current priorities and builds on successful strategies, CSA modified the QIC structure in 2021 from a sub team-based work group to monthly gatherings featuring research and conversations around three focus areas: Safety in Care, Recurrence of Maltreatment and Permanency. The three target areas are rotated to ensure focus in each of these areas multiple times per year. QIC monthly meetings are chaired by the DCQI director and include the input of CSA staff, directors, and BSC analysts, DCQI, and leadership from the field. QIC hosts these meetings to share current research and initiatives, review data, and make statewide decisions concerning the need for specific quality improvement activities. Each convening features a county MDHHS office or private agency that presents local data and activities relative to one of the three target areas, with a focus on successful practices that have led to improved outcomes.

State and BSC Level Support for Local CQI Efforts

DCQI developed a structure that links state-led 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 analysts report to BSC directors and provide support to local quality assurance analysts and promote the case practice and CQI in local offices. These analysts are also responsible for completing quarterly CQI team Infrastructure Assessments to gauge the status and progress of CQI teaming and functioning at a local level, which is defined further in the Quality Assurance System section of this report.
- DCQI quality improvement analysts work collaboratively with all CQI internal and external partners to ensure adequate data is available, relevant technical assistance is provided and training is offered when requested or necessary.
- County office quality assurance analysts report to the county director. These analysts coordinate local CQI teams to complete assignments issued by the county director or the CSA and BSC directors. Quality assurance analysts provide regular reports on CQI activities and progress and support their local teams.
- Private agency support analysts provide support for CQI and coordinated QIAs to the private agencies.

Emerging state-level concerns that require responsive activities at the local level may become Quality Improvement Activities (QIA) which are filtered to local offices and agencies through BSCs and private agency support analysts, who offer technical assistance. QIAs can be initiated at the state, county, or BSC level. Activities and progress are tracked and reported regularly. Ongoing coordination and regular reporting of local and BSC activities allows for monitoring the effectiveness of each initiative. QIAs implemented in 2020 include:

- QIA 6, Feb. 11, 2020 - Sustainability of family-based placements through collaboration with local CMH agencies.
- QIA 7, April 2, 2020 - MIC surveys by counties to identify trends.
- QIA 8, April 16, 2020 - Rapid Reunification Reviews for families participating in unsupervised parenting time for consideration of expedited reunification.
- QIA 9, April 22, 2020 - Prevention Outreach, Phase I, contact with families with a Category IV disposition to identify needs and offer support and referrals.
- QIA 10, Aug. 6, 2020 - Prevention Outreach, Phase II, contact with families with a Category IV disposition to identify needs and offer support and referrals.

Local CQI Teams

County CQI teams guide local efforts, address barriers, and ensure adherence to the MiTEAM model in case management. These teams have developed in their scope and focus throughout the last several years. This is evident from the results of the CQI quarterly assessments. CQI teams have often aligned their focus to reflect the outcome areas identified by leadership. This alignment ensures a shared understanding and collective solutions around practice improvements.

- County CQI teams receive information including federal requirements and national trends through their BSCs, through meetings with the CSA executive director, membership on state-level sub-teams, through communication issuances and from their designated DCQI 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. This baseline data can effectively guide decision-making related to CQI focus. Subsequently generated data measures indicate whether improvement strategies were effective. Local data is aggregated monthly to track state-level results, which drive ongoing strategizing statewide. Some of the useful tools generated at a state level and shared with the field include the monthly CFSR Dashboard, Relative Assessment Dashboard, Adoption and Court Order Dashboards, Licensing Dashboard, MIC Calculator, and recurrence data.

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.

- As of the third quarter of 2020, 63 of Michigan's 83 counties had CQI teams that were assessed as either accomplished or proficient in conducting comprehensive CQI activities on an ongoing basis.

PIP 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 reported.

- **Engagement 1.1.1:** MDHHS will develop and operationalize a state level CQI structure with identified priorities, analysis capacity, tasks and requirements that align with areas needing improvement including CFSR, Modified Improvement, Sustainability and Exit Plan (MISEP), and community partnerships.
  Update: This strategy was completed in Quarter 3. Local CQI teams are formed and meet monthly. CQI infrastructure meetings occurred in the counties in October 2019 and January 2020, noting progress with increasing participation of community partners and local CQI activity.
- **Engagement 1.1.2:** MDHHS will establish an annual strategic planning and service array assessment that relies on engagement with families and community partners at the state and local level.
  Update: This activity was completed in Quarter 4. Michigan established annual strategic planning, and service array assessments that rely on engagement with families and

community partners at local and statewide levels. The state held focus groups that included parents, youth, community partners, and stakeholders.

- **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 including CFSR, MISEP, and community partnerships.
  Update: This activity was completed in Quarter 3. Michigan developed and operationalized local CQI structures in every county.
- **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
  - Team Decision Making (TDM) meeting completion rate
  - TDM parent involvement
  - TDM community partner participation

  Update: This activity was completed in Quarter 3. Data was analyzed, and a report was completed. The initial data shows the engagement of fathers is an opportunity for improvement. Another opportunity is engaging parents in the case planning process. The state also identified a gap in working with youth.
- **Engagement 1.1.5:** The state will **s**upport local CQI teams to develop a network of community partners for collaboration which creates greater community support for families connected to the child welfare system.
  Update: This activity is targeted for completion in Quarter 8. CMH, private agencies, and partners are attending local office CQI meetings. Each county is inviting youth and parents to CQI meetings. Local CQI meetings occur monthly, and the counties receive technical assistance as needed. Assessments of CQI infrastructure continue to be revised. Each team completes county assessment tools with directors and DCQI, BSC and QA Analysts. Team formation, coordination, and functioning, along with use of the Plan, Implement, Track and Adjust (PITA) process, are being assessed. In Quarter 7, a resource guide with information about how to improve engagement skills was developed for staff.

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 (CTAC) to assess organizational health including secondary traumatic stress.
  Update: This activity was completed in Quarter 7. Michigan received the Group Comparisons and Identified Themes Comprehensive Organizational Health Assessment/Secondary Traumatic Stress results from BSC 2, which is being used to assess organizational health and inform support for secondary trauma to the statewide workforce. The final report was completed.

- **Workforce: 2.1.2:** MDHHS is implementing the Leadership Development Tool to search for growth opportunities for managerial staff.
  Update: This activity was completed in Quarter 6. The Leadership Development Tool design is complete, and implementation has occurred. The rollout continued through spring 2021.
- **Workforce: 2.1.3:** MDHHS will offer targeted training in areas identified as low performance by the Comprehensive Organizational Health Assessment and the Leadership Development Tool.
  Update: This activity was completed in Quarter 6. The Secondary Traumatic Stress/Culture and Climate Toolkit was released to all public and private child welfare staff on Sept. 22, 2020. Section II of the toolkit outlines trainings and strategies that can be used to address low performance on the Comprehensive Organizational Health Assessment and Secondary Traumatic Stress Index – Organizational Assessment.
- **Workforce: 2.1.4:** MDHHS will develop individualized county plans for improvement based on statewide climate and culture results.
  Update: This activity was completed in Quarter 5. The county plans were completed by county directors and a template is part of the toolkit. The Secondary Traumatic Stress/Culture and Climate Toolkit that was released as the Action Plan template was included for reference and continued use.
- **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: This activity was completed in Quarter 5. The Rapid Cycle releases of work process simplification over the past year were aimed to support all field staff.
  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: This activity was completed in Quarter 5. Michigan implemented a rapid policy review process that supports the requirement to identify redundancies and inefficiencies. Annually, three issues will be assigned to a Lean process. Recommendations from the Lean process will be implemented for continued evaluation and reduction of inefficiencies across the agency.
- **Workforce Strategy 3:** Hiring and training child welfare workers in adequate numbers and with the appropriate job fit, which include:
  - **2.3.1:** Full implementation and subsequent review of enhanced candidate screening.
    Update: This activity was completed in Quarter 6. The PriceWaterhouseCoopers (PWC) Job Fit Tool initial analysis was completed, and additional analysis was recommended. The state extended the contract with PWC to continue utilizing the Job Fit Analysis for further candidate screening.
  - **2.3.2:** Development of enhanced regional training and support teams for MDHHS

employees and managers.
Update: This activity was completed in Quarter 6. The OWDT continues to offer regional training and support to each BSC based on their identified needs. In 2020, the training office expanded the regional training options that are offered for the BSCs and shifted toward virtual implementation of these trainings.

- **2.3.3:** Enhanced foster parent recruitment through professional marketing strategies.
  Update: This activity was completed in Quarter 5. Michigan contracted with a professional marketing firm to facilitate enhanced marketing based foster home recruitment strategies. The strategies include cinema ads, digital video streaming, social media advertisements, commercials at gas stations, and paid Google search advertisements.
- **2.3.4:** Implementation and review of mentoring enhancement period.
  This activity is targeted for completion in Quarter 8**.** In Quarter 6, Michigan reviewed the data regarding the mentoring pilot that occurred in Ingham County. Based on the information gathered, the state developed a best practice guide. Once the best practice guide is reviewed and approved, it will be distributed statewide, and training will be offered.

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 BSC region was completed in March 2020.
- Secondary Traumatic Stress Teams were implemented in county offices to respond to secondary trauma on a peer-to-peer level. This training was a component of the Secondary Trauma/Culture and Climate contract with CTAC and was based on the

success of a 2015 pilot training that occurred in eight counties.

- Culture and 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 or agency plan development based on survey results, and a reassessment to gauge progress. Reassessment for the final BSC was postponed due to COVID-19 but was completed in fall 2020. Strategies based on survey results were developed by local office leadership to create physically and psychologically safe working environments necessary to achieve performance outcomes.
- A Secondary Traumatic Stress Toolkit addressing secondary trauma and culture and climate enhancement was released to the field in September 2020. The toolkit mirrors the assessments that were completed in counties to help easily identify strategies that can be used to enhance areas that demonstrated low scores.
- 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 is now required for children who have been identified as victims of a substantiated CPS case 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. Trauma Screening training was added to the pre-service institute (PSI) curriculum plan to be implemented in spring 2021.
- QRTP, as defined by the FFPSA, were implemented effective April 1, 2021. QRTP provisions include utilization of a trauma-informed approach within CCIs, including engaging the youth's family, and ensuring an adequate aftercare plan for the youth during the first six months post-discharge.
- Comprehensive Trauma Assessment Services contracts were implemented in June 2017 and continue across the state. These contracts ensure that quality comprehensive trauma assessments are available and provided statewide to foster children as needed based on Trauma Screening. Contracted providers are available across the state.
- 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 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 and youth ages 0-21 with Serious Emotional Disturbance (SED) or Intellectual and Development Disability and their parents or caregivers. This service assists with maintaining a child or youth in their home and community environment.

- The Children's Trauma Initiative includes training and coaching in trauma screening, trauma assessment, caregiver education and Learning Collaboratives for CMH 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. A review and update based on practice are planned for summer 2021.
- Implementation of the FFPSA, focused in part on the integration of trauma-informed evidence-based programs to mitigate the risk of removal of children from their families, continues to be a priority for the department. Various components of FFPSA have already been implemented. CSA also received funding for implementation of FFPSA programming through the state's budget enhancement proposal process.
- In February 2021, Michigan contracted with Alia Innovations to provide trainings related to trauma-informed workforce well-being and leadership. The goal of the contract is to help improve culture and climate in preparation for systemic shift toward a more prevention focused child welfare system.
- In 2018, a class action lawsuit, *K.B. v. Lyon and Snyder*, was brought against the State of Michigan and MDHHS alleging that Medicaid-eligible children were not receiving medically necessary behavioral health services that they are required to receive pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid regulations. In August 2020, MDHHS reached an interim settlement agreement that requires implementation of a plan to: 1) increase the array of services to Medicaid-eligible children with behavioral and mental health needs; 2) improve the way services are delivered and accessed; 3) monitor the services for quality and performance; and 4) undergo an extensive education and outreach effort to ensure child serving agencies, families, and youth are aware of these services and how to access them. Appropriate provision of these services will help mitigate trauma for children in the child welfare system.
- Trauma-informed relative and caregiver support efforts are underway. These include an enhanced foster care pilot, family finding, rapid relative licensing, caregiver support and resource planning, and increased access to behavioral health services. These initiatives are all aimed at providing timely supports to caregivers to help address child needs, and mitigate trauma associated with child welfare system involvement.

Services to Prevent Abuse and Neglect

- Prevention services are provided by Family Independence Specialists to families receiving financial and other assistance statewide. Some counties utilize child welfare specialists as prevention staff. Wayne County has four prevention specialists providing services to families in that county.
- Success Coaches, based in Community Resource Centers 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.
- The Brilliant Detroit pilot assists selected families living in identified high-risk zip codes to receive intensive in-home parenting support through trained peer mentors who can help parents navigate and access a range of available services. Parents have access to benefit navigators who assist with applications and access to public benefits including food assistance and income supports. In addition, MDHHS assists families in obtaining concrete needs and provides community-based service referrals.
- 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 an active CPS case. The following are some examples of how the direct services grants are used:
    - Parent or guardian skills training and support programs designed to educate and 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. Seventy-nine Medicaid-supported Maternal Infant Health Program providers served approximately 18,911 families in FY 2020.
- Families Together Building Solutions (FTBS) is an evidence-informed 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. In 2020, MDHHS referred 9,154 children to Early On. Of these:
    - Approximately 63 percent or 5,728 of infants born were substance affected.
    - Approximately 76 percent or 6,926 were infants less than 12 months old.

Services to Protect Children from Abuse and Neglect

- CPS is 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.
- CPS investigators in each county office receive reports from Centralized Intake and conduct investigations of suspected child abuse and neglect utilizing a preponderance of evidence standard and either refer the family for ongoing CPS services or dispose the investigation as unsubstantiated. Safety planning in collaboration with the family is provided at all stages in a CPS investigation.
- 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. Safety planning with the family is an essential element of ongoing CPS services.
- The MIC unit investigates and provides services to children who have experienced abuse or neglect while in foster care.
- 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, and victim and child advocacy conduct multi-disciplinary interviews and make team decisions about

investigation, treatment, management, and prosecution of child sexual abuse cases. Services include forensic interviewing, crisis counseling, advocacy, medical evaluation, service coordination, support groups, and child and family therapy.

Services to Preserve Families

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

- The HOMEBUILDERS® program is a family preservation contract administered in partnership with the Institute for Family Development, the program's creators. HOMEBUILDERS® is reserved for families in which only the most intensive services may prevent a petition for removal, focusing on children ages 0 to 5 and 14-17 years-old. HOMEBUILDERS® provides intensive, home-based services for four to six weeks, with booster sessions available when needed. HOMEBUILDERS® is being piloted in seven counties.
- 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 the 12 federally recognized Indian tribes located in Michigan. 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 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 2020, the SUDFSP expanded to five additional counties.
- Families Together, Building Solutions, described above, provides intensive home-based support services to help preserve families and improve family functioning. FTBS serves families for up to three 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.

Services to Reunify Families

- Foster care services are provided by foster care specialists in MDHHS local offices and private agencies. Foster care specialists create Parent-Agency Treatment Plans, monitor the parents' progress in goals designed to enhance safety for children in the home, and guide the process to children's permanency, either through reunification with the

parents, guardianship, or adoption.

- 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. 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.
- Families First of Michigan, described above, is also utilized to assist family reunification when the Family Reunification Program is not available. Families First works intensively with a family in their home for up to six weeks.
- 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. Parent Partners services has expanded to continue supporting families following reunification.
- Foster Care Supportive Visitation is provided in most counties throughout the state to coach parents during parenting time to assist development of skills and promote parent-child relationships.

Services to Promote Permanency other than Reunification

- Adoption services in Michigan are provided by private agencies. Adoption services 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 or 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, and 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. 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. Beginning in 2021, permanency resource managers began coordinating SAFE TDM in counties across the state.
- Michigan Adoption Resource Exchange (MARE) 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.

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, assist in learning budgeting and home management skills, and provide information about resources available in the community.
- Michigan's John H. Chafee Foster Care Program offers assistance to current and former foster youth between ages 14 and 21 statewide to achieve self-sufficiency, including

juvenile justice youth, tribal youth, and unaccompanied refugee minors. Services include supervised independent living and independent living stipends, an opportunity to join the Michigan Youth Opportunities Initiative (MYOI), local and state-level groups for mutual support and leadership skills. In 2019, eligibility extended to age 23. In 2019, MYOI programming expanded statewide to offer programming in all 83 counties.

- 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 (YAVFC) 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 re-entry 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 life skills.
- MDHHS' 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 CMH 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 is a behavioral health service for eligible Medicaid enrolled children, youth, and young adults with Autism Spectrum Disorder (ASD) birth to age 21. Applied Behavior Analysis is recognized as the most effective treatment for individuals with ASD, 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 March 2021, there are 7,622 children and youth with ASD enrolled in the Medicaid Applied Behavior Analysis service benefit.
- 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. Seventy percent of outcomes for Wraparound show clinically significant 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 2020, 2,185 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 (SED) 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 CMH service areas, with 43 working in the state within 26 CMH agencies in 2021. Since 2015, 118 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 102 Parent Support Partners currently providing services throughout Michigan within 38 CMH agencies. Since 2010, 259 parents have completed the five-day training, 293 have completed the three-day training, and 181 have been 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 2020 the program served 4,789 children and only 14 children (0.03 percent) within these families served were placed out-of-home. In 2020, 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 133 clinicians delivering services through local CMH agencies. Forty-five of the clinicians trained in Parent Management Training are also trained in Parenting Through Change (PTC). MDHHS has also partnered with Michigan State University, Generation Parent Management Training – Oregon (PMTO) to develop a free informed web-based program for all caregivers in the state to obtain PMTO information from parents that have gone through the PMTO or PTC programs.
- Parenting Through Change - Reunification is training for parents of children who are currently in foster care. Parenting Through Change – Reunification is available in eight counties. The goal is to expand the number of trained clinicians across the state.
- Intensive Crisis Stabilization for Children Services (ICSS) is a Medicaid CMH service for children and youth ages 0 to 21 with SED or Intellectual and Developmental Disability, including autism or co-occurring SED and substance use disorders, and their parents or caregivers. ICSS provides structured treatment and support delivered by a mobile intensive crisis two-person stabilization team that travels to the child or youth in crisis for a face-to-face contact within one hour or less in urban counties, and in two hours or less in rural counties. In FY 2020, based on the Medicaid encounter data there were 809 hours of mobile crisis provided statewide.
- 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 2020, there were 781 days of encounters for children who received services. There are currently four 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 2020, over 1,745 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 those 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 CMH service providers and other community agencies. Wraparound is a mandatory component of the SEDW service array. There were 765 youth served through the SEDW during FY 2020.

- The Michigan Child Collaborative Care (MC3) program, developed as a collaboration between University of Michigan and MDHHS, MC3 targets child and 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 and youth from birth through 26 years and pregnant and 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 and youth to evidence-based intervention programs and integrate screening and referral within primary care processes.
- MDHHS and Wayne State University are collaborating to provide implementation oversight for the Treatment Foster Care Oregon (TFCO) initiative in Michigan. This voluntary mental health service supports the clinical implementation of the evidence-based practice as an alternative to psychiatric hospitalization for children enrolled in the SEDW. This evidence-based practice is used to support the expansion of the Medicaid service Children's Therapeutic Foster Care in Michigan. Using the Children's Mental Health Block Grant, the Initiative was able to expand to five sites in FY 2020; four sites serve youths ages 7-11 and one serves youth ages 12-17. Treatment Foster Care consultants provide fidelity monitoring and clinical consultation for all sites. As of Feb. 25, 2021, TFCO has provided services to 11 young people and has three currently in treatment. There was no disruption in service provision through TFCO due to COVID. The current graduation rate is 83 percent.

PERFORMANCE-BASED CHILD WELFARE SERVICES

A component of child welfare reform in Michigan, in addition to the MiTEAM practice model and a CQI 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 2020

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 four of the pilot began on Oct. 1, 2020.

Performance-Based Funding Pilot Progress - Data Overview

The following additional indicators were developed in FY 2019 along with state key performance indicators and federal CFSR measures, to measure the collective impact on producing better outcomes for children and families:

- Reducing the rate of MIC
- 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
- Increase in county placements

Performance Goal Summary	FY19	FY20	Standard	Goal	Achieved
Maltreatment in Care	11.88	12.95	9.67	9.67	No
Relative Placements	41	27	-	10% Increase	No
Permanency in 12 Months	19.8%	18.2%	42.7%	24%	No
Worker-Parent Contacts	66%	69%	85%	71%	No
Parent-Child Contacts	49%	45%	85%	55%	No
Reduce Days in Shelter	3,095	1,999	-	2% Reduction	Yes
Reduce First Shelter Placement	25%	21%	-	Not to Exceed 25%	Yes
Reduce Days in Residential	26,205	24,876	-	8% Reduction	No
In County Placements	66%	65%	-	68%	No
Permanency in 12 to 23 Months	54.5%	39.5%	45.9%	45.9%	No
Permanency in 24+ Months	49.1%	48.3%	31.8%	31.8%	Yes
Re-Entry in 12 Months	7.6%	3.2%	8.3%	8.3%	Yes
Placement Stability	3.71	3.25	4.12	4.12	Yes

Source: CFSR measures retrieved from the Department of Technology, Management, and Budget (DTMB). All other measures retrieved from the date warehouse on Oct. 19, 2020.

According to the third-party evaluation, from FY 2019 to FY 2020:

- Congregate care days decreased by 7 percent.
- Emergency shelter care days decreased by 31 percent.
- Overall care days decreased by 11 percent.

According to a third-party evaluation, children in Kent County spent fewer days in care, were more likely to achieve permanency within six months of entering care and were less likely to return to care after being discharged. There was a reduction of entries in Kent County by 46 percent and a reduction of exits by 20 percent. COVID 19 is stated to be a factor in the reduction of entries and exits. For children that entered care after implementation on Oct. 1, 2017, 10.3 percent achieved permanency within six months. For the children that achieved permanency, only 15 percent reentered care, which is less than those in the comparison counties.

Key Innovations

- A new capitated allocation funding model was developed in FY 2020 after operating in a deficit. The new funding model went into effect on FY 2021.
- Enhanced foster care continues to decrease utilization of congregate care settings.
- The performance and quality improvement team continues to analyze performance data and engage providers monthly to discuss key performance measures, data quality, outcome measures, and quality improvement plans.
- Affirming and Listening to our LGBTQ+ Youth (ALLY) Project launched to improve experiences of children identifying as LGBTQ+ in the Kent County child welfare system.
- The Diversity, Equity, and Inclusion committee partnered with equity consultant Inclusive Performance Strategies (IPS) to drive forward the goals of being an anti-racist organization.

Planned Activities for 2022

- MDHHS will continue delivering monthly outcome data 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:

- DCQI provides technical assistance to counties for data analysis in preparation for ChildStat presentations. Data around entries and exits from foster care, MIC, recurrence of maltreatment, placement with relatives and parents and timely face-to-face visits with children are reviewed and validated. More information on ChildStat can be found in the Quality Assurance section of this report.
- Dashboards and reports displaying state and county data on MDHHS priority areas are created by DMU and made available to the field for tracking and monitoring progress in local offices. Dashboards and reports available to the field include:
    - Relative Assessment and Safety Dashboard
    - CCI Dashboard
    - CFSR Dashboard
    - Fidelity Tool Dashboard
    - Days to Adoption Report
- DCQI analysts provide training and technical assistance to local MDHHS administrations and CQI teams on the use and analysis of dashboards and data reports, as well as ongoing consultation. Private agency support analysts provide training, technical assistance, and consultation on data analysis and key performance indicators to the private agencies.
- Health liaison officers (HLOs) focus on addressing system barriers at the county level to ensure children in foster care receive all required medical and dental examinations timely and that children's health needs are addressed thoroughly and appropriately.
- The MiTEAM Quality Assurance Analysts provide 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 (QSRs), 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 to provide 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 for 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 affect 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 provided in 12 counties, with plans for expansion. This training assists foster parents' understanding of the underlying issues related to children's behaviors and help 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 and 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.
- 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 Foster Care, Guardianship, and Adoption program office 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.
- OWDT provides tribal governments in Michigan access to child welfare training through Title IV-E and Chafee funding. Tribal governments 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 ICWA and MIFPA 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.

- MDHHS offices in areas with tribal populations employ Native American Outreach Workers, who work within the tribal community to provide access to all MDHHS services to Native American families, and to assist MDHHS and private agency workers complete outreach to tribal communities.
- 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 had recent contact with CPS or are under the care and supervision of the department.
- The Capacity Building Center for States is partnering with Wayne County to explore the need for a supervisory-coaching model to strengthen workforce retention, engagement, and communication supported by a supervisory-coaching framework.

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:

- **Casey Family Programs.** Michigan receives support from Casey Family Programs on the Front End (CPS) Redesign. Casey Family Programs is also providing guidance and technical assistance to support the Brilliant Detroit research which is focused on prevention efforts in the Detroit area.
- **Evident Change and Ideas42.** Michigan is collaborating with Evident Change (formerly the National Council on Crime and Delinquency, or NCCD) and Ideas42 on the Front End Redesign which began with an evaluation of the CPS intake process. To ensure case decision-making is equitable and consistent, CSA partnered with Evident Change and ideas42 to develop a Structured Decision Making (SDM) tool for centralized intake. Customization of the SDM tool began in April 2021. Final rollout of the tool is planned for March 2022.
- **Maximus.** Michigan is contracting with Maximus to guide development of QRTP independent assessment of children prior to placement in a residential setting as well as technical assistance on the requirements of the FFPSA. During the testing phase in January to March 2021, Maximus assisted in creating a system for credentialing independent assessors.
- **The Harvard University Government Performance Lab and the University of Michigan**. Harvard Government Performance Lab has partnered with CSA to provide analysis of

data and technical assistance in several areas. This includes an evaluation of congregate care utilization and efforts to reduce the overall congregate care population, technical assistance, and support to enhance coordination between behavioral health and CSA in several communities, assessment of relative placement utilization and improvement strategies to enhance safe placements as well as contract assistance to guide the enhancement and to re-invent congregate care oversight in Michigan.

- **Capacity Building Center for Courts and University of Michigan.** Wayne and Van Buren counties, which are involved in Michigan's QLR Pilot, worked with the above groups to develop measurement activities to demonstrate improvements based on the specific model of either pre-petition or post-petition or a hybrid of both activities by court-appointed attorneys assigned to the pilot.
- **University of Michigan**. The University of Michigan continues to serve as a lead for validation of data reported through the MISEP. In addition, the university developed a tool to evaluate disparities in the child welfare system from intake through entry. This tool will be utilized by the field to evaluate data relative to each county. The University of Michigan has also provided research data and technical analysis to support the agencies' efforts in improving permanency within 12 months.
- **Chapin Hall**. Michigan has partnered with Chapin Hall to conduct a needs assessment to identify target populations for the FFPSA, classify evidence-based prevention services that meet the requirements of the act, as well as to develop and implement robust CQI processes across the MDHHS continuum of prevention services.
- **Brilliant Detroit.** The Brilliant Detroit prevention pilot was developed through the coordinated efforts of Brilliant Detroit, Casey Family Programs, Skillman Foundation, University of Michigan, Detroit Parent Network, Wayne State University D-Live and MDHHS to provide support to families living in two zip code areas identified as high risk.
- **Family Preservation Program Evaluation.** Michigan enlisted the assistance of the University of Michigan to evaluate the effectiveness of family preservation programs in preventing placement in foster care and reunifying families from foster care.
- **The John Praed Foundation.** Michigan contracted with the John Praed Foundation to develop and validate the CANS assessment tool that guides caseworker decision-making around service planning based on safety and risk. The re-validated CANS assessment is an instrumental element of Michigan's QRTP decision-making process.
- **HOMEBUILDERS®.** Michigan is piloting the HOMEBUILDERS® model of family preservation services. Wayne, Kent, Ingham, Muskegon, Jackson, Calhoun, and Kalamazoo counties will have access to the HOMEBUILDERS® model, an intensive, crisis-oriented family preservation program.
- **Michigan Public Health Institute (MPHI) and University of Michigan.** Michigan is working with MPHI and the university to study race equity issues along the child welfare continuum, with the goal of eliminating bias in child welfare decision-making, child placement and service provision to families.
- **PriceWaterhouseCoopers (PWC).** As a component of enhanced job candidate screening, MDHHS engaged PWC to create and evaluate a Job Fit Tool. The contract with PWC was

extended for ongoing assessment and monitoring,

- **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 M:** The Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan was assessed in 2021, and it was determined no substantive changes were necessary.
2. **Health Care Oversight and Coordination Plan, Attachment N:** The Health Care oversight and Coordination Plan was assessed in 2021 and updated to include activities required by the FFPSA.
3. **Child Welfare Disaster Plan, Attachment O:** MDHHS county offices, BSCs, Child Welfare Services and Support and Centralized Intake reviewed Michigan's Child Welfare Disaster Plan in 2021 and determined changes were necessary. The section titled State and Regional Communication and Coordination Protocol was changed to add the Bureau of In-Home Services director to the second and fifth bullets. Two county offices mobilized their disaster plans in 2020; these mobilizations are described on page 2 of Attachment O.
4. **Staff and Provider Training Plan, Attachment P:** The MDHHS Staff and Provider Training Plan was reviewed in 2021 and it was determined changes were necessary to describe the training redesign which is underway in 2021.

SAFETY

Michigan remains focused on improving child safety. Significant policy and systemic changes in 2019 and 2020, 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) and continues to utilize the SCP to address findings from the 2018 CPS Investigation Audit conducted by the Office of the Auditor General. The SCP focuses 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 FY 2016 to FY 2020.

Monthly Management Reports

Requirement	Item 1 – Timeliness of Initiating Investigations – Statewide				
	2016	**2017**	**2018**	**2019**	**2020**
12-hour	94%	94%	96%	96%	97%
24-hour	95%	95%	96%	96%	98%
	Timeliness of Face-to-Face Contacts – Statewide				
24-hour	89%	90%	92%	93%	91%
72-hour	91%	92%	93%	93%	92%

Progress in 2020

Ongoing improvements to child welfare programs and policies include:

- MDHHS continues to focus on child and family safety through continued training and appropriate utilization of effective safety plans. In 2020, 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 this training in the future.
- MiTEAM re-established 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 children remain safe, raised by their families whenever possible and provided support and guidance to ensure their well-being.
- In 2020, supervisors used the MiTEAM Fidelity Tool to rate MiTEAM skills at least twice a year for each worker they supervised. Results from the tool show local leadership where additional training and support may be needed.

Item 1 Plan for Continued Improvement

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%; Monthly Management Report.

Benchmarks 2020-2024:

- **2020:** 94.1% **2020 Performance:** 94.1%; PIP Baseline
- **2021:** 94.1% **2021 Performance:** 94.3%; CFSR PIP Q8
- **2022:** 94.2% - PIP Completion
- **2023:** Maintain at 94.2% or above
- **2024:** Maintain at 94.2% or above

Item 1 Planned Activities for 2022

- The Supervisory Control Protocol (SCP) 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 in the investigation.
- The Mobile Investigator Application was created to give 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 an alert.
- In 2020 and currently, MDHHS continues to utilize the Peer Review Team to review CPS cases. This team provides support 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 peer review process enhances supervisory skill and oversight and strengthens 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 focuses 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 MIC and ensure child safety, the Placement Collaboration Unit (PCU) was implemented statewide in April 2019. The unit focuses on screened out CPS complaints involving court wards placed in their home or in out-of-home care to address 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 a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

Front End Redesign

The Front End Redesign provides a unique opportunity to make improvements to MDHHS' current processes to better protect children and support families. The project focuses on Centralized Intake and CPS investigation policies and procedures and 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.

The Front End Redesign continued through collaborative planning in 2020 and 2021. Beginning in June 2020, CSA, in partnership with Casey Family Programs, facilitated a virtual town hall series, *Establishing a 21st Century Child Welfare System in Michigan – A Conversation with Stakeholders,* where staff and stakeholders had an opportunity to hear former Executive Director Chang's vision for the Front End Redesign, with an emphasis on family preservation and prevention. Following each town hall, Casey Family Programs facilitated a virtual listening circle where participants shared and discussed their initial reaction to the redesign, what participants felt was missing from the vision, how changes would impact stakeholders, strengths of the vision, items requiring clarification, and how MDHHS may overcome identified barriers or challenges to the redesign.

To help ensure that decision making is equitable and consistent, CSA is partnering with Evident Change and ideas42 to develop a Structured Decision Making (SDM) tool for Michigan's Centralized Intake. This tool will help keep children with their families whenever possible, ensure families are treated fairly, reduce repeat system involvement, reduce racial and ethnic disproportionality, and reduce trauma experienced by families who do not require system involvement.

A kickoff was held on Nov. 5, 2020, and included MDHHS leadership and staff, parents and young people with lived experience, tribal government partners, medical professionals, school personnel, court staff, law enforcement, grassroots leaders, domestic violence advocates, and substance use providers. A visioning session was held which provided stakeholders an opportunity to share their values and vision for the new tool. Values centered around equity and consistency. Visions centered around keeping families together and reducing disproportionality and repeat system involvement with the desire for a prevention track for

families who do not require CPS intervention. A follow-up session was held which allowed stakeholders to form an agreement about which visions and values to proceed with as tool customization begins.

Workshops for the SDM workgroup began in April 2021. The SDM workgroup began tool customization in April following a structured plan. While a final tool is expected in the fall of 2021, full implementation of the tool, including tool automation and training, is expected by March 2022.

The process to customize the new intake assessment will include an opportunity for the SDM workgroup to inform, refine, and test revised maltreatment types. To allow for more robust review by partners at Evident Change and ideas42, as well as tribal governments and CSA's Anti-Racism Transformation Team, the department elected to forego publishing in April 2021 to ensure that valuable feedback is incorporated from the onset. While draft maltreatment type definitions are expected by April 2021, they will not be published until they are fully informed and tested.

In addition to the development of a new SDM tool for Centralized Intake, CSA is partnering with Evident Change to develop new safety and risk assessment tools for Michigan's CPS program. Safety and risk assessment tools are used by workers to assess child safety and to help determine the likelihood of future system involvement. The development of new tools will help ensure equity, consistency, and accuracy in decision-making and service provision. Initial analysis of the current use of the safety and risk assessment is complete, with analysis of the use of the risk reassessment currently underway. Initial recommendations have been made to the department and will be explored further through 2021 within the structure of the Bureau of In-Home Services.

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-informed 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 six 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.
- The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at risk of experiencing a removal due to child abuse 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.
- The Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes 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 system of evidence-based home visiting programs provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0-5. Home visiting programs partner with families to connect them with community resources to meet self-identified needs; provide supportive parenting, health, relationship, and safety information; and offer encouragement to help children grow and develop in a safe and stimulating environment and be prepared for school. There are over 200 home visiting programs in Michigan, representing eight home visiting models and serving over 26,000 families annually.

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 family preservation services. Based on the families that participated in follow-up surveys, success rates for 2020 are below:

Family Preservation Service	Number of families served	Intact 12 mos. following service
Families First of Michigan	2,617	90%
Family Reunification Program	687	86%
Families Together Building Solutions	1,605	92%
Total families served	4,909	

The QSR measures two facets of children's safety, exposure to threat and behavioral risk. Results from 2017 to 2020 are below.

QSR Results

Performance Indicator	2017 Percent Acceptable	2018 Percent Acceptable	2019 Percent Acceptable	2020 Percent Acceptable
Safety – Exposure to Threat	97.7%	94.1%	95%	95%
Safety – Behavioral Risk	93.5%	100%	88%	87%

Analysis

The data has consistently demonstrated that of the youth reviewed, 95 percent are safe from exposure to threats. During 2019 and 2020, safety and behavioral risk appear to have trended lower, however, 88 percent of the youth reviewed continue to be within the acceptable range of managing safety and mitigating for risk. The change in this data is due to the sampling variation including youth placed in residential settings. The placement setting is aimed to address specific behavioral, or treatment needs and focus on the presenting safety or at-risk behavior of the youth including self-harm, mental health decompensation or mental health instability. In addition, if the youth experienced a recurrent maltreatment while residing in a parental home or an incident of maltreatment in care within 30 days of the review, the rating is impacted. In 2020, due to the COVID-19 pandemic, youth experienced limitations in access to service for mental health as there was a period when no services outside of emergency room services were available due to executive stay-at-home orders. These measures are expected to improve following less restrictive mandates involved in mitigating COVID-19.

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 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 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 2 Plan for Continued Improvement

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% **2021 Performance:** 77.8%; CFSR PIP Q8
    - **2022:** 86% - PIP Completion
    - **2023:** Maintain at 86% or above
    - **2024:** Maintain at 86% or above

Analysis

MDHHS case reviews are selected from a random statewide sample by specific BSC each quarter. The samples represent the state child welfare system but there are variations in case dynamics across the state. Safety related services available to families can vary by regions

including not having a contracted service or waitlists for services. These variations can influence measurement comparisons. For example, in Quarter 9, the 25-case sample noted a performance of 92.3 percent when compared to the Quarter 8 25-case sample performance of 64.3 percent. Comparing data among measurement periods offers more stability as noted among measurement period 4 at 77.9 percent compared to measurement period 5 at 80.6 percent. MDHHS offers an array of services to safely support children in the home with their parents.

Plan to Show Continued Improvement

The Item 2 drop in 2021 performance demonstrating achievements in 2020, may have been influenced by the COVID-19 pandemic, which forced many service providers including CPS to provide services to families virtually, via telephone or video chat, possibly resulting in less effective services. Resumption of face-to-face services in 2021 is expected to show improvement in Item 2.

MDHHS continues to expand and further refine services to families in ongoing efforts to improve Item 2. Messaging to counties involved in the ChildStat process emphasizes the importance of providing supportive services to families to prevent recurrence of maltreatment and maltreatment in care. Collaboration at the local and state level with CMH, domestic violence and substance use disorder providers continues to address trends in CPS complaints. The Substance Use Disorder Family Support Program is available in 10 counties and provides services to parents while supporting their roles as caregivers. Home visiting programs continued to expand in 2020 and served a greater number of families. Family preservation services such as Homebuilders, Families First, the Family Reunification Program and Families Together Building Solutions are utilized to assist families with open CPS and foster care cases.

CPS will help improve performance on Items 2 and 4 through provision of ongoing CPS services to families with open cases, as well as workers targeted toward prevention. As part of the FFPSA, contracted prevention services are expanding in many counties across the state, and many counties are using local funds to support prevention specialists who provide services in the home to families with Cat. IV CPS dispositions.

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 CANS is completed by the CPS caseworker with family input. The assessment identifies areas

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 FANS, DHS-145, is used to evaluate the presenting needs and strengths of each household with a legal right to the child. CPS caseworkers engage the parents and child, 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 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 a valid and reliable CPS risk assessment tool.
  Update: This activity is targeted to be completed in Quarter 8. The original PIP plan was to develop a valid and reliable CPS risk assessment tool; however, Evident Change identified workers were scoring two risk assessment questions in error. Making changes to those two questions would increase the validity and reliability of the risk assessment tool. MDHHS provided procedures to the field to ensure accurate scoring of the risk assessment tool and modified CPS policy to provide guidance. Policy updates were published in April 2021. Changes were also made to MiSACWIS to match the functions outlined by the review and recommendations of Evident Change.

  MDHHS communicated to the field what was discovered in the assessment completed by Evident Change on use of the CPS risk assessment tool as well as the specific changes

staff needed to make when completing the assessment tools. This information was first communicated through a statewide communication issuance on Jan. 21, 2020. The specific correction noted that historically, caseworkers were instructed to score these items by counting the number of prior assigned CPS complaints concerning the adult household member. Evident Change provided corrected instruction to staff stating that A2 or N2 must be calculated by adding the number of prior assigned investigations in which the adult household member was an alleged perpetrator of abuse or neglect.

Training to Risk Assessment scoring questions A2 and N2 was rolled out through OWDT via webinar and offered statewide. The training is housed in the Learning Management System. Prior to the webinar offering, the New Supervisor Institute training had already been updated to focus on worker application of these changes to the risk assessment tool based on ongoing consultation with OWDT. Supervisor support was reinforced in the New Supervisor Institute, focusing on the supervisor's role with a worker at case onset; reinforce caseworkers accurate use of the Structured Decision-Making assessment tools to prioritize case planning action steps.

- **Assessment and Services 3.1.2:** MDHHS will revalidate the CPS safety assessment tool and develop a safety assessment policy.
  Update: This activity was completed in Quarter 6. Based on guidance from Evident Change and supported by MDHHS leadership, there is not a need to revalidate the safety assessment tool at this time. Michigan will continue to utilize the current tool. The state has updated safety policies. Michigan has focused on safety planning with the field staff.
- **Assessment and Services 3.2.2:** MDHHS will develop a comprehensive training curriculum to support supervisory oversight of the assessment of risk and safety.
  Update: These activities are targeted for completion in Quarter 8. Michigan continues to collaborate with Evident Change and the training team to develop a training plan on the use of assessment tools. Training development has commenced, and a training communication is being developed. Training will be provided to both CPS and foster care staff. Data from case reviews continue to inform training, policy, and Evident Change on how well the training has influenced the application of the assessment tool. Initial training will be conducted via webinars and the content has been included in all new training for onboarding staff. Training needs for supervisors will be addressed in the New Supervisor Institute focusing on the supervisor's deliberate role at case onset, approach of caseworker and how to prioritize action steps.
- **Assessment and Services 3.3.1:** With implementation of the SCP 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: This activity was completed in Quarter 5. Michigan has implemented the SCP for CPS investigations. DCQI developed a tracking tool to communicate CSA and BCS leader themes, and to address safety concerns on cases and inform CQI practices. Counties with accuracy rates below 90 percent have developed and implemented local

CQI efforts targeted to improve compliance. Each BSC receives data quarterly.

- **Assessment and Services 3.3.2:** As a result of implementation of the SCP for CPS investigations, 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:** This activity was completed in Quarter 5. Michigan has implemented the SCP for CPS investigations. The state is tracking information by county to ensure each county is considering alternatives to removal sufficiently and that alternatives are ruled out before the decision to remove is made. Counties with accuracy rates below 90 percent developed and implemented local CQI efforts targeted to improve compliance. County plans have been developed. Each BSC receives data quarterly.

Item 3 Progress in 2020

- In 2020, MDHHS instituted ChildStat meetings to discuss case decisions related to MIC. Meetings brought together agency leaders, field managers, and CQI staff to engage in discussion of data to identify successes and opportunities for reducing MIC. ChildStat meetings featuring the work of 21 local offices and all Wayne County districts are scheduled through 2021.
- 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. For 2020, children's foster care caseload compliance for the 13:1 standard was:
    - DHHS county offices: 94 percent
    - Private agencies: 80 percent
    - State overall: 86 percent

  As of July 7, 2021, children's foster care caseload compliance for the 13:1 standard was:
    - DHHS county offices: 93 percent
    - Private agencies: 80 percent
    - State overall: 86 percent
- The OWDT 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. These trainings have continued as needed.
- A workgroup continues to provide feedback on modifications to the MDHHS threatened harm policy to assist assessment of how past and current factors contribute to child safety and child abuse and 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 and

clarifying ambiguity in interpretation.

- 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 and 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 contact mandated reporters to determine if mandated reporter training is needed.
    - The In-Home Services Bureau began logging training results for local mandated reporter trainings. When needed, local offices can contact the In-Home Services Bureau 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 such as a phone, computer, or tablet.

Item 3 Plan for Continued Improvement

- **Objective:** MDHHS will assess and address risk and safety concerns for 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% **2021 Performance:** 69.1%; CFSR PIP Q8
    - **2022:** 71% - PIP Completion
    - **2023:** Maintain at 71% or above
    - **2024:** Maintain at 71% or above

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:
    - **2020:** 14 **2020 Performance:** 13.83; CB Data Profile
    - **2021:** 11 **2021 Performance:** 12.44; CFSR Dashboard
    - **2022:** 10.5
    - **2023:** 10
    - **2024:** 9.67

- **Objective:** MDHHS will reduce the number of children experiencing recurrence of maltreatment.
  Outcome: Reducing recurrence of maltreatment will enhance child safety and improve permanency outcomes.
  Measure: CB Data Profile; DMU Report: CFSR Monthly Scores
  Baseline: 13.6%; Area Needing Improvement; CFSR 2018
  National Performance: 9.5%
  Benchmarks 2020-2024:
    - **2020:** 13.5% **2020 Performance:** 14.7%; CFSR Scores
    - **2021:** 13% **2021 Performance:** 22%; CFSR Dashboard
    - **2022:** 11.5%
    - **2023**: 10.5%
    - **2024:** 9.5%

Analysis
The MDHHS dashboard was created to provide a snapshot of MDHHS progress in outcome data in absence of federal data profiles while the federal syntax was confirmed for both safety and permanency outcomes. MDHHS mimicked the federal data profile syntax and outcome measures and uses monthly rolling data to produce outcome reports to support ongoing tracking of case practice strategy effectiveness in real time that allows for modification based on results of current events.

The MDHHS dashboard data for maltreatment in care and repeat maltreatment is also based on recent timeframes that differ from the timeframes the federal CFSR outcomes. The measure uses rolling monthly data, permitting consistent tracking of progress and responses to analysis in current case practice between releases of older data used in CB data profiles. MDHHS

expects differences in the measures between the state dashboard and CB data profiles as the populations used in the measures are not the same; in time, the CB data profile will reflect the MDHHS dashboard data.

Safety Planned Activities for 2022

- 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 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 HOMEBUILDERS®, 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 will present the annual Child Abuse and Neglect conference, providing training to hundreds of child welfare practitioners on current and emerging issues.

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.
  Update: This activity is targeted for completion in Quarter 8. MDHHS implemented a pilot to test whether the SAFE process results in reduced MIC and other desired outcomes. The SAFE pilot utilized the TDM model that uses an objective facilitator to conduct meetings following an evidence informed six stage model. The pilot was implemented from Dec. 16, 2019, to June 1, 2020, in the counties of Genesee, Ingham, Kalamazoo, Macomb, and Wayne - North Central District. Key decision points when the SAFE TDMs occur include:
    - Before unsupervised parenting time and return home.
    - Before considered and emergency removals.
    - Before changes of placement.

  The decision was made to expand TDMs across the state and permanency resource monitor positions were identified as TDM facilitators. Wayne South Central District, Western Wayne District, and Oakland County began conducting TDMs for the decision points listed above on March 3, 2021. Expansion to select counties in each BSC is continuing from March through the fall of 2021.

In Engagement Activity 1.5.2, MDHHS established pilots in two counties without Parent Partners, Ingham, and Kalamazoo, to utilize community representatives to attend FTMs. During the pilot, Ingham County increased community representative participation by 2 percent in 2020 to 4 percent in 2021, while Kalamazoo increased community representative participation by 26 percent, from 12 percent in 2020 to 53 percent in 2021. There was no significant difference in recommendations for considered/emergency removal TDMs between Ingham and Kalamazoo. Community representative presence aided parents with concrete needs and provided resource information in other instances and staff appreciate having community representatives as they were able to learn about supports available to families.

Engagement 1.5.3: MDHHS will assess funding streams to develop and test a prevention model that pairs resource families with high-risk families or families with children at risk of removal due to abuse or neglect. Providing families with mentoring will improve engagement with services with the potential for longer term support.
Update: This activity is targeted for completion in Quarter 8. Eight potential funding sources were evaluated; however, none of the identified funding sources was able to be utilized to fund this program. MDHHS will continue to seek out potential funding sources. MDHHS is currently in discussion with Bay County about their Community Based Child Abuse Prevention (CB CAP) program which is like the proposed program.

Maltreatment in Care (MIC)

The strategies below are continuing opportunities to target MIC 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 MIC Quality Improvement Team addresses identification and resolution of data entry issues and analyzes results of monthly DCQI review of MIC cases and initiates resolution of identified issues.

MIC CQI 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 or revision.
- In 2021, the CPS MIC management team reviewed information regarding CCIs with 10 or more investigations to assess gaps and areas where enhanced efforts are needed to reduce 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 in an open foster care case are reviewed by a second neutral person who is not assigned to the current investigation 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 with court responsibility over the child identified as a victim of repeat maltreatment. The purpose of the review is to identify any prior gaps, best practices and ongoing needs to assess and 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 reasons for missed visits with the goal of reducing barriers leading to missed visits.
- Case conferences – The In-Home Services Bureau and CPS-MIC unit staff meet as needed to discuss issues 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 allow local office CQI teams to develop a plan and strategies to ensure relative homes are visited prior to placement, ensure all central registry and criminal history clearances are completed as required and 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

- Weekly data analysis – The CPS-MIC director provides a weekly report to BSC and county directors that identifies all substantiated MIC incidents so counties responsible for foster youth victims can follow up accordingly.
- Monthly data analysis - CPS-MIC analysts validate data monthly 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 Automated Foster Care and Adoption Reporting System (AFCARS) and NCANDS submissions to the CB.
- MiSACWIS fixes - MiSACWIS staff is 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) were revised in 2019 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).
- PCU - To reduce incidents of MIC and ensure child safety, the 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 a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.
- PCU trainings - The PCU provides two training opportunities each month for MDHHS and private agency foster care staff to learn about safety planning and how to address allegations for transferred complaints. This assures foster care staff are creating both proactive and reactive safety plans. Gaps in services for foster youth can also be identified and addressed.
- PCU data reports - The PCU provides weekly and monthly data that identifies compliance for foster care staff in making face-to-face contact with all foster youth identified on transferred CPS complaints. These reports also show compliance rates for foster care staff meeting with caregivers to discuss concerns and safety planning around allegations in transferred complaints.
- TDM - TDM facilitators complete TDM meetings prior to or immediately after placement with a relative and before return to the parental home. The TDM team including the facilitator works with relative caregivers to create safety plans and visitation plans that 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 a collaborative discussion of data analysis and case review to examine the factors and performance indicators that affect the counties rate of MIC. In 2020, 15 of Michigan's largest counties participated in regular ChildStat sessions. Beginning in 2021, two tri-county configurations from northern Michigan were added to ChildStat and recurrence of maltreatment was added as an area of focus.

Licensing and Contractual Corrective Action

The Division of Child Welfare Licensing (DCWL) 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 CCIs to provide training on mandated reporting, safety planning and roles and responsibilities during a CPS investigation and 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.

Safety Planned Activities for 2022

- A workgroup was created that assesses and responds to recurrence of maltreatment on a statewide level. The workgroup is continuing ongoing efforts in collaboration with 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 well-being, 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 and assessing 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 assesses 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 SDM tools through a contract with Evident Change. 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.
- The SCP 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 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 2021.

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 QIC collaborated with the OWDT 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.

Training and Technical Assistance

- DCQI assists local offices on the use of the MiTEAM Fidelity Tool to track use of the MiTEAM practice model.
- The Safety Quality Improvement Team assesses 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.
- The SCP focuses on critical child safety assessment points and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.

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

In 2020, 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 32 and 38 percent during the previous three reporting years (2018: 38 percent, 2019: 32 percent, 2020: 33 percent).

The policies and services described below are directed toward this vulnerable population and remained in place in 2020. 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. The following areas of policy and practice focus on this population in Michigan:

- **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-old, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures 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 their 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 and 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 2022

In 2021 and 2022, MDHHS continues 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, 2021, approximately 56 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

Item 4 Stability of Foster Care Placement Assessment of Current Performance

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.

QSR Results

In QSRs, 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.

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 3.44 moves in 2019 and 2.64 moves in

2020. For this item, a lower score is preferred.

Permanency Outcome 1 Data Indicators					
	2016	**2017**	**2018**	**2019**	**2020**
Placement Stability – CB state data profile	3.51	3.64	3.64	3.44	2.64
Placement Stability – CFSR PIP Case Review				91%	86%
Placement Stability – QSR, cases rated satisfactory	81.5%	86.3%	86.6%	87%	87%

Analysis

The CFSR and QSR both assess placement stability but include different considerations as well as slightly different time frames. The CFSR looks at the number of placement settings during a period under review and whether any placement setting changes were in the child's best interest, planned and intended to meet the youth's permanency goal. The QSR assesses stability over the past 12 months and forecasts for the next six months the degree to which a youth's daily living, learning and work arrangements are free from risk of disruption, are consistent over time and known risks are managed to achieve stability to avoid disrupted placements. The QSR focused less on the specific number of changes and more on the management of risk to maintain continuity. This slight difference in assessment could be a contributing factor to the differences although the percentage of acceptable practice noted in the QSR and achievement of stability ratings within the CFSR are consistently in the high 80 percent to low 90 percent range, supporting that Michigan youth are stable in their out-of-home placement settings.

Item 5 Permanency Goal for the Child Assessment of Current Performance

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.

QSR Results

In 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					
	2016	**2017**	**2018**	**2019**	**2020**
Permanency goal for the child – QSR	89.7%	89.7%	75.4%	78%	80.6%
Permanency goal for the child – CFSR PIP Case Review				91%	80%

Analysis
The QSR measures the degree to which an outcome has been achieved over the past 30 days, considering factors of placement fit, demonstrated success, security and durability, and attainment of legal permanency. The CFSR considers concerted efforts to achieve the desired permanency goals within a period under review. Michigan observed substance use and mental health instability among parents as factors impacting permanency outcome measures. Parental substance abuse and mental health instability require adjustment in treatment plans and often vacillate between one extreme to another, impacting goal trajectory during a child welfare proceeding at points when decisions are required by policy or legal mandates. In addition, parents may also have concurrent legal matters such as drug court or criminal sentencing that directly compete with or impact child welfare decisions.

Item 6 Achieving Reunification, Guardianship, Adoption or Other Planned Permanency Arrangement Assessment of Current Performance

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.

The QSR Living Arrangement indicator measures the degree to which the child is living in the most appropriate, least restrictive living arrangement consistent with their 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.

QSR Permanency Outcome 1 Data Indicators					
	2016	**2017**	**2018**	**2019**	**2020**
Living arrangement– QSR	95.3%	97.8%	97.4%	96%	100%

Permanency 1 Data Indicators
Permanency 1 data indicators are tracked through the Michigan data profile provided by the CB.

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

- The 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 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, CMH, courts, and residential treatment providers to analyze Michigan's continuum of mental health and behavioral health services. With the passage of the FFPSA, 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 are now providing treatment and support services to youth and their families under the requirements of QRTP 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.

  Ensuring 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 was 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 parents have been engaged in treatment plans
  - Remediation of removal reasons
  - Services needed in the home and the community to support safe unsupervised visits or discharge

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

Permanency 1 Progress in 2020

- MDHHS worked with the Building Bridges Initiative (BBI) to create training opportunities

for residential providers on various topics related to child safety and improved outcomes.

- Permanency resource monitors (PRM) are completing time restricted cohort reviews. Each cohort will be reviewed for six-months and include the array of activities that PRMs use with foster care staff to identify and overcome barriers that delay achievement of permanence. The first cohort in 2020 was comprised of children available for adoption with identified families for longer than six months. The second cohort for 2020 was comprised of children with reunification goals experiencing out-of-home placement for four to nine months and have supervised parenting time.
- Two hundred children were reunified in the first round of rapid permanency reviews in April 2020.
- MDHHS contracted with BBI to provide Six Core Strategy training for CCI leaders.
- MDHHS is piloting an unsupervised parenting time review that will guide caseworkers and supervisors through safety related discussions to enable unsupervised parenting time at the earliest point possible.

Permanency 1 Planned Activities for 2022

- MDHHS is contracting with the BBI to provide technical assistance to residential providers through three learning collaboratives and two leadership trainings.
- MDHHS is implementing the requirements of QRTP (QRTP) in April 2021.
    - As of April 1, 2021, 37 CCIs have received QRTP Certification through the program office and two agencies are awaiting national accreditation and then will be considered for certification.
    - MDHHS is contracting with Maximus to perform independent assessments for each youth referred for residential services to determine if their needs can be met in a community setting or if they need a more restrictive setting and a QRTP is appropriate to meet those needs. As of April 26, 2021, approximately 10 percent of youth referred for an assessment are being recommended for community placement.
    - A discharge plan must be established within 30 days of a youth entering residential to continue focus on permanency.

Permanency 1

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

Item 4 Plan for Continued Improvement

- **Goal:** MDHHS will ensure children placed in foster care have stable placements.
  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% **2021 Performance:** 90%; CFSR PIP Q8
- **2022:** 90% - PIP Completion
- **2023:** Maintain at 90% or higher
- **2024:** Maintain at 90% or higher

Item 5 Plan for Continued Improvement

- **Goal:** Children in foster care will have permanency goals in the best interest of the child's permanency, timely, and 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% **2021 Performance:** 86.3%; CFSR PIP Q8
  - **2022:** 87% - PIP Completion
  - **2023:** Maintain at 87% or higher
  - **2024:** Maintain at 87% or higher

Item 6 Plan for Continued Improvement

- **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% **2021 Performance:** 57.5%; CFSR PIP Q8
  - **2022:** 65% - PIP Completion
  - **2023:** Maintain at 65% or higher
  - **2024:** Maintain at 65% or higher

Analysis

MDHHS leadership team in partnership with SCAO and university research is developing data reports as well as completing a root cause analysis to gain a better understanding of the factors contributing to the decline in achievement in permanency. MDHHS has conferenced with other states who have implemented strategies that have impacted the rate to achieve permanency but focusing on key metrics such as caseworker visits with parents, engagement in services within first thirty days of coming to the child welfare system's attention and implementing an accountability plan among field teams. MDHHS expects that these actions will have a positive impact on case review assessments of this item.

Other Permanency Goals

Goal: MDHHS will increase permanency and stability for children in foster care.
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 percent 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 CFSR Dashboard
  Baseline: 32.3%, Risk Standardized Performance (RSP); 15A-17B
  National Performance: 42.7%
  Benchmarks 2020-2024:
    - **2020:** 33.3% **2020 Performance:** 27.6%
    - **2021:** 28% **2021 Performance:** 27.4%
    - **2022:** 31% **2022:** 31%
    - **2023:** 36% **2023:** 36%
    - **2024:** 38% **2024:** 38%

- **Objective:** MDHHS will increase the percent of children in foster care for 12 to 23 months that are 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, CB Data Profile; DMU Monthly CFSR Data Report
  Baseline: 47.4%, RSP; 17A-17B
  National Performance: 45.9%
  Benchmarks 2020-2024:
    - **2020:** 47.5% **2020 Performance:** 46.4%
    - **2021:** 46.5% **2021 Performance:** 44.7%
    - **2022:** 46.8%
    - **2023:** 47.1%
    - **2024:** 47.5%

- **Objective:** MDHHS will increase the percent 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 CFSR Dashboard
  Baseline: 36.6%, RSP, 17A-17B
  National Performance: 31.8%
  Benchmarks 2020-2024:
    - **2020:** Maintain at 36.6% **2020 Performance:** 36%
    - **2021:** Maintain at 36.6% **2021 Performance:** 42%

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

- **Objective:** MDHHS will decrease the percent 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% **2021 Performance:** 6.3%
  - **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; CB 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 **2021 Performance:** 2.64
  - **2022:** 3.6
  - **2023:** 3.58
  - **2024:** 3.56

Planned Activities for 2022

- The contract between MDHHS and CMH service providers changed. 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 RPU 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 will continue to provide consistent regional foster parent training, assistance with local recruitment and retention, foster parent navigator services and caregiver training opportunities.
- The SCAO Court Improvement Program will continue working 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 activities 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.
- MARE produces recruitment brochures and newsletters, maintain an informational website and hosts "meet and greet" events. The exchange maintains the Michigan Heart Gallery, a traveling exhibit introducing children available for adoption.
- Michigan has been holding Meet and Greets virtually since March 2020. Virtual Meet and Greets have been well-received, with much higher attendance from prospective adoptive parents than previous Meet and Greets, as well as the ability to reach a wider variety of families since geographical limitations were reduced. It has also allowed Michigan to host more events due to the reduction in travel time and the need for event space. MARE will continue to host virtual Meet and Greets in addition to in person events, which began in August 2021.
- 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.

Training and Technical Assistance

- MDHHS is developing a process to implement SAFE TDM meetings through the efforts of Permanency Resource Monitors (PRM), who will function as meeting facilitators. Implementation will be completed in 2021. TDM implementation includes providing training to all CPS, foster care, and maltreatment in care specialists and supervisors for MDHHS and private agencies.

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

Items 7-11 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 7-11, 2019 and 2020 scores were derived from CFSR PIP case reviews from Quarter 2 (2019) and Quarter 8 (2020).

Permanency Outcome 2 – Continuity of Family Relationships and Connections					
	2016	**2017**	**2018**	**2019**	**2020**
Item 7: Placement with siblings – CFSR PIP Case Review	43.1%	41%	43%	86%	46.6%
Item 8: Visiting with Parents in Foster Care – CFSR PIP Case Review Mother Father	Mother: 83% Father: 60.9%	100% 94%	88% 84%	75% 53%	Mother: 85.4% Father: 76.7%
Item 8: Visiting with Siblings in Foster Care – CFSR PIP Case Review	62.9%	83%	66%	67%	66.7%
Item 9: Preserving Connections with community – CFSR PIP Case Review	80.8%	94%	84%	69%	87.3%
Item 10: Relative Placement– CFSR PIP Case Review	55.8%	56%	49%	81%	88.3%
Item 11: Relationship of Child in Care with Parents – CFSR PIP Case Review	79.6%	62.3%	Mother 48.4% Father: 53.3%	Mother: 52% Father: 43%	Mother: 79.2% Father: 62.1%

Analysis

Michigan completed the onsite review in 2018 using a sample of 40 foster care cases from three counties; in 2019, Michigan implemented case reviews using a statewide sample of 64 foster care cases selected among specific BSCs each quarter. When the state review team began using the OSRI, there was significant coaching and oversight provided by the federal team so that the state consistently assessed the items as was assessed during the onsite review. There was a variation in the rating application, and with the support of technical assistance which began in March 2020, the state review team became more consistent in application of ratings.

In addition to the technical observations in applying the OSRI, other challenges include parents' abuse of substances and mental health instability, which has direct impacts on familial relationships. It is not uncommon for a parent to have alienated familial supports because of substance abuse or as an unintended consequence of mental health instability. During the 2018 onsite review, mothers were often the parent struggling with substance abuse or mental health challenges, which was a trend that had been observed leading up to the review. Emphasis on case practice, SAFE FTMs, facilitated TDMs, and engagement of parents contributes to increased performance since 2018 in continuity of family relationships and connections.

Analysis

MDHHS has observed that siblings are placed with relatives and the siblings often do not share the same relatives who take placement. Michigan makes efforts to place children with relatives whenever safely possible. Siblings are placed with their respective families, resulting in siblings not being placed together.

Items 7 – 11 Plan for Continued Improvement

MDHHS has taken several 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 TDM meetings, family-centered planning sessions that guide decisions concerning a child's safety, placement, and permanency. In TDMs, information is shared to locate absent parents and mobilize supportive adults. TDMs are held at key decision points 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 twice yearly and a fidelity tally worksheet for their unit.
- The Fidelity Tool Dashboard was developed in 2020 to encourage use of the Fidelity Tool and to monitor use of the tool by each supervisor.
- 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 children of color 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 Progress in 2020

- Enhancements to family team meeting policy are planned that will provide improved guidance regarding facilitation responsibilities and recruiting participants to ensure engagement of parents and supports in case planning.
- MDHHS implemented the SAFE TDM pilot and determined to expand SAFE TDMs statewide in 2021.
- 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 services in the community that 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 is contracting with BBI 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.

Permanency 2 Planned Activities for 2022

- Statewide implementation of SAFE TDMs will be completed in 2021 and 2022.
- MDHHS is working with residential providers in the development of robust aftercare services for youth who have experienced a residential intervention.
- MDHHS is collaborating with the Behavioral Health and Developmental Disabilities Administration on consistent access to mental and behavioral health services for children in foster care.
- MDHHS is working on development of a placement array that will ensure children not assessed as needing congregate level of care services receive services in the community to address their needs. One pilot will be Enhanced Foster Care services that will wrap services around a caregiver with a child who is experiencing increased mental or behavioral health needs or is transitioning out of a residential setting with a high level of 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 is contracting with BBI to provide technical assistance opportunities to residential providers through three learning collaboratives and two leadership trainings.

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 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 Governments and contracted tribal foster care agencies to maintain family connections for Indian children.

Training and Technical Assistance

- MDHHS provides training for utilization of TDM meetings effectively as a resource for developing and revising parenting time plans. Services program monitor staff presented the TDM Model training to all CPS, foster care and maltreatment in care specialists and supervisors in MDHHS and private agencies. The services program monitors are the facilitators of TDM meetings and received model and facilitation training from Evident Change. The TDM Model training for workers and supervisors consists of a thorough description of the model including background and key elements, stages of the model, participant roles and expectations during the meeting, how a meeting in the Michigan sites is requested, and a description of the documentation that is completed by the facilitator.
- 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 were enhanced to reinforce the use of TDMs to engage parents, caregivers, and others in the development of parenting time plans.

Technical Assistance and Capacity Building

- MDHHS contracted with the national BBI, Casey Family Programs and Chapin Hall at the University of Chicago for consultation on best practices when young people in child welfare need 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 2020, 4,133 children under age 5 were in foster care. This is 35 percent of the total foster care population.
- At the conclusion of FY 2020, there were no children under age 5 without an identified permanent family upon termination of parental rights.

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 focused on finding an adoptive family to provide a stable home for the child. The plan may include locating relatives or friends with an established relationship with the child or photo listing the child on state and national websites, as well as distribution of information about the 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 (PRM)

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 training for 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 more than 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 2020, a group of PRMs were allocated to provide objective facilitation for family meetings to ensure staff and families were able to make key decisions together. The PRMs completed over 5,000 case reviews which consisted of contacts with supervisors, specialists, caregivers, youth, and others as well as in-depth review of case documentation. The PRMs tasked with facilitation did so for over 1,000 family meetings that include case workers, supervisors, caregivers, youth, extended family members, and others.

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.

MARE Match Support Program
The Match Support program is a statewide service for families who have been matched with a child from the MARE website and who are in the process of moving forward with an adoption. The match support specialists engage 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.

MARE 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.

FFPSA
The FFPSA 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 2020

- MDHHS expanded foster care supportive visitation services in the 73 counties with

current contracts beginning in early 2020. Services became 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 could not occur.
- MDHHS worked with the Praed Foundation to develop a Michigan QRTP version of the CANS functional assessment used as part of the initial assessment for youth referred for residential intervention.
- 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 FFPSA, MDHHS will develop additional programming for young children with the goal of reducing time to permanency, increasing placement stability, and assessing and addressing trauma and developmental needs.
- A new caregiver preservice training curriculum was developed and piloted. This curriculum will better prepare families for their roles as foster or adoptive parents.
- Surveys were sent out to capture caregiver needs and ensure caregivers had the supports needed to appropriately care for children placed with them.

Planned Activities for 2022

- A Caregiver Support and Resource Plan is being developed and piloted. The goal of this plan is to assist caseworkers in identifying needed supports and resources. This should help retain caregivers and avoid placement disruptions.
- MDHHS will implement prevention services in accordance with FFPSA in October 2021.
- MDHHS will contract for a statewide marketing campaign to raise awareness about the need for foster parents in Michigan.
- MDHHS will continue working with the Praed Foundation to develop a Michigan version of the CANS functional assessment tool and pilot for use at entry into care.

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 QSRs.

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 TDM 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 a 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
- Substance use Disorder Family Support Program
- In-home Family Services
- Family Assistance Program
- Counseling
- Supportive Visitation
- Parent Partners

Item 13 Child and Family Involvement in Case Planning

CPS and foster care policy require the use of TDM meetings 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. TDMs include safety planning and the creation of action plans to address each identified need. For CPS, TDMs must take place at the following times:

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

For foster care, TDMs 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, at each semi-annual transition meeting
- Ninety-day discharge meeting
- Case closing
- At the request of the family

TDMs are held with parents and youth as central to the process. Parents, older children, caregivers, service providers, attorneys, and other supporters are invited to TDMs. Decisions are made and resources are identified with the input of everyone in the group, particularly the parents and youth.

Items 14 – 15 Caseworker Visits with Child and Parents

CPS policy for caseworker visits with children and parents includes:

- A 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.

2020 Monthly Management Report on Face-to-Face Contacts[1]

Category	2020 Performance
CPS Ongoing Visits with Child	80%
CPS Ongoing Visits with Parent	75%
Foster Care Visits with Child	89%
Foster Care Visits with Parent	60%

MDHHS reviews CFSR PIP case review data in several ways with staff and leadership at private agencies, county, BSC and executive leadership. At the direct staff level, all cases are debriefed with the immediate caseworker and supervisor where next steps can be discussed for current open cases and lessons to apply to current cases from closed case reviews are also offered. In addition, each agency and county leadership team is provided an opportunity to hear about the case findings and are provided specific case summaries for review and consideration. BSC and executive leadership are also provided summary statements following each quarterly review. Statewide CQI analysts are provided updates quarterly on trends from the reviews and are offered recommendations for improvement strategies. This information is also shared with the executive leadership team and private agency leadership staff quarterly. MDHHS continues to share the case review findings with the court audience on a quarterly basis.

Well-Being 1 Progress in 2020

- Video conferencing options are being utilized during the Executive Order to shelter in place due to COVID-19.
- Policy requiring TDM meetings at regular and frequent intervals and at critical points ensures all family members and supporters are involved in case planning and support of the family.
- CMH Mobil Crisis Services became available across the state.
- The Bureaus of In-Home and Out-of-Home Services 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 contract with Eastern Michigan University was implemented to develop a new foster parent pre-service training.
- 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 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

[1] Face-to-face contact scores are based on the 12-month scores posted on the last month of the 2020 fiscal year.

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 staff, and foster parents.

Well-Being 1 Planned Activities for 2022

- MDHHS is enhancing the TDM model and is expanding the use of the model across the state.
- MDHHS will update contact policy allowing for greater flexibility in meeting requirements while still ensuring child safety and well-being.
- MDHHS will provide training resources to CCIs on engagement of families in treatment for the youth receiving services through their programs.
- MDHHS will implement the new foster parent and relative foster parent training (GROW).
- MDHHS will work with the Praed Foundation to develop a Michigan version of the CANS functional assessment tool and pilot for use at entry into care.
- MDHHS will implement independent assessment contracts to review all youth recommended for residential treatment and determine whether their needs can be met in the community.
- MDHHS will continue developing partnerships between local CMH and MDHHS agencies.

Well-Being 1

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

Item 12 Plan for Continued Improvement

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 2020-2024:
    - **2020:** 48% **2020 Performance:** 48%

- **2021:** 48% **2021 Performance:** 52.4%; CFSR PIP Q8
- **2022:** 51% - PIP Completion
- **2023:** Maintain at 51% or higher
- **2024:** Maintain at 51% or higher

Item 13 Plan for Continued Improvement

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 address their needs and case circumstances.
  Measure: CFSR PIP Case Review
  Baseline: 56.5%; CFSR PIP Case Review
  Benchmarks 2020-2024:
  - **2020:** 56.5% **2020 Performance:** 56.5%
  - **2021:** 56.5% **2021 Performance:** 52.9%; CFSR PIP Q8
  - **2022:** 60% - PIP Completion
  - **2023:** Maintain at 60% or higher
  - **2024:** Maintain at 60% or higher

Analysis

MDHHS case reviews are selected from a random statewide sample by specific BSC each quarter. The samples represent the state child welfare system, but there are variations in case dynamics across the state. In quarter 8, for the sample of 25 cases, there was a decline compared to the aggregate case reads during FY 2020 from 56.5 percent to 52.9 percent. The CFSR PIP attainment is calculated by measurement periods which include a year of case read data by rolling quarters. MDHHS has successfully met the PIP goal for this item based on measurement period 5, data covering the period of Aug. 1, 2020, through July 31, 2021, at 61 percent; the PIP goal was 60 percent.

Item 14 Plan for Continued Improvement

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 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 PIP Case Review
  Benchmarks 2020-2024:

- **2020:** 79% **2020 Performance:** 79%
- **2021:** 79% **2021 Performance:** 76.9%; CFSR PIP Q8
- **2022:** 82% - PIP Completion
- **2023:** Maintain at 82% or higher
- **2024:** Maintain at 82% or higher

Analysis
MDHHS case reviews are selected from a random statewide sample by specific BSC each quarter. The samples represent the state child welfare system but there are variations in case dynamics across the state. In quarter 8, for the sample of 25 cases, there was a decline compared to the aggregate case reads during FY 2020 from 79 percent to 76.9 percent. The CFSR PIP attainment is calculated by measurement periods which include a year of case read data by rolling quarters. MDHHS has successfully met the PIP goal for this item based on measurement period 5 data covering the period of Aug. 1, 2020, through July 31, 2021, at 84 percent; the PIP goal was 82 percent.

Item 15 Plan for Continued Improvement

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 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 2020-2024:
  - **2020:** 48.2% **2020 Performance:** 48.2%
  - **2021:** 48.2% **2021 Performance:** 43.8%; CFSR PIP Q8
  - **2022:** 52% - PIP Completion
  - **2023:** Maintain at 52% or higher
  - **2024:** Maintain at 52% or higher

Analysis
MDHHS case reviews are selected from a random statewide sample by specific BSC each quarter. The samples represent the state child welfare system but there are variations in case dynamics across the state. In quarter 8 for the sample of 25 cases, there was a decline compared to the aggregate case reads during FY 2020 from 48.2 percent to 43.8 percent. Using aggregate data for measurement period five, Michigan is at 47.6 percent, which is a more consistent comparison of state performance. Factors that negatively impact caseworker visits with parents is lack of engagement by the child welfare system with non-respondent parents,

substance dependence by parents and mistrust of the child welfare system. Michigan's PIP goal is 52 percent.

Program Improvement Plan Update

Engagement Strategy Two: MDHHS will review and improve MiTEAM fidelity and measurement.

- **Engagement 1.2.1:** MDHHS will determine the need for additional fidelity tool guides or training for MDHHS and private agency staff.
  Update: This activity was completed in Quarter 1. Michigan assessed and determined the needs for additional case practice model fidelity tool guides and 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 to measure use of the MiTEAM skills in the field. Supervisors complete one tool per worker per quarter.
- **Engagement 1.2.2:** MDHHS will revise the fidelity tool based on first and second quarter feedback concentrating on coaching by supervisors and usability of the fidelity tool.
  Update: This activity is targeted for completion in Quarter 8. The fidelity tool workgroup proposed updates to the fidelity tool incorporating feedback from field focus groups. Fidelity tool alterations will require technology changes and approval through executive leadership. On Oct. 14, 2020, a mandatory statewide MiTEAM Fidelity Training was provided. The training included an overview of the purpose and basic functionality of the tool, strategies for applying specific fidelity questions within various situations and roles, coaching on providing feedback, and utilizing fidelity data to support growth in staff and work units. Based on statewide budget restrictions, the proposed revisions to the fidelity tool and web application have not yet been approved. Efforts continue to focus on supporting supervisor usability of the tool based on strategies presented in the October training.
- **Engagement 1.2.3:** MDHHS will implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems.
  Update: This activity is targeted for completion in Quarter 8. QIA 4 - MiTEAM sustainability was implemented. Local office data collection occurred. Local CQI teams reviewed data and developed interventions for inclusion in their CQI plans. Counties and agencies continue to monitor, track, and adjust the MiTEAM sustainability goals and plans developed through QIA 4. Requests were made to prioritize a maintenance request in the MiTEAM Fidelity web application that will modify the participation rates to accurately reflect the relief efforts implemented in July 2019. The Fidelity Dashboard has been created by DMU. Ongoing collaboration continues between DMU and analysts to test and refine the dashboard and ensure it adheres to its intended purpose. Once the dashboard is finalized and ready to be distributed, training will be offered to support implementation and use by the field.
- **Engagement 1.2.4:** Develop and pilot family team meeting facilitation and coaching program.

Update: This activity was completed in Quarter 6. On Dec. 16, 2019, MDHHS implemented the SAFE pilot in Ingham, Kalamazoo, Genesee, Macomb, and North Central Wayne counties. The SAFE pilot utilizes an objective, trained facilitator at designated family team meetings (FTM). The SAFE FTM pilot concluded on Sept. 30, 2020. A summary of findings and recommendations were drafted and shared with executive leadership in October 2020. Preliminary findings note that SAFE FTMs contribute to reducing MIC and enhance safety assessment and planning. It was recommended to expand SAFE FTMs to additional counties.

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

- **Assessment and Services 3.1.4:** MDHHS will develop a valid and FANS and CANS.
  Update: This activity is targeted for completion in Quarter 8. To support QRTP implementation under the FFPSA, MDHHS will be using the CANS Comprehensive to screen youth identified for potential residential placement. CSA made the decision to implement use of the tool for all children in foster care. Statewide implementation is anticipated to occur in 2021 and 2022 after implementation for QRTP purposes. Moving to statewide use of the CANS for all children in foster care will assist workers in thorough and accurate identification of a child's needs. Statewide rollout will include worker training in use of the current FANS, with special attention to incorporation of the child's CANS. Michigan executed a contract with the Praed foundation in August 2020 to develop and train on the CANS to be used as part of the full assessment of QRTP.

  The Praed Foundation trained and certified the Maximus trainers in April 2020 and February 2021. All contracted staff who are administering the assessments have been fully trained and certified.

  Development of a Michigan specific CANS took place during October and November 2020. In concert with field staff and the contracted assessor, MDHHS developed a Michigan-specific SDM model to help make decisions on best placement. Piloting use of CANS for QRTP occurred between Feb. 1 and April 1, 2021. Following the pilot, the use of the CANS rolled out statewide.

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 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.

Training and Technical Assistance

- 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.
- DCQI developed the MiTEAM Fidelity Tool Dashboard to promote and monitor use of the tool.
- In the 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

MDHHS is committed to ensuring 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 when it is 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 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.

Well-Being 2

Item 16 Educational Needs of the Child Assessment of Current Performance

MDHHS education planners provide educational support to referred youth to address specific educational needs. Although predominantly working with youth 14 years 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 without an allocation for an education planner, the county director designates a staff member 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 OWDT 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 in 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.

Item 16 Progress in 2020

- Federal and state policy requires youth in foster care remain in the school of origin when entering care or changing placements, and when it is in their best interest to do so. However, school moves often occur when children are required to move a long distance away from the school of origin, and it is not feasible to transport them. When the COVID-19 pandemic began in March 2020, all K-12 schools in the state moved to virtual learning, and MDHHS worked closely with the foster care consultant at the Michigan Department of Education to determine the best steps forward regarding the education provision of youth in care. A statewide communication was released from MDHHS, along with one from the Department of Education, instructing all youth remain enrolled in their current school, even if moving foster home placements, for the

remaining part of the 2019-2020 academic year. A second communication was released in summer 2020 to state that all regular policy requirements were to resume for the 2020-2021 academic year, and this was to include resuming the task of making an education best interest determination for school placement, in collaboration with school staff and the family.

- Multiple trainings were held throughout FY 2020 to provide information and guidance on how to best meet the education needs of students experiencing foster care. Due to the COVID-19 pandemic, all trainings were moved to a virtual format after mid-March 2020:
    - Regional training sessions covering the provisions of the Every Student Succeeds Act and other federal and state law and requirements offered to foster care and school district staff, and presented by the Foster Care, Guardianship, and Adoptions Program Office analyst and the Michigan Department of Education foster care consultant, were held on three occasions.
    - In collaboration with Fostering Success Michigan and the Michigan Department of Education foster care consultant, a track of workshop sessions was developed for the Department of Education Special Populations Conference for the second year. The 2020 conference was virtual and offered both live and recorded sessions. Five sessions were offered that addressed the educational needs of youth in foster care, current policy and procedures and available resources.
    - Throughout FY 2020, other education sessions were provided to the following: Michigan College Access Network High School Counselors, the Michigan College Access Network Advise MI trainees, and Wayne Regional Education Service Agency (RESA) foster care liaisons.
    - Additional training sessions were canceled due to the pandemic, including the annual College Access Network conference and the Michigan Financial Aid Association Conference, which was held in March 2021.
    - The MDHHS education analyst participated as Michigan's child welfare education point-of-contact in the three-day Virtual Federal Convening for Foster Care Points-of-Contact, that also included state's education points-of-contact. The MDHHS education analyst and Michigan Department of Education foster care consultant presented on a panel about school transportation and state transportation issues.
- In FY 2020, education planners worked with 676 youth during the first six-month period and 446 youth during the second six-month period.
    - For the first six months of FY 2020, most contacts were to assist with education transportation and enrollment and record transfer. Of the 676 youth assisted by education planners:
        - Two hundred and fifty were reported as having a foster home placement change either immediately prior to the referral or soon after the referral.
        - Of those, 118 (47.2 percent) required a school move.
        - Of the 118 school moves, 96 (72.7 percent) were reported as being enrolled within the required five days.

- For the second six-month period of FY 2020 covering April through September, most contacts were to assist with enrollment and record transfer and post-secondary preparation. Of the 446 youth assisted by education planners:
  - One hundred and thirty-one (29 percent) were reported as having a placement change either immediately prior to or soon after the referral.
  - Of those, 79 (60 percent) required a school move.
  - Of the 79 school moves, 64 (81 percent) were reported as being enrolled within the required five days.
  - It is important to note that during the last several months of the academic year, all students were being educated virtually. This accounts for a portion of the difference in numbers of youth referred to education planners between the first six-month period and the second six-month period. In addition, MDHHS was experiencing a hiring freeze and there was a vacancy for nearly the entire second half of FY 2020.

- An analyst from the Department of Technology, Management, and Budget (DTMB) provided a detailed training to education planners regarding the new data report available in MiSACWIS that shows school enrollment data for their counties.

Item 16 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 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:** 70% — **2020 Performance:** 86%; CFSR PIP Q2
  - **2021:** 87% — **2021 Performance:** 83.6%; CFSR PIP Q8
  - **2022:** 88%
  - **2023:** 89%
  - **2024:** 90%

Analysis

A hypothesis being considered is that with COVID-19, educational needs were not as appropriately addressed by way of virtual education as it needed to be and/or it was not documented as thoroughly during this time. MDHHS will continue to collaborate with school districts and, at the state level, Michigan Dept. of Education, to address educational needs, as

well as continue to train foster care staff in education rules and policies

- **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.
    - **2020 Update:** The data warehouse report for county and BSC level was made available at the end of FY 2020. However, there needs to be communication to the field and further training regarding these reports, so that supervisors and directors are better aware of how they can be used within their county or agency.
    - **2021 Update:** The Foster Care, Guardianship, and Adoptions Program Office is working with the MISACWIS and DTMB teams to better ensure education information is updated. Options being considered are adding a tickler in the system or sending email notifications to staff and supervisors as a reminder that the education section needs to be updated.

- **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.
    - **2020:**
      - 25.93% dropout rate for four-year cohort of 2019-2020 Graduation

Dropout Cohort.
- 27.57% dropout rate for five-year cohort of 2019-2020 Graduation Dropout Cohort.

Item 16 Planned Activities for 2022

- 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 within the enhanced MiTEAM practice model through coaching and mentoring.
- MDHHS will assist with improvement of graduation rates for youth in foster care by ensuring that if school-aged children must change schools, they are enrolled in the new school as soon as possible.

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 points-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.

Training and Technical Assistance

- 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 Foster Care, Guardianship, and Adoptions program office will collaborate with the Michigan Department of Education to ensure the requirements of the foster care provisions in the "Every Student Succeeds Act" are communicated and implemented.
- As a requirement of the "Every Student Succeeds Act," state education agencies must report on students who are in foster care. The Foster Care, Guardianship, and Adoptions program office collaborates with the Michigan Dept. Education and the Center for Education Performance and Information as needed to ensure this requirement is met.

Well-Being 3

Item 17 Physical Health of the Child Assessment of Current Performance

MDHHS is committed to ensuring every child in foster care receives the preventive and primary health care necessary to meet their 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 and 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 2020

- During the COVID-19 pandemic, MDHHS tracked barriers to achieving timely health services and provided technical assistance to Health Liaison Officers and Foster Care Workers regarding coordination with the health care providers in each community,

including in-person and telehealth visits as appropriate to the health needs of each youth.

- Fostering Health Partnerships Learning Collaborative events were held at the local and regional level in 80 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 preventing them from meeting children's needs. The project closed Sept. 30, 2020, and project outcomes were incorporated into the Fostering Health Partnerships website.
- 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 medications.
- All foster care and 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.
- Health Liaison Officers (HLOs) ran a filter in CareConnect360 to identify children in care with a COVID 19 risk factor. Caregivers were contacted to emphasize the importance of following safety guidelines.
- Child welfare medical unit staff provided support to the field to maximize timely completion of medical and dental examinations during COVID 19 restrictions by obtaining qualitative data from the HLOs that informed technical assistance efforts.

Item 18 Mental and Behavioral Health of the Child Assessment of Current Performance

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.

Item 18 Progress in 2020

- Statewide training on using the Trauma Screening Checklist was completed for CPS, foster care and juvenile justice workers, supervisors, and managers. Following the statewide training, county teams in BSC 1 are tracking the impact and using information for quality improvement.
- The CSA trauma protocol was updated to include the juvenile justice population.
- The Child Welfare Medical Unit monitors counseling, comprehensive trauma assessment and QRTP independent assessment contracts.
- Fostering Health Partnerships Learning Collaborative events were held at the local and regional level in 80 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. The project closed Sept. 30, 2020, and project outcomes were incorporated into the Fostering Health Partnerships website.
- The Child Welfare Medical Unit held mandatory foster care worker instructor-led trainings on Behavioral Health and Wellness: Case Practice that educated workers on mental health disorders, autism, and intellectual and developmental disabilities, when to seek treatment, available interventions, psychotropic medication information and supplemental security income. Key segments of this instructor-led training are available as computer-based training in the learning management system.
- The medical consultant continues to provide training on behavioral health systems and policies for each pre-service institute for new workers.
- The Child Welfare Medical Unit continues to staff exhibit tables with information about psychotropic medication informed consent when children are in foster care at physician group annual conferences and at the Michigan Federation for Children and Families annual residential services conference.
- The MDHHS mental health core team identified three priority areas to improve behavioral health services for children in foster care and continues to work with MDHHS leadership to address these priority areas.
- The Child Welfare Medical Unit created job aids to assist the field in addressing challenges related to access to inpatient psychiatric admission for children in foster care and navigating the CMH appeals process following service denial.
- The medical consultant led a workgroup to implement protocols to improve coordination of health information for children during transitions into and out of residential services, including admissions and discharges from inpatient psychiatric treatment.
- The Child Welfare Medical Unit completed 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.
- Research was completed to identify strategies to update the Treatment Foster Care contracts and increase usage.

- The behavioral health analyst provides trainings to counties about trauma assessments and the Waiver for Children with Serious Emotional Disturbance.
- HLOs received specific health-related training pertaining to:
    - Comprehensive trauma assessments
    - Implementation of QRTPs
    - Understanding the independent assessment for QRTP placement
    - Witnessed verbal consent for psychotropic medications
    - COVID 19 updates
    - Importance of health records during transitions
    - Federal compliance processes for health-related items

Well-Being 3 Plan for Continued 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% **2020 Performance:** 64.7%
    - **2021:** 63% **2021 Performance:** 70.4%
    - **2022:** 63.5%
    - **2023:** 64%
    - **2024:** 64.5%

- **Objective:** MDHHS will address the mental and behavioral health of children.
  Outcome: Addressing the mental and behavioral health of children in foster care will maintain and may improve their mental health status.
  Measure: CFSR Round 3 PIP
  Baseline - 2017: 51%; CFSR 2018
  Benchmarks 2020-2024:
    - **2020:** 51.5% **2020 Performance:** 64.3%
    - **2021:** 52% **2021 Performance:** 75%
    - **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.

- **2020 Performance:** 69%
- **2021 Performance:** 72%*

*****Performance impacted by COVID-19 restrictions

- **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 examinations[2]).
  Baseline: 83% (average March 2018-January 2019)
  Benchmarks 2020-2024: 95% or higher
  - **2020 Performance:** 69%
  - **2021 Performance:** 72%*

  *****Performance impacted by COVID-19 restrictions

- **Objective:** Children entering foster care ages 3 and older will have a dental examination within 90 days of foster care entry if the child had no exam within six months prior to foster care entry.
  Policy changed on Nov. 1, 2019, resulting in a new objective:
  Objective: Children entering foster care ages 1 or older will have a dental examination within 90 days of foster care entry in the child had no exam within three months prior to foster care entry.
  Outcome: Providing a timely dental examination will screen for dental health concerns and enable appropriate follow-up care for children.
  Measure: Monthly Management Report
  Baseline: 82% (average March 2018-January 2019)
  Benchmarks 2020-2024: 95% or higher
  - **2020 Performance:** 65%
  - **2021 Performance:** 63%*

  *****Performance impacted by COVID-19 restrictions.

Well-Being 3 Planned Activities for 2022

[2] Psychosocial and 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.

- MDHHS will maintain HLOs who focus on addressing system barriers at the county level.
- MDHHS will hold regular conference calls and meetings between the Child Welfare Medical and Behavioral Health unit with HLOs to provide policy and practice updates.
- MDHHS will provide training and technical assistance to local office staff to ensure timely Medicaid opening and accurate and timely documentation of health care activities in MiSACWIS.
- MDHHS will send 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.
- MDHHS will develop and record webinars for child welfare staff on the health needs of children in foster care and how to integrate assessing and addressing these needs in case practice and documentation.
- MDHHS will provide ongoing outreach, education, and technical assistance to the primary care community.
- MDHHS will require trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- MDHHS will update psychotropic medication policy to include guidance on use of cannabidiol (CBD) oil.
- MDHHS will plan 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.
- MDHHS will track the receipt of the COVID 19 vaccination for all children and youth eligible for the vaccination and under MDHHS supervision.
- MDHHS will provide training and information about the COVID 19 vaccination to child welfare staff.
- MDHHS will update, rename, and expand content on the www.michigan.gov/fosteringmentalhealth website.
- MDHHS will explore other models of treatment foster care that increase the available number of beds for children in foster care.
- MDHHS will host an exhibit table at physician group annual conferences with information about medical and behavioral health needs and policy for children in foster care.
- MDHHS will generate a report for county director follow-up when repeated outreach for an informed consent document is unsuccessful.
- MDHHS will complete case reviews for a sample of children receiving psychotropic medications and ensuring the results of these reviews are communicated to the county of origin to improve overall practice and provision of services in this area.

Health Care Oversight and Coordination 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; MISEP data.
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 performance:** 86%
- **2021 performance:** 74% (MISEP 19)

*****Performance impacted by COVID-19 restrictions

Analysis
A review of the last three MISEP reporting periods (MISEP 17-19) the Foster Care Psychotropic Medication Oversight Unit reported informed consent data as follows:

1. Instances for which the consent occurred prior to the earliest fill
2. Instances for which the consent occurred after the earliest fill
3. Instances for which there is no informed consent.

In each period the data for item one averaged 75 percent and the data for item two averaged 10 percent. Based on these data, the success in achieving informed consent for psychotropic medications did not drop for 2021, rather the way the data are reported in the 2021 APSR changed.

The Child Welfare Medical and Behavioral Health (CWMBH) and Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) teams continue to work with the field to achieve the desired benchmark of 87 percent consents prior to initial fill of medication through:

- Conducting training and providing technical assistance for caseworkers on informed consent policy and best practices. Training occurs during the Pre-Service Institute and at statewide trainings initially conducted in person and available as recorded webinars. Technical assistance is provided by the FC-PMOU on a case-by-case basis.
- The FC-PMOU also conducts outreach to the field when a review of Medicaid claims reveals psychotropic medication starts without accompanying consents. This outreach effort assists workers in rectifying missing consents, but also should assist workers in improving the practices so that consents occur at the time prescribing clinicians recommend medications.

Some members of the broader teams, including primary and non-psychiatric specialty care providers and foster parents, are not as aware of MDHHS policy. When children are treated in these settings, it is possible that recommendations for psychotropic medications will be implemented prior to informed consent per policy.

The CWMBH team continues to provide outreach to these members of the teams through training at foster/kinship care conferences and exhibiting at professional meetings. In 2020, these outreach efforts were slowed because of the COVID-19 pandemic restrictions.

Well-Being 3 Planned Activities for 2022

- MDHHS will continue to ensure that foster care and juvenile justice staff are approved for 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 or guardian and caseworker engagement in informed consent.
- Mandatory caseworker training will be developed and delivered annually with content on a variety of health care-related topics.
- The Child Welfare Medical and Behavioral Health Unit will use the data from the psychiatric assessment documentation profiling project to inform guidance that will improve mental health or psychiatric documentation for children in residential care.
- The Child Welfare Medical and Behavioral Health Unit will use the information about challenges and barriers to achieving well-coordinated mental health services gathered during the Fostering Health Partnerships project to develop and implement updates in child welfare policy and practice.
- The Child Welfare Medical and Behavioral Health Unit will update, rename, and expand content on 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 HLOs, 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.

Training and Technical Assistance

- 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 to 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 comprised 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

- One outcome of the Fostering Health Partnership project was a set of web-based information supports that continue to improve the capacity of child welfare personnel and outside partners to meet the health and well-being needs of children in foster care.
- 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 and barriers to achieving timely and quality care. These meetings occur across the state. In pilot counties, Ingham, Saginaw, and Muskegon, the collaboratives will discuss barriers to birth or legal parent engagement in health and 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 as it transitions to meet the comprehensive child welfare information system requirements (CCWIS). Michigan submits the data files for the AFCARS to the CB semi-annually and the NCANDS annually. Monthly meetings are held to discuss data improvement, trends, and gaps. Participants include the DTMB, the MiSACWIS team, CSA, the Data Management Unit (DMU) and the CPS, foster care, and adoption program offices.

CCWIS Transition

MDHHS has committed to the incremental transition from the MiSACWIS application to a compliant CCWIS. Funding was re-established in October 2020 allowing the department to proceed with vendor selection and contract negotiations with that vendor were finalized in early December. The contract was submitted to the federal Administration of Children and Families (ACF), Division of State Systems, for their review which was approved in February 2021.

The vendor contract for the first module of the CCWIS, Child Welfare Licensing, was finalized on March 2, 2021. Planning meetings with Deloitte Consultants, the selected vendor, were immediately initiated and have been held consistently to date. A formal kick-off occurred in late April followed by the initiation of discovery sessions with users. It is expected that the Child Welfare Licensing Module will be completed in December 2021.

Additional preparatory meetings throughout April and May 2021 finalized vision and outcomes planning with CSA leadership and the DCWL. Other preparatory meetings will include lessons

learned, pain points from MiSACWIS and other technology supports, gap analysis documentation and multiple other sources to assure needs are well understood from the very beginning. Goals and success measures will also be discussed. These activities will occur prior to initiating design so it is clear what the expectations are and to prevent and reduce rework in later modules. A product owner for the Child Welfare Licensing module is in the process of being onboarded and documenting supporting roles to the product team will be finalized in the coming weeks.

A Human Centered Design (HCD) vendor will be utilized throughout the CCWIS transition project. Civilla has been awarded the contract for the first module and was onboarded in early May 2021. The utilization of a HCD vendor assures that end users are directly engaged throughout the project and their input is utilized for the design. This approach ensures a focus on end user satisfaction and usability.

Data Quality

The MiSACWIS team, with the support of other CSA resources, has continued development of the governance to support CCWIS data quality planning and management. This governance formalizes oversight, review, and resolution processes. Data quality presentations will continue to be provided to business areas and field representatives to re-engage discussion on data quality concepts and expectations, and how that translates into their preparation for CCWIS discovery and design sessions. Meetings with private agency partners and tribal governments have occurred to discuss data quality monitoring and the data quality plan (DQP). Ongoing meetings will be held to continue to work through the requirements and plan activities. The data quality oversight team is continuing the biennial review of data quality activities as required by the CCWIS regulations. The team is also engaging with additional stakeholders that work closely with MDHHS to review data so there is awareness, consistency, partnership, and efficiency around child welfare data.

The MiSACWIS management team and DCQI continues to partner with several other divisions in MDHHS as well as DTMB to continue to enhance and implement the DQP and support activities. An increase in engagement and activity continues to be a priority, especially in preparation for data cleansing related to the first CCWIS module. The MiSACWIS team continues to make data quality improvements, including continuing to address duplicate person records and related updates. The team continues to evaluate system issues that affect data quality and determine options to address those issues to support the commitment to improved data for the new CCWIS. Data quality planning and monitoring will be a key component throughout the development of the new CCWIS system.

AFCARS

Michigan completed an AFCARS onsite review in July 2015 and subsequently entered an AFCARS Improvement Plan to address the items noted as incorrect or not meeting the reporting standard. During the following four years, Michigan made amendments to the state's

MiSACWIS system and improved extraction code to address all the findings successfully in August 2019. As a result, Michigan has improved the accuracy of data collection and data reporting and has passed all data elements in submissions since the FY2019A file. The federal AFCARS team has not provided a formal acknowledgement of Michigan's completed improvement plan as focus is on 2.1 preparations.

In anticipation of AFCARS 2.1, in 2021, Michigan is working with the statewide child welfare information system and AFCARS team to collect and report on required data elements with the submission of the FY2022A file.

NCANDS

Michigan consistently submits the annual NCANDS file ahead of the January 31 deadline. The state's FY 2020 NCANDS file passed the validation and approval process, meeting the CARA requirements including Infant Plans of Safe Care at 95 percent, and CARA related services improved from 60 percent to 72 percent.

Michigan observed a 76 percent difference in the total number of reports when comparing FY 2019 to FY 2020. This dramatic difference in reporting between the two fiscal years is attributed to the state emergency executive orders in response to the COVID-19 pandemic and limited in-person learning and childcare attendance for school age children.
Continued improvements remain a focus within the state's CFSR PIP in identification and use of risk assessment tools. CPS program office along with the Governor's Task Force and Citizen Review Panel finalized recommendations for policy updates and training for front line staff to improve reporting on risk factors. These actions are expected to result in improvement in reporting within the NCANDS file.

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 2020, 380 cases were pulled for case information to be reviewed with extracted data elements from the AFCARS file. This data was 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 distributed, 310 were completed, for a completion rate of 86 percent. Michigan reviewed 2020 data through two Information System Reviews, following submission of the 2020A and 2020B files.

Information System Review Correct Responses				
Required Data element in MiSACWIS		**2020A**	**2020B**	**2020 Total**
Number of surveys completed		162/180 = 90%	148/180 = 82%	310/360 = 86%
1.	Gender	162/162 = 100%	147/147 = 100%	326/326 = 100%
2.	Date of birth	162/162 = 100%	148/148 = 100%	310/310 = 100%
3.	Race/ethnicity	161/161 = 100%	147/148 = 99.3%	309/310 = 99.6%
4.	Address at the time of review or at case closure	158/162 = 97.5%	146/148 = 96.6%	304/310 = 98%
5.	Placement type at the time of review or at case closure	162/162 = 100%	145/147 = 98.6%	307/309 = 99.3%
6.	Disability at the time of review or at case closure	154/155 = 99.4%	142/146 = 97.2%	296/301 = 98.3%
7.	Legal status at the time of review or at case closure	160/162 = 98.8%	146/147 = 99.3%	306/309 = 99%
8.	Permanency goal at the time of review or at case closure	161/161 = 100%	140/146 = 95.8%	301/307 = 98%

The Information System Review results are communicated to stakeholders including the CB, CSA leadership, BSC and local office directors, Child Welfare Services and Support, which shares information with Michigan's private agency partners, and local CQI teams. The next Information System Review will confirm data accuracy of 180 randomly selected children from the AFCARS 2021A file submission.

MiSACWIS Training and Field Support
The MiSACWIS project has a field support team comprised of MDHHS and contracted staff managed by the DTMB 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 is needed. The academy includes:

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

Due to the COVID-19 pandemic, all MiSACWIS trainings conducted after February 2020 were held as webinars.

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. The workshop curriculum for 2020 included topics such as foster care service plans and assessments, provider, CPS intake, investigation, and case management. Support was also provided for two training requests from field staff. The MiSACWIS field support team delivered 190 support activities impacting 11,291 users throughout 2020. In addition, 112 online help topics, 70 job aids and eight CBTs were updated.

MiSACWIS Training Academy In-Classroom and Webinar Training
CPS and Foster Care Worker MiSACWIS Case Management Overview Training
MiSACWIS field support staff delivers a two-day MiSACWIS overview training to new CPS, adoption, and foster care workers each month as a part of the Pre-Service Institute conducted by the OWDT. These trainings cover the case management activities that will need to be completed in MiSACWIS such as updating a person record, completing service plans, and entering case services. In 2020, there were 40 classes with 657 new workers receiving MiSACWIS case management training. From January 2021 through March 2021, there have been 15 classes with 202 new workers trained.

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 conducted by OWDT. In 2020, there were 23 classes with 424 new workers receiving MiSACWIS payment training. From January 2021

through the end of March 2021, there have been eight classes with 221 new workers trained.

Juvenile Justice Residential Worker Case Management Training
New juvenile justice residential workers receive a two-day MiSACWIS case management training quarterly. In 2020, one session was held with one participant.

Foster Care New Supervisor Institute
MiSACWIS field support staff deliver a half-day training to new foster care supervisors attending New Supervisor Institute conducted by OWDT. These trainings cover areas in MiSACWIS that supervisors will need to know when assigning cases and reviewing the work that staff completes in MiSACWIS. In 2020, there were 11 classes with 70 new foster care supervisors. From January 2021 through March 2021, three sessions were held with 16 participants.

Case Service Series
In 2020 following a request from DCQI, the MiSACWIS field support team conducted a series of webinars on proper entry of paid and unpaid case services, case service reviews, and non-MDHHS providers in MiSACWIS. The following workshops were provided:

- Unpaid Case Services: three sessions, 2,037 participants
- Paid Case Services: three sessions, 1,760 participants
- Case Service Reviews: three sessions, 1,647 participants
- Non-MDHHS Providers: three sessions, 1,293 participants

Wednesdays on the Web with MiSACWIS
As a result of the COVID-19 pandemic, MiSACWIS field support staff developed a series of webinars call Wednesdays on the Web (WOW) with MiSACWIS. These WOW sessions lasted an hour and covered topics such as:

- MiSACWIS updates
- Establishing households and relationships in MiSACWIS
- Visitation plans
- Reviewing MiSACWIS case history
- General question and answer session
- Documenting American Indian or Alaska Native family history
- Child Placing Network process
- Common errors when submitting CPS and foster care service plans
- Payments in MiSACWIS
- MiSACWIS case closure
- Documenting child characteristics

The MiSACWIS field support team held 12 sessions of WOW with 679 field staff attending.

Additional MiSACWIS Training Academy Support

- BSC in-service support – MiSACWIS supported OWDT and trained four workshops

throughout 2020, assisting 20 field staff during the in-service trainings. In January 2021, MiSACWIS trained two workshops assisting 22 field staff during the in-service trainings. These trainings included CPS and foster care case management activities as well as provider entry into MiSACWIS.

- On-site trainings – Two requests were received for onsite training with one private agency having three placement and payment sessions with 32 participants, and one MDHHS dual county office having two case service trainings with 40 participants.
- Juvenile justice specialist support – In 2020, MiSACWIS staff supported OWDT with four sessions with 32 participants. From January 2021 through March 2021, MiSACWIS staff supported one session with eight field staff.
- Child Welfare Funding Specialist support – Training is conducted for Child Welfare Funding Specialist users by the Federal Compliance Division. Field support staff created and maintained the Child Welfare Funding Specialist participant guide and training data in the MiSACWIS training environment to assist the division in training funding specialists.
- Database Security Application – In 2020, Application Security and MiSACWIS began to transition requesting MiSACWIS access from paper forms to the Database Security Application via MILogin. All MiSACWIS users were and are continuing to transition in phases. These webinars instructed staff how to complete the MiSACWIS access request in the Database Security Application. In 2020, 55 sessions were trained, assisting 1,771 MiSACWIS users. From January 2021 through March 2021, 12 sessions were trained, assisting 941 MiSACWIS users.
- Non-MDHHS Providers Social Work Contact Entry – Training was provided in preparation for non-MDHHS family preservation providers required to enter social work contacts into MiSACWIS. There were nine training sessions on how to enter social work contacts, with 285 users attending. In February of 2021, two follow-up sessions were held with 97 participants attending.
- Genesee County CPS Ongoing – MiSACWIS field support staff supported OWDT with MiSACWIS entry of CPS ongoing case management activities. There was one session held with 60 field staff attending.
- Genesee Trauma Assessment Case Service Entry – MiSACWIS field support staff supported OWDT with MiSACWIS entry of case services for trauma assessment. There were three sessions trained with 118 field staff attending.
- CCI Dashboard Overview – With the development of the CCI Dashboard to track CCI provider metrics, MiSACWIS field support staff provided an overview webinar of the dashboard. There were two training sessions with 154 participants.
- Over-the-Shoulder Support Requests – Field supervisors can request over-the-shoulder support for staff that need assistance using MiSACWIS to complete case work activities. In 2020, three requests were received to provide support to five staff with case management tasks using MiSACWIS.
- Livingston County Case Service Training – A request was received in January 2021 for a case services training for Livingston County which has a high number of new CPS and

foster care worker hires. There were 13 field staff and supervisors who attended and received training in entering paid and unpaid case services, case service payments, and case service reviews.

- QRTP – MiSACWIS field support staff provided four trainings for the QRTP processes and tasks to be completed in- and outside of MiSACWIS. Additionally, one training was provided to the RPU and Juvenile Justice Assignment Unit analysts on recording the QRTP assessment referral and entry of the referral recommendations in MiSACWIS.

Ongoing MiSACWIS Release Support

In 2020, 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 development and maintenance
- Computer-based training (CBT) and webinar development and maintenance
- Job aid development and maintenance
- Training environment development and maintenance

Item 19 Progress in 2020

- Michigan's Information System Review demonstrated consistently high accuracy of demographic data for children under state jurisdiction and those under state jurisdiction in the previous 12 months.
- The CPS program office finalized policy updates and instructions for the front-line staff that provide improved reporting on risk factors for children and caregivers.
- Michigan made improvements in the ability to report 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 utilized the Missing and 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 (CARA) requirements. Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding meets the requirements.

Item 19 Plan for Continued Improvement

- **Objective:** MDHHS will submit the AFCARS file to the CB semi-annually and ensure the file contains less than 10 percent errors for each data element.
  Outcome: Verifying 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.
2021 Performance: Michigan AFCARS file 2020A passed all elements.

- **Objective:** MDHHS will submit the NCANDS file to the CB 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 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.
  2021 Performance: The NCANDS file was submitted within the required threshold.

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

- **Objective:** MDHHS will ensure 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 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
  2021 Performance: 99.1% error-free

Item 19 Planned Activities for 2022

- The plan for FY 2022 for the CCWIS transition is to complete the Child Welfare Licensing, Intake, and Investigation modules with the intention to begin work on the case management module. Deloitte will complete an initial roadmap following the initiation and planning meetings that will propose the order of the modules. The human-centered design (HCD) vendor will coordinate and align with the module plan and initiate HCD.

This will allow business process review and user and business stakeholder engagement well in advance of any technical development activity.

- 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 will report MiSACWIS data on identified victims of human trafficking with the NCANDS file.

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.

- MiSACWIS development and support teams collaborate with program offices and the field.
- MDHHS is contracting with DeLoitte Systems, to build the first module of the CCWIS, Child Welfare Licensing; this contract will continue through 2022.
- A HCD contract with Civillas will be implemented throughout the CCWIS transition project. The utilization of HCD expertise will ensure end users are engaged throughout the project and that their input is utilized for the design.
- The University of Michigan Child and Adolescent Data Lab provides ongoing support for CSA data projects and initiatives.

Training and Technical Assistance

- The Children's Bureau Division of State Systems is providing technical assistance on MiSACWIS and CCWIS compliance through monthly meetings where status updates are provided and discussion of items for which there are questions. MDHHS also reaches out to the DSS liaison when guidance is needed.
- Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding meets the requirements of the CARA. The MiSACWIS application was enhanced to include reporting functionality.
- The In-Home Services Bureau is working with members on the Governor's Task Force and Citizen's 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 CB to improve NCANDS and AFCARS data quality.
- MDHHS will continue to receive technical assistance from DeLoitte Systems and Civillas in building a CCWIS.

CASE REVIEW SYSTEM

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

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 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. Until recently, this data was available to local courts via the Judicial Data Warehouse.

In 2020, the Michigan Legislature passed Senate Bill 682 which limited access to juvenile court records. As a result, SCAO's Judicial Data Warehouse does not have juvenile court data for 2020. SCAO and MDHHS will continue to seek a remedy for this lack of data.

Item 20 Written Case Plan Assessment of Current Performance

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 ICWA and 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 Michigan complies with the requirement 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 or active 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. TDM meeting summary
13. Family information and assessment
14. Child(ren)'s best interest or 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.

According to foster care policy, Team Decision-Making meetings (TDMs) serve as the primary process for collaborative service planning, service identification, and assessment of progress. The TDM is a child-centered, family-driven, team-guided approach, designed to engage families in developing plans for the safety, permanency, and well-being of their children and family.

TDMs include child welfare staff, parents, caretakers, foster parents, children, youth, and may also include extended family, friends, neighbors, community-based service providers, community representatives, tribal representatives, or other professionals involved with the family. During the TDM, participants work together to create a plan for safety, placement, and permanency tailored to the individual needs of each child.

Monthly Management Reports

- Service plan timeliness: In FY 2020, 95 percent of CPS service plans were completed timely, an increase of 4 percent from 2019.
- Ninety percent of children's foster care service plans were completed timely, an increase of 2 percent from 2019.

CFSR PIP

Progress on items related to the Case Review System are tracked through CFSR PIP reviews. CFSR PIP Quarter 7 scores related to the Case Review System are listed below:

- Case plan developed jointly with the child's parents: 57 percent
- Stability of placement: 86 percent
- Establishment of the permanency goal: 80 percent
- Achievement of the permanency goal: 52 percent

Analysis
MDHHS performance measurements for timely service plans and establishment of permanency goals are consistently high and within acceptable rates for a state child welfare system. MDHHS has met the CFSR PIP goal for item 5 at 89.2 percent, exceeding the PIP goal of 87 percent. Parents in a pre-contemplative stage of change do not fully invest in the development of a case plan that is aimed at changing a behavior they do not fully acknowledge, highlighting the importance of developing a coordinated and functioning team to support parents both informally and formally for ownership in their case plan. MDHHS continues to promote case practice values of Teaming, Engagement, Assessment and Mentoring to positively impact parents' participation in actively developing their case plan. In addition, MDHHS and the legal system continue to seek data related to parent engagement at court, in visitation with case workers and attorneys as means to improve parents participation in case plan development.

QSR
Practice Performance Indicators considered for parental involvement in developing case plans are Engagement, Teaming, and Case Planning.

- In 2020 QSRs, engagement was rated acceptable in 68.9 percent of cases, an increase of 9.5 percent over 2019.
- In 2020, teaming was rated acceptable in 30 percent of cases, a decrease of 5.4 percent from 2019.
- In 2020, case planning was rated acceptable in 66.4 percent of cases, an increase of 13 percent over 2019.

Item 21 Periodic Reviews Assessment of Current Performance

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.

CFSR in 2018 rated Item 21 as a strength:

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

Michigan Supreme Court recommendations on timely hearings include the following:

- Where a child is in foster care, 75 percent of all original petitions should have adjudication and disposition completed within 84 days from the authorization of the petition and 85 percent within 98 days.
    - Court averages in 2020:
        - 54 percent within 84 days
        - 63 percent within 98 days

- Where a child is not in foster care, 75 percent of all original petitions should have adjudication and disposition within 119 days from the authorization of the petition and 95 percent within 210 days.
    - Court averages in 2020:
        - 56 percent within 119 days
        - 74 percent within 210 days

The COVID-19 pandemic and resulting shutdowns had a strong impact on hearing timeliness in 2020. As of June 2021, all circuit courts are open either virtually or in-person. SCAO provided every judge and referee with a Zoom account to hold hearings virtually. The virtual courtroom directory on the SCAO website provides immediate access via YouTube to court hearings: https://micourt.courts.michigan.gov/virtualcourtroomdirectory/.

In 2021, courts gradually opened on timetables that were determined locally. As of June 2021, all circuit courts were open either virtually or in-person. SCAO will continue to track court hearing timeliness. The MI CIP is also working with MDHHS to develop a Juvenile Court Data Packet that will easily allow courts to view their court hearing timeliness, and other important data, to effectuate more timely hearings.

The effectiveness of virtual hearings is currently under review. In 2020, SCAO conducted a survey of judges and court staff regarding the virtual courtrooms. The survey asked about the hearing types held via Zoom and which hearing types courts prefer to continue via Zoom. As of

September 2021, the data is being analyzed and is expected to be available by the end of the month.

Judicial Data Warehouse reported the state's court performance on hearing timeliness in 2019, the most recent data available, indicated:

- 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.

Item 22 Permanency Hearings Assessment of Current Performance

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 their 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

CFSR in 2018 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.

Judicial Data Warehouse reported the state's court performance on hearing timeliness in 2019, the most recent data available, indicated:

- Permanency was achieved within 24 months of removal from home: 45 percent.
- Initial and annual permanency planning hearing was completed within 364 days: 99 percent.

Item 23 Termination of Parental Rights Assessment of Current Performance

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

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

The supervising agency must file or join in filing a petition requesting termination of parental rights if the child has been in foster care for 15 of the most recent 22 months, unless the child is being cared for by relatives or the written court order and the case service plan documents a compelling reason for determining 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 ICWA or MIFPA or tribe specifies compelling reasons for Indian child(ren) (Native American Affairs policy 250).

CFSR in 2018 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 there is no statewide tracking system for the filing of such petitions and timely filing of termination of parental rights petitions varies by county.

Through a data-sharing agreement between MDHHS and SCAO, the court obtains data provided by DMU that are modified to create judicial reports on hearing timeliness and permanency. Judicial reports inform courts on performance regarding hearing timeliness. Training and technical assistance to improve timeliness is offered to courts by SCAO.

Judicial Data Warehouse reported the state's court performance on hearing timeliness in 2019, the most recent data available, indicated:

- Termination of parental rights hearing was completed within 42 days of filing of supplemental petition: 36 percent.

A SCAO report shows the percentage of Termination of Parental Rights petitions completed within 42 days, by county and the state. The courts are aware of the 42-day requirement in state law but busy court dockets, 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 petition being filed. MDHHS and SCAO continue to explore ways to expedite the process of Termination of Parental Rights. In 2020, SCAO provided Zoom account to enable court hearings to be held virtually. Currently, there is not a statewide process in place to expedite the Termination of Parental Rights.

Item 24 Notice of Hearings and Reviews to Caregivers Assessment of Current Performance

The Safe and Timely Interstate Placement of Children Act of 2006, PL 109-239. The act requires state courts "to ensure 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.

CFSR in 2018 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.

Item 24, Notice of Hearings and Reviews to Caregivers, is being addressed systemically. The DHS-715, Notice of Hearing, is included in Central Print to be mailed to caregivers from central office, automating the process. Field staff select the central print function for court hearing notifications to be sent to caregivers. The change was released for operations in May 2020.

In all focus groups conducted with stakeholders and in case read interviews, parents and caregivers are asked if they are notified and all typically say they receive notifications in the mail or a caseworker tells them of the upcoming hearings.

Notifications to caregivers provided through the Central Print function can be monitored through a pull of data from the MiSACWIS system; however, this data would not include notifications provided directly by the caseworker, and therefore would not provide an accurate snapshot of the percentage of hearings for which notification was provided.

Items 20-24 Progress in 2020

- In 2020, due to the emergency orders related to the COVID-19 pandemic, most of SCAO's regular activities outlined in prior APSRs could not occur. SCAO's focus shifted to training courts and child welfare professionals on how to navigate the new format of remote learning and virtual court hearings. SCAO hosted 26 multi-disciplinary trainings in 2020, with over 3,500 total in attendance.
- 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 and Parent Legal Representation Grants that were offered to all 83 counties in Michigan.
- SCAO participated on the Child Welfare Partnership Council throughout 2020 to steer statewide planning and implementation of the FFPSA. This included a Court Workgroup to develop legislation, court rules, and court forms specific to the QRTP requirement of the act. SCAO and MDHHS provided joint training to courts, tribes, and agencies on the QRTP requirements including the new heightened judicial review and oversight of a child's placement into a residential facility.
- Item 24, Notice of Hearings and Reviews to Caregivers, is now being addressed systemically. The DHS-715, Notice of Hearing, is included in Central Print to be mailed to caregivers from central office, automating the process. The change was released for operations in May 2020. Field staff select the central print function for court hearing notifications to caregivers.
    - MDHHS currently does not have a process in place to track the sending of notifications but is exploring methods 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 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 continues collaborative efforts to improve the quality of judicial determinations and court orders.

Item 20 Plan for Continued Improvement

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 Michigan has a case review system that includes for each child:

- A case plan is developed jointly with the child's parents.
- A case plan includes the required provisions.
- Period court review hearings are held timely.
- A permanency hearing is held no later than 12 months after the child has entered care and every 12 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 the resource parent has a right to be heard on court.

- **Objective:** Michigan will ensure 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
  2021 Performance: 50%; CFSR PIP Q7

- **Objective:** Michigan will ensure 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
  2021 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 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 in the first order

sanctioning removal, as were case-specific reasonable efforts to prevent removal findings.

Analysis
MDHHS performance measurements for timely service plans and establishment of permanency goals are consistently high and within acceptable rates for a state child welfare system. MDHHS has met the CFSR PIP goal for item 5 at 89.2 percent, exceeding the PIP goal of 87 percent. Parents in a pre-contemplative stage of change do not fully invest in the development of a case plan that is aimed at changing a behavior they do not fully acknowledge, highlighting the importance of developing a coordinated and functioning team to support parents both informally and formally for ownership in their case plan. MDHHS continues to promote case practice values of Teaming, Engagement, Assessment and Mentoring to positively impact parents' participation in actively developing their case plan. In addition, MDHHS and the legal system continue to seek data related to parent engagement at court, in visitation with case workers and attorneys as means to improve parents participation in case plan development.

Item 21 Plan for Continued Improvement

- **Objective:** For children in foster care, periodic court review hearings will occur at 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
  2021 Performance: Data not available.

Item 22 Plan for Continued Improvement

- **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
2021 Performance: Data not available.

Item 23 Plan for Continued Improvement

- **Objective:** For each child 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
  2021 Performance: Data not available.

Item 24 Plan for Continued Improvement

- **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.
  2021 Performance: Data not available.

Program Improvement Plan Update

Quality Legal Representation (QLR)

In drafting Michigan's CFSR Round 3 PIP, QLR 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 available, to offer alternatives to family separation and to keep parents and youth engaged in the process.
QLR Strategy 1: Develop and pilot a high quality pre- and post-petition parent and child representation program.

- **QLR 4.1.1:** MDHHS will identify the attributes of a high-quality parent and child

representation model that can be implemented in Michigan.
Update: This activity was completed in Quarter 1. MDHHS met with judges and SCAO to discuss and clarify the goals of the QLR project.

- **QLR 4.1.2:** MDHHS will 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: This activity was completed in Quarter 1. 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 County determined it was not possible to move forward with the QLR activities but is participating under the Child and Parent Legal Representation Grant.
  QLR 4.1.3: MDHHS will select a court or courts to implement a high-quality post-petition representation program.
  Update: This activity was completed in Quarter 1. 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:** MDHHS will implement the high-quality parent and child representation models.
  Update: This activity was completed in Quarter 6. MDHHS began statewide implementation of the pre- and post-petition work in January 2020.

  The Wayne County contracts for pre-petition representation were in place in January 2021. The county has been claiming through the Child and Parent Legal Representation (CPLR) grant. Wayne County is providing training to the courts and state agency regarding post-adjudication representation. In 2021, Wayne County reported 30 cases were successfully resolved without a petition for removal as a result of ancillary legal issues being addressed. The front line staff at the Wayne County district have been trained on the referral process and case criteria and are connecting families with the attorney group. The courts and attorneys in Wayne County have a training path outlined and the full implementation is planned for July 2021.

  In 2020, Van Buren County finalized contracts with the attorneys providing post-petition services to families. In 2021, Van Buren County reported a reduction in petitions filed requesting removals as a result of having ancillary legal matters addressed during the intervention. Van Buren has had a 50 percent reduction in the “in care” population in 2020 compared to 2018. Van Buren has offered services to families specific to domestic violence, facilitated by the social worker hired withing the QLR contract, which impacted additional referrals to MDHHS about familial concerns. Van Buren has significantly updated the attorney contract requirements and included required trainings. The legal

team attended trainings and participated in family team meetings at a much higher rate, approximately 75 percent more participation. Children and staff were surveyed about practice changes including improved representation in court, indicating attorneys engagement has improved.

PIP 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: This activity was completed in Quarter 2. 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 pursued financial support for the ancillary non-attorney costs, such as for a social worker, from state and county match (Child Care Fund) until there is federal clarification about Title IV-E reimbursement eligibility. MDHHS received 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 QLR activities such as having LGALs 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 is a requirement.
- **QLR 4.2.2:** MDHHS will secure seed money to implement the pilot projects.
  Update: This activity was completed in Quarter 2. The state is acting 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 or 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 representatives.
  Update: This activity was completed in Quarter 3. 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 are calculated quarterly 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 and innovative activities and requirements during Quarter 5.
- **QLR 4.2.4:** MDHHS will submit Title IV-E reimbursement for legal representation costs in pilot counties.
  Update: This activity was completed in Quarter 6. The state has implemented the funding for the post-petition work. The CPLR has started drawing down Title IV-E

funding. Michigan reported it will continue to make any adjustments as needed moving forward. The claims were made in the fourth quarter of 2020.

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: This activity was completed in Quarter 1. MDHHS developed training competencies and learning objectives for attorneys in the pilot counties and the training was developed. The training is offered statewide and is a requirement for the pilots.
- **QLR 4.3.2:** MDHHS will determine how training will be provided; live, online, or by any other method.
  Update: This activity was completed in Quarter 1. Training was provided via a combination of online and in-person training. The National Association of Counsel for Children conducted training using the American Bar Association Standards for Children Attorneys and Parent Attorneys as the curriculum.
- **QLR 4.3.3:** MDHHS will implement the attorney training program.
  Update: This activity is targeted for completion in Quarter 8. The training kickoff was held on Aug. 4, 2020 for both Wayne and Van Buren counties for the QLR grant. Due to COVID-19, there were delays in additional training opportunities. Monthly training seminars for the two pilot counties are planned; topics will vary dependent on need. **T**raining of Wayne South Central District CPS workers and foster care staff was provided the week of March 8, 2021. The training was recorded and is available to anyone needing training in the future. Additionally, Wayne County continued to meet with the juvenile judge bench throughout Quarter 7 and the training for the Juvenile Bench was completed the week of March 8, 2021. Van Buren partnered with SCAO who has taken the lead on the training curriculum. The court regularly shares training opportunities with the court appointed attorneys. All child welfare services trainings pertain to attorneys, other trainings the Family Division Administrator is aware of, and the on-line training module from SCAO have all been forwarded to the attorneys.

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: This activity is targeted for completion in Quarter 8. Van Buren County modified the existing contracts to allow attorneys to represent their clients in both pre-petition and post-petition matters as well as to attend out of court meetings. Wayne County has had the contract in place since January 2021.
- **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: This activity is targeted for completion in Quarter 8. MDHHS is working with Dr. Alicia Summers regarding the evaluation aspect of this activity. MDHHS reported the children's voices are known, and the child might have a different opinion than the LGAL.

This has not been an issue in Wayne County and Van Buren County.
In Van Buren County, the attorneys have improved regarding ensuring the child's expressed interest are discussed at every hearing. The information shared with the court has also improved.

- **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: This activity is targeted for completion in Quarter 8. Van Buren County has made progress regarding informing the clients of their rights to attend court hearings. Since the COVID-19 pandemic, the hearings have become virtual, which has solved the barriers regarding transportation. MDHHS is surveying two target populations, caseworkers and children who meet qualifications in Van Buren County to obtain this information.
- **QLR 4.5.1:** MDHHS will identify collateral supports (social worker, investigator, parent partner, medical support for the family, etc.) and how they would be accessed.
  Update: This activity was completed in Quarter 6. Van Buren County has a social worker that attends training, as well as building a resource file, developing a referral form, and participating in program evaluation discussions. The social worker has also been attending court hearings. The social worker partners with the investigator, parent, parent partner and other individuals to ensure the family has the necessary community supports including medical.

Items 20-24 Planned Activities for 2022

- Prior to 2020, through a data sharing agreement, the court obtained data provided by the Data Management Unit (DMU) to create judicial reports in the Judicial Data Warehouse for hearing timeliness and permanency. These data reports are not available due to new legislation limiting access to juvenile records. MDHHS will work with SCAO to seek a remedy.
- The DHS-715, Notice of Hearing, is now included in Central Print 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. MDHHS is seeking a method of tracking on a quarterly basis whether caseworkers activated the function.
- MDHHS will continue to collaborate with SCAO to improve case review data collection and analysis and implementation of court improvement efforts, including sharing CFSR and QSR results with SCAO to show where improvement is needed.
- 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.

Training and Technical Assistance

- 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 ICWA and MIFPA 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 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 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 provides strategic leadership 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 CQI efforts at the state level funnel into local county and agency levels. State-level child welfare requirements and concerns are conveyed through the BSCs or for private agencies, private agency support analysts. CSA leadership uses input from the field to develop policies and programs that respond to the needs of children and families and meet federal and state standards.

County directors receive information through their BSCs and meetings with the CSA executive director and membership on state-level work groups. The BSCs and private agency support analysts assure 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 by field staff 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 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 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. 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.

Child Welfare CQI

Michigan Service Review (MSR)
To identify the strengths and needs of the child welfare system while maintaining focus on a qualitative analysis of services, DCQI implemented the MSR, which includes use of the QSR and CFSR Onsite Review Instrument assessment tools. Case selection for the review is governed by the state's current CFSR PIP Measurement Plan sample methodology in which foster care and in-home services cases statewide are randomly selected within contiguous BSCs. Cases are scored on separate instruments and results are shared for each applicable assessment for the CFSR or QSR.

In spring 2020, DCQI implemented the MSR in BSCs 3 and 4. In June 2020, DCQI completed a MSR in BSCs 4 and 5. In September and October 2020, DCQI completed a MSR in BSCs 1 and 2. Due to the COVID-19 pandemic, all MSR reviews were conducted virtually. DCQI is continuing

MSR reviews in FY 2021 and 2022.

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.

In FY 2020, 73 cases were reviewed for reporting to the CFSR PIP. Forty of those cases were completed as part of the MSR. Each team applied interviews completed in both the QSR and CFSR review tools to assess case practice of the state child welfare system. To ensure compliance with federal guidelines, an additional 33 cases were assessed using only the CFSR on-line tool.

In Michigan's PIP development period in 2019, the state identified four cross-cutting issues that if addressed effectively will positively impact safety, permanency and well-being outcomes for children and families. MDHHS has until October 2022 to meet the standards of achievement outlined in the PIP. The chart below identifies the cross-cutting goals, along with completed strategy and current focus.

Cross Cutting Goal	Completed Strategy	Current Focus
Engagement	CQI teams, infrastructure evaluations of local CQI team via county self-assessments, assessed fidelity tool, contracted resource family training, resource family and support mentoring program, SAFE FTM, front-end CPS Redesign.	Increase utilization of the MiTEAM Fidelity application and promote case practice. Technology improvements continue to be under review. All other activities implemented as outlined in the PIP.
Workforce	Consolidation of policy requirements, culture and climate, leadership development program, hiring strategies, mentoring programs. Completed Leadership Development Tool, training plan using Culture Organization Health Assessments and continue participation with Quality Improvement Center for Workforce Development Analytics Institute.	Most activities outlined within this strategy are completed. COHA data will be used to inform org health and secondary trauma for staff. Leadership Development Tool in place and beginning to inform current managerial staff. Monthly staff turnover reporting has been initiated.Mentoring enhancement also initiated.
Assessment and Services	NCCD validation, staff training for assessment tools. Front End Redesign,risk and safety assessment updates, staff training and policy updates. CANS Comprehensive tool for all staff use.	Front end redesign, development of risk and safety assessment tools and development of CANS Comprehensive for all staff is under construction.
Quality Legal Representation	Pilots identified, training to pilots completed, statewide Title IVE match grants active, training curriculum, measurementstrategies, evaluation and data collection outlined.	Measurement plans for both pilot sites have been outlined and data collection is underway. All other activities implemented as outlined in the PIP.

Standards to Evaluate the Quality of Services

Each review conducted by MDHHS is governed by a particular set of standards. This report details the standards and how they are measured in the CFSR, the QSR, and ICWA Review.

CFSR standards

CFSR standards are woven into every aspect of child welfare service provision 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 it has a structure in place that enables the state to demonstrate 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:

- CB state data profile
- National standards for data indicators
- CFSR outcome measures
- CFSR case reviews
- CFSR systemic factors

The On-Site Review Instrument was used to determine compliance in the baseline and is being 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, who work to ensure proper implementation of the On-Site Review Instrument and instructions. Second level quality assurance is performed by DCQI analysts and managers on all cases reviewed in a quarter to ensure consistency of the application of ratings across cases. The CB Region 5 team reviews 75 percent of the cases. The state is partnering with the CB Region 5 team for weekly technical assistance calls on the state's quality assurance process.

QSR Standards

The QSR has a unique set of contributions to Michigan's child welfare CQI efforts:

- The QSR focuses on qualitative performance rather than quantitative performance, which is a rich resource for improvement.
- The QSR provides a robust picture of child welfare services in each community and is one of the tools used to enhance Michigan's child welfare reform efforts.

The QSR uses two distinct sets of indicators, "Child and Family Status Indicators" and "Case Practice Performance Indicators." Child and Family Status Indicators assess child and family functioning at the time of the review. The length of time a case is open may impact a rating

considered in the overall assessment. Child and Family Status Indicators measure the following:

- Safety
- Stability
- Permanency
- Living Arrangement
- Physical Health
- Emotional Functioning
- Learning and Development
- Voice and Choice

Each status indicator is broken down into sub-headings based on the needs of the child.

Case Practice Performance Indicators are a set of activities correlated with the seven MiTEAM competencies and are the primary tool used to measure how well the child welfare community is implementing Michigan's case practice. The practice indicators are assessed based on 1) whether the strategies and supports are being provided in an adequate manner; 2) whether the strategies and supports are working or not based on the progress being made; and 3) whether the intended outcome has been met. A total of 40 randomly selected cases were reviewed in FY 2020. Practice Performance Indicators measure the following activities:

- Engagement
- Teaming
- Assessment and Understanding
- Long-Term View
- Case Planning
- Implementing Interventions
- Tracking and Adjustment

In 2020, COVID-19 had a dramatic impact on service delivery, as in-home service providers were providing services remotely during the period from March 16, 2020 to May 5, 2020.

ICWA Review Standards

The purpose of the ICWA case review is to assess whether MDHHS provides child welfare services to Indian children and families according to ICWA requirements. Michigan measures case management of Native American children through the ICWA Case Review, which measures how well the state functions under the following requirements:

1. MDHHS will increase the number of children identified as American Indian or Alaska Native at the onset of cases.
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.
3. MDHHS will ensure active efforts are made to prevent the breakup of the Indian family when parties seek to remove an Indian child from a parent.

4. MDHHS will ensure placement preferences for Indian children in foster care and adoptive homes are followed.

ICWA case review implementation began in the spring of 2019. Reviews were completed in November and December of 2019 in Kent, Chippewa, and Manistee counties. DCQI analysts were paired with tribal government representatives to review case files for documentation of ICWA requirements.

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 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.

Identifies the Strengths and Needs of the Child Welfare System

Michigan's CFSR Round 3 results, which revealed the state did not meet substantial conformity with any of the federal safety, permanency or well-being outcomes, demonstrates the state has more work to do in fully operationalizing the quality assurance system.

Michigan is committed to improving Safety Outcomes 1 and 2, Permanency Outcome 1 and Well-Being Outcome 1. The table below shows progress in meeting the goals established during the baseline period through seven subsequent reporting periods. Michigan has successfully met the goal for item 12 – Assessments and Services for children, parents, and caregivers.

CFSR Case Review Items Measurement Period Progress	State PIP Baseline after Q1-Q4	PIP Goals	Q5 BSC 4 and 5	Q6 BSC 1 and 2	Q7 BSC 5	Q4-Q7 Used to demonstrate achievement
Item 1 Timeliness of Initiating Investigations of Reports of Child Maltreatment * state demonstrates achievement with statewide aggregate 12 month rolling data	94.1%	94.2%	100%	91.6%	100%	Statewide aggregate: 92.3%
Item 2 Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	82.8%	86%	80%	77.2%	91%	79.2%
Item 3 Risk and Safety Assessment and Management	68.0%	71%	70.8%	65.2%	77%	67%
Item 4 Stability of Foster Care Placement	89.1%	90%	94.1%	78.5%	83.3%	89.2%

Item 5 Permanency Goal for Child	84.4%	87%	76.5%	92.8%	72.2%	83.1%
Item 6 Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	60.9%	65%	58.8%	64.2%	38.9%	53.8%
Item 12 Needs and Services of Child, Parents, and Foster Parents	48.0%	51%	50%	56.5%	57.7%	55%
Item 13 Child and Family Involvement in Case Planning	56.5%	60%	41.7%	57.1%	54.2%	53.8%
Item 14 Caseworker Visits with Child	79%	82%	75%	78.2%	84.6%	76%
Item 15 Caseworker Visits with Parent	48.2%	52%	40%	42.1%	38.9%	42.3%

*Item 12 has been approved as accomplished and is no longer required for reporting within the state's program improvement plan.

CFSR case reviews in 2020 yielded the following observations and recommendations:

- Statewide, there are opportunities to use proactive safety plans developed with the family, reviewed often, and updated with the family's informal support system. The same opportunities exist in the development of reactive safety plans, to tap into the informal support networks of families.
- Statewide exploration of service array and support to families in the areas of domestic violence, substance use, mental health, and supportive visitation is needed to leverage optimal service delivery and continue to reduce the number of children entering foster care when safety related services can be implemented by community programming.
- COVID-19 impacted service delivery of traditional in-home services. There is varied access to technology statewide for the provision of these services to children and families.
- Sharing case management responsibilities of one family among the department and private agency partners provides greater opportunity for teaming among case management entities. Historically, case management focuses on specific family members to whom responsibility is assigned. Expansion of participants on the team offers greater understanding of the long-term view for all family members among agency participants.

QSR Comparison 2016-2020

QSR metrics over the years demonstrate new and ongoing strategies are needed for the state to improve the key performance indicators of Engagement and Teaming. The assessments are consistent among the CFSR and QSR. These assessments offer the local communities and state a perspective of a systemic child welfare focus.

Case Practice Performance Indicator	2016	2017	2018	2019	2020
Engagement	70.5%	65.0%	58.8%	59.4%	68.9%
Teaming	57.2%	37.4%	25.0%	35.4%	30%
Assessment and Understanding	76.3%	64.4%	55.1%	57%	67.8%

Long-Term View	67.1%	64.4%	50.0%	53.2%	64.4%
Implementing Interventions	81.2%	74.4%	56.3%	52%	60.9%
Tracking and Adjustment	75.0%	52.2%	43.8%	50.6%	55%

MiTEAM Fidelity Assessment

Michigan continues to use the MiTEAM Fidelity Tool to assess individual caseworkers' implementation of case practice skills (teaming, engagement, assessment, and mentoring) to identify the need for additional coaching and support by the supervisor. The MiTEAM Fidelity tool emphasizes the connection between the implementation of the MiTEAM case practice model and positive outcomes for children and families in the areas of safety, permanency, and well-being. MiTEAM Fidelity Tool assessments are completed by supervisors rating the use of the MiTEAM model's key skills as demonstrated by front line staff during home visits or TDMs. The fidelity tool assesses key skills demonstrated by each caseworker, as either a strength or an opportunity for improvement. During 2020, many fidelity tool assessments were completed virtually. Assessment results show acceptable demonstration of MiTEAM key caseworker level skills in 2020.

MiTEAM Caseworker Skill	First Quarter 2020	Second Quarter 2020	Third Quarter 2020	Fourth Quarter 2020
Teaming	94%	95%	94%	94%
Engagement	94%	94%	94%	94%
Assessment	93%	93%	93%	93%
Mentoring	91%	92%	91%	91%

ChildStat

In 2020, Michigan instituted ChildStat, a quality improvement process utilizing data analysis and case dialogue to drive positive outcomes for children and families. Each ChildStat presentation features one county office, whose performance data is presented and discussed with CSA and BSC leadership. County data on key performance indicators associated with MIC are compared with statewide data. The result is a comprehensive picture of the status of each county. Repeating the ChildStat process with each county each quarter demonstrates progress over time. In addition, ChildStat has facilitated the identification of systemic issues and concerns affecting the quality of service provision. Concerns addressed because of the ChildStat feedback loop include:

- There was a lack of available services for non-respondent parents who receive physical custody of their children as the result of a CPS investigation.
    - Family Reunification Program contract eligibility was expanded to include non-respondent parents who receive physical custody. In addition, communication was released to the field encouraging service provision to support non-respondent parents as needed. This was also communicated to providers to

ensure there are no challenges in providing services to non-respondent parents.

- Foster Care Supportive Visitation (FCSV) was identified as a service benefiting the reunification of families, but the program was limited due to funding availability.
    - In response to a request to the Michigan legislature, an increase in the appropriation was approved which allowed FCSV to be expanded to 80 of the state's 83 counties.
- Threatened harm and other types of maltreatment appeared to be confusing to the field and were applied too broadly.
    - Changes were made to threatened harm policy in addition to other types of maltreatment to align with the Michigan Child Protection Law, and policy changes were communicated to the field.

In 2020, 50 ChildStat presentations occurred, spotlighting the work of 17 county or district offices. Demographic data was reviewed, including information on racial disparities, wardship, child placement, CPS complaints, investigations and ongoing CPS case management, permanency goal, entries into and exits from foster care and average and median length of stay in foster care. Feedback from counties strongly suggests they find the ChildStat process valuable in understanding factors affecting MIC rates. In the ChildStat Participation Survey, completed after each ChildStat presentation, 92.6 percent of participants either strongly agreed or agreed the county staff found the ChildStat process to be beneficial.

ChildStat 2021 Update

Beginning in January 2021, ChildStat sessions are continuing in collaboration with 17 county and district offices. Two tri-county configurations in Michigan's northern third of the state were added to the ChildStat roster. The focus of ChildStat expanded to include recurrence of maltreatment in addition to MIC. Reception to ChildStat among participating counties continues to be enthusiastic. Some of Michigan's BSCs have opted to replicate the ChildStat process, featuring one county within the BSC in BSC-level ChildStat presentations.

County driven best practices are highlighted in ChildStat, and available job aids and tools are collected for reference by other counties. Best practices and targeted processes shared in ChildStat include:

- The Western District of Wayne County provided PCU refresher training on rejected MIC complaints by parents and relatives and contacted those individuals to provide support and determine if any supports or services are needed.
- In Bay County, the licensing worker identifies supportive adults for children in residential placements to act as mentors.
- Oakland County is utilizing the Caregiver Support Resource Plan to ensure the needs of relative and non-relative caregivers are met promptly. An assessment is completed in the first 30 days and every 90 days thereafter. Service needs are identified and addressed.

- The West Michigan Partnership for Children (WMPC), an organization that facilitates performance-based foster care in partnership with child placing agencies in Kent County, has a Kinship Mapping Project, in which they mapped out each agency's relative licensing process to collect best practices, which will be used to create a standard process. WMPC also has performance measures on relative placement in each contract.

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. The report includes data on caseload compliance for supervisor ratio, CPS investigations, CPS ongoing, foster care, adoption, licensing, and purchase of service cases.
- 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 and 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.
- 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.
- Days to Adoption Report provides a statewide overview of days to adoption, by BSC, county, and agency 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.
- Relative Assessment and Safety Dashboard demonstrates performance related to safety measures for relative placements based on data generated from case reviews involving all relative placements. The report is generated and disseminated monthly.
- County reports on demographics, MIC, recurrence, and length of stay in foster care for use in ChildStat and CountyStat presentations.
- Ad hoc reports requested by counties, agencies and work units of data pulled from the Data Warehouse for a variety of purposes.

New Data Reports

In 2019 and continuing in 2020 and 2021, the Data Management Unit began producing the following new reports:

- ChildStat data reports on key performance indicators for prevention of MIC 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.
- Maltreatment in Care Trends, Quarterly and Characteristics report by state, BSC and county.
- Recurrence of Maltreatment by state, BSC and county.
- 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.

- The Fidelity Tool Dashboard was developed for the dissemination of MiTEAM Fidelity Tool data to promote use of the tool by supervisors to gauge caseworkers' use of the MiTEAM skills of teaming, engagement, assessment, and mentoring. By tracking use of the fidelity tool in supervision by county and agency, the dashboard identifies areas of strength and opportunities for improvement.

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.

CFSR Reporting

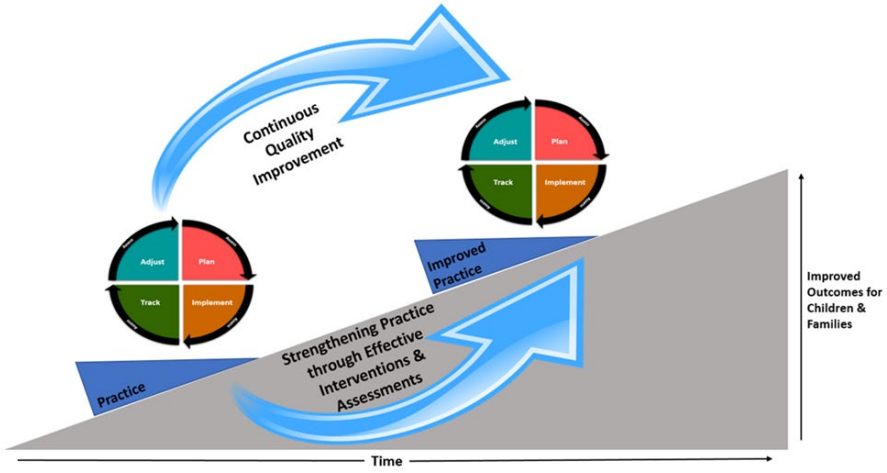
Results of CFSR case reviews are presented to counties as part of the MSR feedback process. Participants receive printed copies of the Onsite Review Instrument results and a summary of the case that elucidates strengths and opportunities for improvement. An annual report of CFSR findings is published in the MSR Annual Report, which is shared on the DCQI web page and distributed to interested stakeholders.

QSR Feedback to Counties

Following each QSR, a panel process occurs which is attended by the county, BSC, and private agency leaders along with the worker and supervisor for each case reviewed. Attendees receive a verbal presentation of the findings in both the QSR protocol and CFSR tool. Three weeks following the conclusion of a QSR, 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 members of the local CQI 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 QSR in the areas of safety, permanency and well-being can be achieved.

Evaluation of Implemented Quality Improvement Efforts

Michigan utilizes the CQI methodology of PITA – Plan, Implement, Track and Adjust to all aspects of the improvement process. As Michigan implements strategies to improve case practice at an individual level and as a state child welfare agency over time, the outcomes for children and families are improving. The graphic below illustrates this cycle of improvement efforts.



CQI reports provide CSA, BSC and local directors, managers and CQI teams 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 MSR or 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.
- MSRs 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. The Fidelity Tool Dashboard tracks use of the Fidelity Tool by supervisors as an aid to supervision of caseworkers.
- 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.
- ChildStat has established a procedure for counties to examine data related to MIC and recurrence of maltreatment and implement strategies to address concerns by addressing key performance indicators. By meeting with each county three times a

year, the state as well as the county has an opportunity to analyze data and track progress over time. Some examples of improvements made in counties as a result of careful analysis of data include:

- In Kalamazoo County, MIC has trended downward, and one factor that is contributing to the decrease is foster care workers are no longer calling in complaints to Centralized Intake but are addressing safety issues directly, often preventing the need for a CPS referral. This allows a quicker and more targeted response to the issue.
- Oakland County has had a dramatic reduction in MIC and has not had a new case in the last two quarters. Some factors affecting this include:
  - Ongoing involvement with staff in discussion of what can be done to reduce MIC.
  - Identifying the types of MIC and where it is occurring.
  - Inclusion in the local CQI plan of the use of prevention services prior to concerns escalating.
  - Providing supports to relative placements.
  - Second-line approval of 3130A forms to reduce risk and safety issues.
  - Increased contacts with families and children.
- Grand Traverse/Leelanau/Kalkaska has had no MIC events since April 2020. Some factors in this reduction include:
  - Use of the "pit crew" to reduce CCI placements by convening and identifying service alternatives.
  - Increased teaming between CPS and foster care to support caregivers and assess placements for safety.
  - Safety planning training for foster care staff.
  - Following up on all rejected complaints with a face-to-face visit and safety planning.
  - Working with the Regional Resource Team to provide training and support to caregivers.
- In Kent County, MIC is decreasing. Strategies to prevent MIC include:
  - WMPC has created a MIC dashboard for agency managers to provide oversight. It includes allegations and substantiations as they happen, case level data and a high-level overview.
  - WMPC conducts quarterly performance reviews with all agencies. They update performance improvement plans quarterly.
  - WMPC did case reviews of MIC in CCIs since they have higher rates of MIC.
  - WMPC has a care coordination team to manage intakes to CCIs.
  - WMPC has instituted a predictive model to do enhanced risk assessment that includes 80 variables. This allows them to give attention to those cases with children at greatest risk and also identify any additional risks.

Item 25 Progress in 2020

- In 2020, DCQI created the Maltreatment in Care (MIC) Survey. The goal of the MIC Survey is to ensure children are safe while under the supervision of MDHHS and to ensure children remain safe upon case closure. By gathering data on MIC incidents using the MIC survey, county, BSC, and statewide trends can be identified that will lead to the development of strategies focused on reducing the rate of MIC incidents. Surveys are completed by MDHHS county staff. A summary of the data and the analysis is provided to the BSC directors, who share it with counties in their region. In November 2020, a pattern was established showing at least 53 percent of the perpetrators of MIC have been a biological or adoptive parent. This high incidence rate for parent perpetrators upon return home shows a need for detailed transition plans, including safety planning, assistance with any needs as well as support to the parents for the adjustment after the separation from their children.
- In 2020 and 2021, CSA is initiating the Safe Systems Review (SSR), an approach to assessing child deaths developed at the University of Kentucky. The SSR is a peer-to-peer learning collaborative that seeks to broadly understand systemic influences in critical incidents and focuses on systemic improvement opportunities. In Michigan, a SSR will be completed when one or more of the following review criteria are met:
    - A child was a member of an open foster care case at the time of the fatality, or
    - CPS finds a preponderance of abuse or neglect in an investigation initiated due to a child death.
    - CPS was involved with either the child or any immediate family member of the child victim at the time of the incident or within the six months preceding the child's date of fatality due any preponderance case.
    - The MDHHS director, CSA director, or a BSC director requests a review of a fatality.
- In 2020, DCQI conducted monthly reviews of rejected or transferred complaints from Centralized Intake to verify the decision to reject the complaint was appropriate.
    - One hundred rejected complaints are pulled at random and reviewed by the DCQI analysts.
    - One hundred additional complaints are pulled as alternates for use as needed.
    - Secondary quality assurance (QA read behind) is conducted on 25 percent of the reviewed intakes to ensure inter-rater reliability.
    - Complaints are identified by intake identification number and the name of the supervisor making the screening decision.

Item 25 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: MSR, local CQI 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 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 MSR 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 CB.
- **2022:** PIP completion and review statewide samples of cases utilizing the OSRI. Report results to the CB.
- **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: MSR feedback process, ISEP monitoring, local CQI activities.
  Baseline: Strength – CFSR 2018.
  Benchmarks 2020-2024:
  - **2020:** Implement a statewide CFSR PIP.
  - **2021 – 2024:** Utilize feedback from the CB and other stakeholders to develop and implement targeted strategies.

Item 25 Planned Activities for 2022

- The Quality Improvement Council (QIC) will continue to host monthly interactive presentations by CSA, researchers and local offices and agencies to analyze factors relating to safety in care, recurrence of maltreatment and permanency.
- DCQI will provide training and technical assistance to the BSCs, local offices and private agencies to assist counties to effectively utilize data to target specific outcomes.
- MSR 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.
- CSA will conduct the ChildStat process to assist counties to understand the factors that affect counties' rates of MIC.
- 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 answers the questions posed in the review.
- MDHHS will use data and feedback from stakeholders to implement measures to improve performance in an ongoing CQI feedback loop.

Implementation Support

- QIAs focus on targeted improvement goals will continue to be initiated as a result of dialogue between CSA and the field, with technical assistance to local offices and agencies offered by BSC and private agency support analysts.
- CSA implemented ChildStat, a collaborative effort between CSA, DCQI and the field to address MIC (MIC) and recurrence of maltreatment by examining a county's key performance indicators, analyze contributing factors and identify best practices. ChildStat includes presentation and discussion of a recent MIC or recurrence case.
- DCQI collaborates with the BSCs and private agency support analysts 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.

Training and Technical Assistance

- 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 CQI activities.
- MDHHS engages and trains stakeholders as MSR 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.
- MDHHS continues to enhance the use of core MiTEAM skills using the MiTEAM Fidelity Tool Dashboard and local CQI activities.

STAFF AND PROVIDER TRAINING

To prepare child welfare professionals in Michigan to carry out their responsibilities, the 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 (LMS) 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 L. Child welfare courses completed between Jan. 1, 2020 through Dec. 31, 2020 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 P.

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 stay-at-home order, 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 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 were utilized: group discussion, 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 Evident Change. This guidance is for all child welfare staff, in addition to the communication issuances by CSA.

Item 26 Initial Staff Training Assessment of Current Performance

Pre-Service Institute

In Michigan, child welfare training is not solely a classroom event, but also includes supervisory and lead worker support and mentoring at all stages in the training process to build on skill sets introduced in classroom training. During the redesign of the PSI-supervisory training, lead worker and mentoring support will be built into the redesign so that the notion of training is considered over a period of time.

Providing initial training to all staff on the basic skills which include trauma informed practice, engagement, safety planning, safety, risk and family assessments and policy/application and knowledge required for child welfare positions will ensure staff are prepared to provide high quality services to children and families.

In effort to increase the transfer of knowledge, the following training tools were implemented in May 2021 and will continue until at least through the redesign of the Pre Service Institute has been completed:

- Learning Labs are opportunities where individuals can discuss real life cases and gain support from OWDT trainers.
- New hire orientation is provided to workers and supervisors.
- Mandatory safety assessments and safety planning have been implemented in the BSC in-service trainings.
- Trauma training has increased from a half-day to a full day of training and has been moved from the middle of the curriculum to the first week of classroom training.
- Safety assessment training has been increased from a half-day to a full day and now allows for new hires to practice with case scenarios involving substance use and domestic violence as well as proactive and reactive steps. Students receive real-time feedback from their trainer.
- The child welfare mentoring training continues to be under revision with a statewide initiative to design a universal mentoring program. The universal mentoring guidelines is scheduled to launch in fall 2021.

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 through Dec. 31, 2020, 834 new caseworkers completed the nine-week 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: 439
- Private agencies: 395

Caseload Progression for CPS

MDHHS must not assign cases to CPS caseworkers prior to:

- Completion of four weeks of PSI training

- Completion of forensic interviewing training
- Achieving a score of 70 percent or higher on the first competency exam

After a caseworker completes the above requirements, MDHHS may assign up to five cases to a CPS worker in PSI training.

Caseload Progression for Foster Care and Adoption

- Foster care caseworkers under caseload progression requirements include MDHHS monitoring caseworkers and supervised independent living caseworkers.
- MDHHS and private agencies may assign up to three cases for foster care and adoption staff on or after the first day of PSI training.
- MDHHS and private agencies may assign up to five total cases to foster care and adoption case workers after completion of three weeks of PSI training and a score of 70 percent or higher on the first competency exam.

The collaboration with Michigan schools of social work continues under the Child Welfare Certificate (CWC) program. Social work students who graduate from the program complete a condensed version of the nine-week PSI. In 2020, a total of 10 child welfare workers were hired and trained under the CWC program. Breakdown by program of PSI training participants:

- Adoption: 54
- Adoption CWC: 0
- CPS: 310
- CPS CWC: 3
- Foster care MDHHS: 123
- Foster care CWC MDHHS: 3
- Foster care private agency: 337
- Foster care CWC private agency: 4

Program specific transfer training is available for child welfare specialists who have completed PSI in one program and are changing programs. Breakdown for completion by program:

- Adoption: 75
- CPS: 81
- Foster care: 116

Item 26 Progress in 2020

Level One Evaluation

A level one evaluation is provided to each trainee at 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:
    - Ninety-two percent of trainees agree or strongly agree they know their role in the child welfare system and how it interacts with other roles within the system.
    - Ninety percent of trainees agree or strongly agree they can identify culturally protective risk factors related to trauma.
- After nine weeks of training:
    - Ninety-four percent of trainees agree or strongly agree they understand the importance of meeting their social work contact requirements.
    - A weighted average of 4.3 out of 5 is reported by trainees who feel they understand and are confident 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 at 70 percent or higher. Trainees who do not pass the exam(s) on the initial try are given additional support by the trainers, supervisor, and mentor, and can retake the competency exam(s) at their supervisor's discretion.

Competency exam score data 2020

Exam	Range	Average
General child welfare	70-98%	87%
Adoption	71-93%	84%
Children's Protective Services	70-94%	83%
Foster care	70-98%	83%

Those who do not pass the competency exams are not allowed to be 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 2020, all PSI trainees passed their competency 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 at 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. Evaluation feedback helped guide improvements to PSI. Feedback indicated caseworkers needed:

- More time in the MiSACWIS environment
- Improved report writing skills
- Support in managing a case from beginning to end
- Enhanced safety planning skills using proactive and reactive measures

The collection of this data will continue to inform changes made to the training model. Discussions, workgroups, and collaborative work with CSA and private agency partners have taken place to enhance the PSI training. Targeted ongoing trainings are taking place to address MiSACWIS, "Safety Planning," "Trauma informed Child Welfare Practice," mentoring, assessments, and other case management functions.

Extensive discussions with internal and external partners including CSA, county 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 continues to be under revision with a statewide initiative to design a universal mentoring program. It is anticipated that the mentoring program will be completed during fall 2021.

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 or promotion. Participants do not report whether they are supervising staff upon entering the institute.

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.

Week	Type of Training and Hours of Course Work	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 through Dec. 31, 2020, 91 new supervisors completed NSI. Seventy-one percent completed training within 112 days of hire/promotion. Untimely completion does not prevent participants from supervising staff. Breakdown by program:

- Adoption: 4
- CPS: 37
- Foster care:41
- Licensing: 8

Breakdown between MDHHS and private agency NSI participants:

- MDHHS: 50

- Private Agencies: 41

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, 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.

Level One Evaluation
Results indicate many trainees were expected to continue performing their normal work duties while attending virtual training simultaneously and therefore felt there was a need for additional training time or additional local office support to be fully present during training. Trainees rated their trainers as knowledgeable and thorough, and many complimented the level of engagement created by trainers despite being in a virtual format.

Level Two Evaluation
New supervisors must pass a multiple-choice exam with at least a 70 percent for the Adoption, CPS, and Foster Care program specific portions of NSI. The exam is administered in the learning management system. 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 2020

Exam	Range	Average
Adoption	75-100%	90%
Children's Protective Services	75-100%	91%
Foster care	80-100%	98%

Level Three Evaluation
Level three evaluations were not implemented in 2020. 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 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.

Item 26 Planned Activities for 2022

- The child welfare mentoring training continues to be under revision with a statewide

initiative to design a universal mentoring program.
- OWDT is committed to improving data quality and will continue to take additional steps to improve timely completion of NSI training.

Item 26 Plan for Continued Improvement

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

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

Item 27 Ongoing Staff Training Assessment of Current Performance

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.

In 2020, OWDT delivered 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. The training sessions are five days in a row and participants choose from a list of training sessions available for that week. The BSC In-service training was offered to all BSCs, including BSC 3. However, due to internal trainings BSC 3 was hosting, they opted out of the OWDT BSC in-service training due to a concern of low enrollment numbers. 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 77 in-service training sessions were provided to 516 participants on a virtual platform (Microsoft Teams).

Item 27 Progress in 2020

To support local offices and private agencies, OWDT accepts training requests from agencies and local offices for delivery of existing training topics or the development of new training topics. In 2020, OWDT fulfilled 28 requests for local training delivery. In addition, 14 field support requests, providing individual support to staff in the field, were fulfilled.

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 SCAO, the Prosecuting Attorneys Association of Michigan and various local community partners. In 2020:

- Of 3,664 child welfare caseworkers, 99 percent completed the minimum requirement of 32 hours of ongoing training.

- Of 876 supervisors, 99 percent completed the minimum requirement of at least 16 hours of ongoing training.

University-Based In-Service Training

MDHHS contracted with Michigan State University which in turn collaborates with other schools of social work to deliver free ongoing training to public and private caseworkers including CPS, foster care, adoption, family preservation staff, foster or adoptive parents, and leadership. The university training program was developed to promote competence and skill development of child welfare professionals to better serve children and families. Michigan State University leads the child welfare in-service training program, through a contractual partnership with the eight schools in Michigan with Master of Social Work programs.

Catalogs are regularly distributed to communicate the child welfare training opportunities available statewide. Prior to COVID-19, schools of social work provided both classroom and online training. Since the pandemic, classes are offered online only. All trainings are approved for continuing education units for licensed social workers in Michigan. This program utilizes a robust evaluation methodology. In 2020:

- Twenty-three in-person and 20 online trainings were offered free of charge to MDHHS and private agency child welfare staff.
- Seven hundred thirty-seven trainees attended in-person trainings in 14 different locations across the state; more than 924 participated in live online trainings. There are 2,468 caseload carrying positions allocated in the MDHHS child welfare workforce.
- Thirty-six trainees attended two events for child welfare supervisors and leaders.
- Five online trainings for caregivers were provided with more than 51 participants total.

When asked about the extent to which trainings provided participants with the knowledge and skills identified in the course objectives, in-person events received an average rating of 8.8 and online events received an average rating of 8.5 from trainees (scale from 1 for strongly disagree to 10 for strongly agree).

Training for Residential and Institutional Staff

- In 2020, all CCI staff and the staff of the Division of Child Welfare Licensing (DCWL) were invited to participate in the Building Bridges Initiative's (BBI) Six Core Strategy Training. The goal of the training was to provide CCI leaders and other child-welfare stakeholders a framework for reducing or eliminating the use of restraints and seclusion in congregate care settings. Approximately 550 people attended the sessions.
- CCI staff were also invited to participate in additional technical assistance and coaching calls facilitated by BBI. Three cohort groups (Learning from other Programs Leaders, Primary Prevention Tools, and Using Data to Inform Practice) with up to six CCIs participating in each cohort commenced in the spring of 2021.

- An emerging leaders' quality improvement collaborative is also being offered by BBI, which will include a group of five CCIs who will engage in monthly coaching calls to focus on assessment data collection and leadership.

Item 27 Planned Activities for 2022

- MDHHS will continue to respond to training needs for residential and institutional staff as identified in licensing reviews and by licensing agencies.
- DCWL will implement quarterly calls between MDHHS and CCI providers to discuss priority areas and to provide technical assistance to the field.
- 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 CCI 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.

Training Updates

- DCWL continues to work collaboratively with managers, licensing providers and membership organizations on improving the quality of corrective action plans (CAPs) submitted by agencies because of non-compliance.
- In February 2021, DCWL implemented a new CAP follow-up process that enhanced the quality and oversight of CAP compliance. CAPs are required because of noncompliance or violations to licensing statutes and rules, MISEP, MDHHS policy, and contract (if applicable). CAPs are due within 15 calendar days upon receipt of a DCWL inspection report. The improved process ensures better tracking methods, acceptance criteria, completion success, and a reduction in repeat violations.
- In 2021, the DCWL manager began engaging in regular meetings with the CPS-MIC director to complete review of CCI compliance.
- DCWL continued to attend weekly CCI status meetings to identify concerns impacting child safety and require immediate action such as caseworker verification of safety and well-being, implementation of safety plans, review of staffing sufficiency, additional investigation by MIC or DCWL, technical assistance by DCWL or program offices, and temporary suspension of new referrals to the facility. Participation in the weekly meetings included the CSA deputy director, the DCWL director or designee, the MIC director, the RPU manager, and the respective managers of the foster care and juvenile justice program offices.

Item 27 Progress in 2020

- The licensing division conducted 65 annual reviews on 73 private contracted child-caring institutions eligible for Title IV-E funding. Of the 65 annual reviews, 13 agencies had violations related to rule R 400.4128, Initial staff orientation and ongoing staff training.
- The licensing division conducted 55 annual reviews on 61 institutions ineligible for Title IV-E funding, including court and secured detention facilities, and private non-contracted institutions. Of the 61 annual reviews submitted, eight institutions had violations of R 400.4128, Initial staff orientation and ongoing staff training.

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. 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. There is mentoring training offered to staff. However, it is not specifically offered in conjunction with MiTEAM training.

The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern-based, child-centered, survivor strengths approach to working with families experiencing domestic violence. The training is designed to provide child welfare staff and supervisors with the knowledge and tools to work with victims, perpetrators, and children experiencing domestic violence confidently and effectively. 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 collaboratives 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 correlation with a reduction in out-of-home placements in child welfare domestic violence cases.

Family Preservation Initial Training

Family preservation training and technical assistance to the private agencies continued with initial core trainings and ongoing special topics trainings designed to increase permanency by reducing the risk for out-of-home placement and enhance 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 casework responsibilities. This training is tracked in the LMS and an evaluation is completed at the closing of the training.

The in-person delivery methodology for the family preservation trainings were modified to accommodate the stay-at-home order issued on March 24, 2020. OWDT staff delivered training via Skype or Teams. OWDT staff also made themselves available throughout the day to answer questions and to 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, and written assignments.

Family preservation staff also had the opportunity to attend in-service training courses reserved specifically for child welfare workers in collaboration with Michigan universities. Training courses provided relevant timely topics in a variety of methods and modalities.

Item 27 Progress in 2020

In 2020, MDHHS along with external partners created and implemented streamlined family preservation core training. This allows new hires to get into training faster, thus being available for casework responsibilities. The new core training consists of four days of foundational strength-based, solution-focused techniques and two days of program specific training. During the foundational four-day training, all programs (Families First, Family Reunification and Families Together Building Solutions) learn together because the content is the same for everyone. The final two days of the core is program specific instruction. In January through August 2020, the following were completed:

- Discussed proposed plan with private agency partners
- Development of new core curriculum
- Presented final project to partners for review
- Pilot of new format
- Completed modifications based on feedback

In October 2020, the new streamlined family preservation care training was implemented.

A new core training session is offered monthly. There is no wait for private agencies to get new hires into training to begin needed casework. The format for each family preservation program is as follows:

Families First

Families First training comprises six days with the training broken down into a two-part training series over a six-week period.

Family Reunification Program

Family Reunification training comprises six days with the training broken down into a two-part training series over a six-week period.

Families Together Building Solutions

Families Together Building Solutions training comprises six days with the training broken down into a two-part series over a six-week period. Training completions are as follows:

- Family preservation core trainings: 59
- Families First: 54

- Family Reunification Program: 32
- Families Together Building Solutions: 27

Training and program specific supportive services continued to be provided to private child welfare workers in special topics, including:

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

Attendance for ongoing training is required by contract.

- Ongoing training: 343
- Supervisor training: 48

Item 27 Planned Activities for 2022

- Family preservation training and technical assistance will continue to be offered with additional collaboration efforts with program office. Bi-monthly meetings have been coordinated with program office to maintain consistent communication regarding program requirements. The training curriculum is updated to include issues that are most relevant to the families served.

Item 27 Plan for Continued Improvement

- **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 Assessment of Current Performance

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

In 2020, MDHHS trained 13 potential trainers in the Foster and Adoptive Parent Resources for Information, Development and Education (PRIDE) model. The train-the-trainer provides training to prospective foster and adoptive parents along with private agency staff. The PRIDE model allows for a standardized, consistent, and structured framework for the competency-based recruitment, preparation, assessment, and selection of foster and adoptive parents. The aim of the competency-based team approach is to assure 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 foster and adoptive parent trainings which are built upon five core competencies:

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

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. In FY 2020, the Regional Resource Teams trained over 4,000 prospective foster and adoptive parents statewide. 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.

Item 28 Progress in 2020

In 2020, MDHHS and the Statewide Foster, Adoptive and Kinship Parent Collaborative Council joined forces to sponsor the Seventh Annual Foster, Adoptive and Kinship Parent Conference throughout the month of August. Information was presented online. Topics included:

- Trauma-informed parenting
- Fetal alcohol syndrome
- Teaming with biological family members
- Raising Black girls
- Raising Black boys
- The caregiver's role in ensuring counseling success
- Caring for LGBTQIA+ children
- The unique challenges faced by foster fathers
- Maintaining a healthy relationship while fostering

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 and adoptive parent training.

Item 28 Planned Activities for 2022

New Training Curriculum

In response to the limitations of the currently used PRIDE training, focus groups with field staff and foster and adoptive families and research conducted by MDHHS with assistance from the National Resource Center for Diligent Recruitment, it was decided a new training curriculum was needed to prepare foster and adoptive families for their roles. Although a few training programs exist, states most satisfied with their pre-licensure training curriculum had unique curriculums 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 is to have 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.

Caregiver Training Curriculum: GROW

- **G**row culturally responsive relationships.
- **R**ecognize children's developmental needs and the impact of trauma.
- **O**btain information and resources.
- **W**ork in partnership with families to support healthy relationships.

Following completion of the GROW training curriculum, prospective foster or adoptive parents 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.
- Understand relevant MDHHS policies 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 wellbeing 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

August 2020 - January 2021

- Pilot the curriculum in BSC 3.
- Gather data from training classes to inform necessary changes to the curriculum and make those changes.

February 2021 – March 2021

- Prepare a final report about the findings of the pilot.
- Make all needed curriculum changes based on pilot findings.
- Present the final curriculum to MDHHS for review and approval.

April 2021 - 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.
- Twenty-four individuals will be trained as master trainers responsible for training all GROW trainers statewide.
- Oversee the statewide program implementation.
- Train the trainers throughout the state.

Item 28 Plan for Continued Improvement

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 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.

Diversity, Equity, and Inclusion

OWDT is leading and supporting multiple efforts and training opportunities to support child welfare management, staff, and trainers on providing appropriate and culturally sensitive services. These efforts included the establishment of internal and external groups working to evaluate policies, practices, and procedures to create an equitable child welfare system for the children and families of Michigan. In 2020, this included the development of the CSA Antiracism Transformation Team (ARTT) and the establishment of the Office of Race Equity, Diversity, and Inclusion within MDHHS (REDI). OWDT has also partnered with a local anti-racism organization to deliver ongoing trainings to new training staff and ensured the CSA leadership attended a one-day Introduction to Systemic Racism workshop. OWDT collaborated with MDHHS Diversity, Equity, and Inclusion Council, REDI and the Public-Private Partnership to inform other systems that impact children and families in Michigan.

Progress in 2020

In 2020, the following key trainings were provided:

- Introduction to Health Equity: a computer-based training where staff learn to define health equity, health inequities, and health disparities as well as identify factors that contribute to health inequities. This training describes the relationship of health equity to the MDHHS mission and priorities which educate staff about health equity as an important consideration of every aspect of health and human services work. This was a required training for all MDHHS staff. In collaboration with the Diversity, Equity, and Inclusion Council, an optional debrief session was established for staff to further process key concepts and application to the work area.
- Understanding Systemic Racism: a computer-based training where staff learn to define key terms, explain how national-level systems produce inequities and how the department may perpetuate inequitable outcomes. In 2020 this was a required training for all MDHHS staff. In collaboration with the Diversity, Equity, and Inclusion Council, an

optional debrief session was established for staff to further process key concepts and application to work areas.

- Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth, a computer-based training where staff learn about LGBTQ youth, the unique risks LGBTQ youth in the child welfare system face, and the specific ways staff can advocate for them. The course also addresses how the new marriage equality laws apply to the work of foster care and adoption.
- 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. MDHHS continues to mandate completion of the "Understanding and Analyzing Systemic Racism" workshop for all staff. This has created collective foundational knowledge which has resulted in the expansion and re-development in 2020 of OWDT's cultural awareness training offered to child welfare staff supervisors and other key partners.

CSA Antiracism Transformation 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 Transformation Team (CSA ARTT) was established for implementing system-wide race-informed child welfare practice that will eliminate disproportionality and produce equitable outcomes for all children served by the child welfare system. In 2020, this team partnered with other states on implementing best practices operationalizing equity. These partnerships included Connecticut, Illinois, and Pennsylvania.

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 2020 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.
- As part of the CPS Redesign Workgroup, OWDT collaborated with CPS program office regarding Racial or Cultural Equity Workgroup on reviewing policy recommendations.
- OWDT collaborated with Native American Affairs and the tribes to develop ICWA refresher training with tribal members delivering training.
- OWDT collaborated with CSA ARTT to develop strategic partnerships to embed antiracism within the organization.

- OWDT collaborates with CSA on redesigning the Pre-service Institute and the development of the Bridge Plan, which links current training efforts with updated training methods.
- OWDT collaborated with the University Consortium and CSA on Child Welfare Certificate Competency revisions.
- OWDT collaborated with CSA on Mentoring and On-boarding redesign work.

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.

Training and Technical Assistance

- MDHHS will continue to provide training on the enhanced MiTEAM model and collaborate with MiTEAM staff as needed.
- MDHHS will continue to collaborate with the MiSACWIS team to provide information system training to staff.
- MDHHS will continue collaboration with the Division of Child Welfare Licensing to
- Identify training needs for residential staff and caregivers.

Technical Assistance and Capacity Building

- CSA, along with the OWDT, 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.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29 Array of Services

MDHHS is committed to providing child welfare services tailored to meet the needs of children and families throughout the state. MDHHS prioritizes trauma-informed and 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 and working with the extended family to increase safety and sustain change. Contracted services work collaboratively with families to create individual service plans based

on the family's particular needs.

Item 29 Array of Services Assessment of Current Performance

MDHHS offers a broad array of services throughout the state. The scope of services includes provision of services directly by caseworkers, as well as services provided by contractors and through community-driven initiatives. Some examples of funding and services that are individualized to meet the needs of communities, children, and families are listed below:

- MDHHS provides two funding allocations to local offices to purchase services 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 are also a source for specific assistance to meet the identified needs of families.
- MDHHS' family preservation programs, including Families First, the Family Reunification Program and Families Together Building Solutions, are evidence-based services provided to families in their own homes to prevent the need for placement or to facilitate reunification from foster care. HOMEBUILDERS®, an evidence-based family preservation program that serves families in their own homes, is being piloted in seven counties.
- Early On assesses children birth to age 3 for developmental delays. If a child has delays, Early On provides developmental services and continued assessment.
- 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.
- 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.

A complete list of child welfare services and programs for children and families can be found in the Child and Family Services Continuum section of this report.

Service Identification and Referral

Michigan has a 2-1-1 referral service that operates statewide though eight regionally located offices and is also available as a website. The website and telephone service provides referral information for needs such as food, utilities, housing, disaster relief, transportation, and veteran's assistance. 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. 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. In 2020, the most frequent service requests have been for utility assistance, housing, and food.

Service Gaps Assessment

Michigan's array of services and identification of target groups was assessed through:

1. FFPSA Needs Assessment
2. CFSR stakeholder interviews and focus groups
3. Feedback from foster parents and other community groups
4. Interviews conducted in the MSR

FFPSA

In 2019 and 2020, Michigan conducted a needs assessment with technical assistance from Chapin Hall at the University of Chicago and Casey Family Programs to understand the needs of children in care and assess the current service array of prevention services in Michigan. Chapin Hall produced data reports targeted at determining priority populations for FFPSA interventions. This approach was guided by evaluating removal reasons and history of cases involved with MDHHS to understand the factors contributing to the child being at risk. Based on the data analysis, the priority target populations in Michigan include:

- Families with children under 5-years-old
- Families with teenagers
- Pregnant and parenting youth

Known risk factors for child welfare in Michigan for this target population include:

- Parental and youth substance use
- Parent and child mental health concerns
- Domestic violence

Chapin Hall conducted the FFPSA Readiness Survey of agencies to understand the capacity, strengths, and gaps in the evidence-based program service array in the state that can be used to prevent children from entering care and to understand how agencies and programs are using trauma-informed approaches and CQI in their programs and services. As a result of the assessment and survey, Michigan is focusing on:

- Expansion of home visiting services. The Michigan Legislature allocated funding in 2022 to support expansion of home visiting services that will be utilized to serve the 0 to 5 target population identified in the Chapin Hall analysis. The Home Visiting Needs

Assessment and the Chapin Hall Analysis Gap was utilized to identify the expansion communities in 10 counties, with approximately 200 additional slots.
- Piloting HOMEBUILDERS® in seven counties. HOMEBUILDERS® is an evidence-based, intensive family preservation program that serves families in their own homes approximately ten hours per week. Services are targeted to meet the specific needs of each family.
- The Brilliant Detroit Prevention Project, which provides support to families in two zip code areas that have been identified as being at high risk. Selected families receive intensive in-home parenting support through trained peer mentors who help parents access a range of available services. Michigan began the pilot prevention program with Brilliant Detroit on Nov. 1, 2020.

CFSR Stakeholder Interviews and Focus Groups

Interviews with stakeholders and focus groups within Michigan's 2018 CFSR indicated Michigan was in substantial conformity with three of the seven CFSR systemic factors: Quality Assurance System, Information System and Agency Responsiveness to the Community. Stakeholder interviews and focus groups were also held in August 2020, following the conclusion of the first year of Michigan's PIP. Strengths observed include:

- Parents understood their case plan and participated in case plan goal development and identification of service needs.
- Reunification and drug courts were praised as being very effective. Services were available and highly structured.
- SAFE Team Decision-Making meetings are well received and seen as productive, and those in attendance feel supported. The facilitators are valued; their expertise and support as neutral parties fosters productive discussions.

Opportunities for improvement identified in the interviews and focus groups include:

- Parents have a need for support beyond the intensive in-home services at the point of reunification.
- Interstate Compact is a slow and cumbersome process and negatively impacts the placement opportunities for border cases.
- Resource families and relative placements need more support from staff.

Interviews and focus groups to be held in May and June 2021 following the completion of the state's two-year PIP will indicate whether Michigan has achieved substantial conformity with the remaining four systemic factors: Case Review System, Service Array and Resource Development, Foster and Adoptive Parent Recruitment, Licensing and Retention, and Staff and Provider Training.

Feedback from Foster Parents and Other Community Groups

- In FY 2020, the department initiated efforts to better understand the needs of foster care providers through focus groups that occurred in various locations in the state in

October and November 2019. These groups allowed for attention on areas of opportunity and recommendations for improvement. The information gained also contributed to the revision of the state's licensing rules and technical assistance manual through the Division of Child Welfare Licensing (DCWL). Efforts to enhance existing supports and develop new supports for providers include:

  - Fostering Forward Michigan, the statewide foster, adoptive and kinship parent coalition.
  - Family Enrichment Center, which provides parenting training, foster and kinship support group meetings, and resources for families in need.
  - Families on the Move, adoptive, foster and kinship family support groups.
  - Kids Belong, providing support and connection for foster families in West Michigan.
  - Muslim Foster Care Association, which works to improve the lives of foster children and provide a support network for foster parents.
  - Foster Care Navigator, a service that pairs experienced foster parents with new foster parents for information and support.

- The CSA Youth Advisory Board was formed in 2020 and is comprised of 20 young people from across the state, representing various races and ethnicities, age, and gender backgrounds, who share information about their experiences within the child welfare system with the goal of improving services to young people.
- The Guy Thompson Parent Advisory Council, comprised of birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs.
- MYOI 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.

QSR

The QSR is a rich source of information of how well the state's service array is addressing the needs of families involved with the child welfare system.

- 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 CMH agencies and MDHHS.
- In 2020, service gaps identified through the QSR indicated services and support to families are needed in the areas of domestic violence, substance use, mental health, and supportive visitation.

Ensuring an Array of Services in BSC 1

MDHHS hired five community service analysts that will support child welfare staff in understanding local service array and supporting the implementation of FFPSA-Prevention. A community service analyst has been hired for each BSC to assist with FFPSA Prevention implementation and part of their role is to conduce a service array analysis. The community service analysts were hired at the end of May 2021and will:

- Develop, gather, and analyze data from multiple local, state and federal sources (e.g., local needs assessment surveys, county/community collaboratives, United Way 211, state allocations, CSA data, etc.) to identify needs and gaps in a service array that supports the prevention of child maltreatment and entry into foster care.
- Collaborate with internal stakeholders including Community Resource Coordinators, Pathways to Potential, BSC and CSA central office staff to ensure each county has a wide array of services to meet the needs of families.
- Partner with community providers (e.g., local agencies, community providers, universities, courts, etc.) for collaboration and development of a wide array of services in each county to meet the needs of families.
- Collaborate with community partners to identify opportunities to combine funding to purchase and expand effective family preservation/prevention services.
- Explore and develop service standards for future procurement.

Item 29 Progress in 2020

MDHHS Response to Service Gap Assessments

Some examples of MDHHS' response to needs identified in the service gap assessments are described below.

Safe and Together Domestic Violence Training. CSA continues to offer a comprehensive in-service domestic violence training using the internationally recognized Safe and Together model, a perpetrator pattern-based, child-centered, and survivor strengths approach to working with domestic violence cases in child welfare. The model has been correlated with a reduction in out-of-home placements in families in which domestic violence has been a factor. The in-service training consists of an online introductory module completed independently by the trainee, followed by four three-hour live virtual sessions (or two six-hour in person sessions when feasible). The training is recommended for all child welfare caseworkers and supervisors. New child welfare staff also receive an online introductory training to this model.

In FY 2021, CSA is offering 15 in-service sessions, and will also offer in-depth training to approximately 120 staff across the state who will provide local best practice guidance and support related to cases involving domestic violence. Additionally, funding has been identified to train a variety of stakeholders in this model, including SCAO, the Office of Children's Ombudsman, family preservation staff, and staff from DCQI.

Mental Health and Behavioral Health Services.

- 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 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.
- In 2020, a state-wide Quality Improvement Activity was initiated to improve sustainability of family-based placements through collaboration with local CMH agencies. Local offices were required to provide evidence to their BSC Quality Assurance Analyst that:
    - Collaborative meetings with MDHHS, CMH and other mental health service providers occurred, and a summary of the collaborative meeting was submitted to the BSC QA.
    - Initial strategies and action steps were included in the CQI plan, minimally including a method for tracking and following up on removals and referrals to mental health services for foster and kin placements.
- CSA is partnering 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 disorder. MDHHS' baseline data indicated 38 children were residing with a parent while in residential care. In February 2021, the data indicated 91 children entered a residential treatment facility with a parent, an increase of 53 from the total reported the prior year. CSA is collaborating with the National Center of Substance Abuse in Child Welfare over the next year to identify substance use disorder cross system communication strengths and needs.
- 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 at potential or actual risk of experiencing a removal due to child abuse or neglect.

Housing

- Michigan provides affordable rental housing and supportive services to extremely low-income persons with disabilities through the Section 811 Project Rental Assistance Grants. 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 housing 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 recent 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
MDHHS continues to explore ways to increase clients' access to reliable transportation through community partnerships.

- 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.
- 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.

Item 29 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 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; 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.

Item 29 Planned Activities for 2022

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, CMH, and private agency input at regularly occurring collaborative meetings at the local and BSC levels.
- Develop and disseminate material for local county directors and private agency partners in organizing local CQI sub-teams focused on local service array and establishment of action or 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:

- Complete regular contract reviews through each BSC to reveal any gaps in current service provision and identify opportunities for enhancing existing service array.
- Continue to provide ChildStat meetings which provide regular forums for counties and districts to identify local and systemic gaps in service array.

Item 30 Individualizing Services Assessment of Current Performance

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 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 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 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

Strong Families/Safe Children
Funding is provided to all 83 MDHHS local offices to contract for services to families with children at risk of removal for abuse 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, Families Together Building Solutions, and HOMEBUILDERS®, serve high-risk families and families where maltreatment has occurred and seek to reduce the negative consequences of the maltreatment and prevent recurrence. These programs provide:

- Individualized service plans 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.
- In-home mental health services for children and families affected by maltreatment to improve family communication and functioning.
- Financial assistance for addressing the family's safety needs.

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 shows improvement or opportunities for enhanced attention.
- QSRs 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 are provided to the caseworker.

Item 30 Progress in 2020

- In 2020, DCQI developed a dashboard for the dissemination of MiTEAM Fidelity Tool data to promote use of the tool by supervisors to gauge caseworkers' use of the MiTEAM skills of teaming, engagement, assessment, and mentoring. By tracking use of the fidelity tool in supervision by county and agency, the dashboard identifies areas of strength and opportunities for improvement.
- 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 are at potential or actual risk of experiencing a removal due to child abuse 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.
- Michigan conducted 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 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 the COVID-19 pandemic, 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.
- In 2020, 50 ChildStat meetings occurred, focusing on the factors contributing to MIC. These meetings resulted in 255 action items, 180 of which have been completed. Over 92 percent of participating staff either strongly agreed or agreed ChildStat process had been beneficial.

Item 30 Plan for Continued Improvement

- **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; QSR
  Baseline - 2018: Area needing improvement.
  Benchmarks 2020-2024: Demonstrate improvement each year.

Item 30 Planned Activities for 2022

- MDHHS will continue implementing the findings of the FFPSA Needs Assessment.
- MDHHS will monitor the progress of pilot programs for children and families such as HOMEBUILDERS® for effectiveness and possible expansion.
- MDHHS will implement SAFE TDMs statewide to enhance engagement, teaming, and case planning with families.
- MDHHS will enhance CPS intake and investigation services through the Front End Redesign project.
- MDHHS will enhance ongoing CPS services with continued development of trauma-informed services and training.
- MDHHS will continue implementing a new contract for in-home substance use disorder services.
- MDHHS will continue to collaborate with Medicaid-funded behavioral health services to address the needs of children and families with mental and behavioral health concerns.
- MDHHS will continue offering technical assistance to contracted family preservation program staff to ensure services are provided with fidelity to evidence-based models.

Program Improvement Plan Update

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 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: This activity was completed in Quarter 1. Chapin Hall and Casey Family Programs conducted the statewide assessment of prevention services and gaps.
    - **3.4.2:** MDHHS will identify the state-funded or administered prevention services for mental health, substance use and parenting skills development.
      Update: This activity was completed in Quarter 2. MDHHS identified state-funded administrative prevention services for mental health, substance abuse, and parenting skills development. Chapin Hall administered the Needs Assessment Surveys.
    - **3.4.3:** MDHHS will survey local public and private organizations to determine what services they are providing.
      Update: This activity was completed in Quarter 3. The survey to local public and private organizations to determine services they are providing has been completed.
    - **3.4.4:** MDHHS will summarize all services and provide an analysis through a statewide assessment of services and gaps.
      Update: This activity was completed in Quarter 6. MDHHS partnered with Chapin Hall to identify target population needs and identify services to meet those needs. The legislature allocated funding to support expansion of home visitation services that will be utilized to provide services on the target population identified in the Chapin Hall analysis. MDHHS collaborated with home visiting partners to identify communities to expand home visiting slots. The home visiting needs assessment, and the Chapin Hall gap analysis was utilized to identify expansion communities.
    - **3.4.5:** CSA leadership will identify the needs of Michigan's child welfare population based on the statewide report:
      Update: This activity was completed in Quarter 6. MDHHS continued to partner with Chapin Hall to identify needs for the target population for prevention services. MDHHS is targeting children 0-5, 14-17 and pregnant and parenting youth in phase one of the prevention plan. Families experiencing substance use, and domestic violence have been identified as priority need areas.
    - **3.4.6:** MDHHS will evaluate current funding options and identify funding opportunities to increase prevention services.
      Update: This activity was completed in Quarter 6. MDHHS determined the use of Temporary Assistance to Needy Families and Family Focused Treatment Association funds to implement the HOMEBUILDERS® family preservation model in seven counties. The Michigan Legislature allocated $2.25 million in general funds to expand home visitation slots by an additional 450-500 slots beginning in 2022.

- **3.4.7:** MDHHS will advance a proposal for change for funding needed to expand prevention services to meet prevention service gaps identified.
  Update: This activity was completed in Quarter 6. Michigan advanced a proposal for the change for funding needed to expand prevention services to meet prevention service gaps identified. The state proposed the budget enhancement for FY 2022. The Prevention Plan was submitted on Aug. 13, 2021.
- **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: This activity is targeted for completion in Quarter 8. The residential treatment providers in each PIHP region will report quarterly the number of children who enter residential treatment with their parent as well as the number of children who entered residential treatment with reported current CPS or foster care cases. In February 2021, the data indicated 91 children entered a residential treatment facility with a parent, which is an increase from the baseline data reported the year prior. CSA and the Office of Recovery Oriented Systems of Care will continue to partner. CSA is working with the National Center of Substance Abuse in Child Welfare over the next year which will include county walk-throughs to identify substance use disorder cross-system communication strengths and needs.
- **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.
  Update: This activity was completed in Quarter 6. The Michigan Legislature allocated funding to support expansion of home visitation services that will be utilized to provide services on the target population identified in the Chapin Hall analysis. Michigan is collaborating with home visiting partners to identify communities to expand home visiting slots. Home visiting needs assessment and the Chapin Hall gap analysis are being utilized to identify expansion communities. Service expansion is expected to be implemented in 2021. The budget enhancement recommendation was made on Oct. 1, 2020. The allocation was noted in the Governor's recommendations to the legislature on Feb. 11, 2021.
- **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: This activity was completed in Quarter 3. 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.
  Update: The Governor's Task Force on Child Abuse and Neglect formed a workgroup to develop the Plan of Safe Care Protocol. The draft protocol was completed and sent out for feedback from stakeholders in June 2021. In summer

2021, revisions are currently being completed on the recommendations and the completed version is to be submitted for final review and approval by October 2021.

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 to provide evidence-based family preservation services through contracts with private agencies. MDHHS provides technical assistance to contractors.
- 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 the services offered to families are appropriate for the needs of each geographical region and local needs.

Training and Technical Assistance

- 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.
- MDHHS supports the Children's Trust Fund to fill the critical role of prevention leadership statewide.
- MDHHS continues to assess the state's Service Array system through interviews via the MSR and other methods to address identified service needs.

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 FFPSA.
- The Harvard Government Performance Lab completed an analysis of children entering and placed in residential facilities.
- MDHHS will continue to seek technical assistance as needed from the CB to ensure the state's Service Array system meets federal and best practice standards.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 31 State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR

MDHHS is responsible for a broad range of child welfare services and initiatives through the

course of implementing the provisions of the Child and Family Services Plan, including education and raising awareness of child safety issues, 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 feedback to target resources, training, and technical assistance effectively, and in turn, modifying strategies to fit changing needs in a CQI cycle are essential to providing appropriate and accessible services in all areas of the state on an ongoing basis.

Item 31 State Engagement and Consultation with Stakeholders Assessment of Current Performance

Assessment of Michigan's performance in this systemic factor is monitored through the work of the many and varied citizen and professional groups with which MDHHS collaborates, as well as CSA functions including QSR and CFSR reviews, consultation with Native American tribes, and the Quality Improvement Council (QIC). Information and feedback from these groups inform the core of MDHHS child welfare efforts. The membership and focus of some groups whose feedback CSA responds to on a regular basis are described below.

- 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 children are being unnecessarily removed from their care.
- 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 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 standing agenda item updates from the West Michigan Partnership Council.
- The Guy Thompson Parent Advisory Council is comprised of birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs. Members advised MDHHS regarding the FFPSA, provided guidance to approve 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 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.
- 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. 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 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 including MDHHS leadership, law enforcement, prosecuting attorneys and medical examiner, the Children's Ombudsman, and SCAO. 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 the impact of trauma in child welfare and composes recommendations for systemic improvement based on the information learned from community and consumer feedback.
- 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.
- The MYOI trains young people in leadership, media, and communication skills, including how to strategically share their story and present on panels. Local MYOI Youth Boards are among the focus groups 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, county and private agency directors and MDHHS staff that meet quarterly for consultation between MDHHS and Michigan's 12 federally recognized tribes. The partnership collaborates to achieve and strengthen application of the ICWA and the MIFPA 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, 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.
- The CSA Quality Improvement Council (QIC) is responsible for ensuring experts and leaders at all levels in the child welfare system are involved in assessing need, developing responsive programs, and facilitating decision-making at every level. Beginning January 2021, QIC began hosting monthly convenings of child welfare leadership, research partners and local office and agency staff who present the latest research and share best practices around CSA's priority focus areas, Safety in Care, Recurrence of Maltreatment and Permanency. Each meeting closes with action planning for next steps.
- CFSR case reviews include 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. Feedback on service barriers is addressed at the state- or region-wide level.

- 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 Town Halls provide a direct line of communication with the MDHHS director and opportunity for feedback. The director also travels for site visits at local offices and central office buildings to achieve the same goal.
- 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. Examples include the CCI Youth and Family Engagement Workgroup and the CPS Redesign Workgroup.

COVID-19 Pandemic

In 2020 and continuing in 2021, 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 were carried out while safeguarding the health of children, families, and staff. These modifications were communicated to staff through communication issuances, Recent News on the MDHHS SharePoint site and Employee Town Halls.

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

- MDHHS Director Town Halls for staff that allow for questions.
- CSA all-staff meetings.
- CSA Town Hall with parents of children in care that allowed for questions.
- CSA Town Hall with foster and relative caregivers that allowed for questions.
- CSA communication issuances.

MDHHS is continuing to update policy and procedures as the needs presented by the COVID-19 pandemic change and will communicate updates through ongoing engagement and communication opportunities for staff and providers including town halls, communication issuances, and other methods.

COVID-19 Response

Service delivery in 2020 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 reunifications were delayed due to court closures and other

requirements of the shutdown.

- 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. Due to this disruption, the department developed a swift response to ensure children had opportunities to reunify with their families in situations where it was determined to be safe to do so. Michigan implemented Rapid Reunification to ensure that concerted efforts were made to reunify any child with an existing goal of reunification and unsupervised visits if safely possible. That effort resulted in a 69 percent success rate, with a total of 299 children being reunified through this activity.

Support to vulnerable families – Prevention Outreach Phase I - To ensure children were safe during the COVID-19 pandemic and receiving additional outreach, frontline staff were deployed to offer support to families 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 BSC quality assurance analysts.
3. Pathways to Potential, school-based eligibility specialists from the Economic Stability program of MDHHS, staff were engaged in areas where this resource is available for continued support if necessary.

In Phase I of the Prevention Outreach project, of the 14,162 families identified as at risk, staff had two-way interaction with 8,267 (58 percent). Eighty percent received a text message, email, or mailed packet of information on available resources.

Prevention Outreach Phase II of the Prevention Outreach Project in August 2020 built on the success of Phase I and created a framework for continued outreach to families with Category III open/close or Category IV CPS dispositions. A Quality Improvement Activity was designed for local offices that provided step-by-step instructions, a script, a spreadsheet for collecting data and a listing of Pathways to Potential schools for referrals for additional resources.

- CPS Outreach Phase I and II resulted in contacts with 13,586 families.

Rapid Reunification Reviews. Since the COVID-19 outbreak and subsequent stay-at-home orders, it was noted 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 being considered for reunification within 60 days and had 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 to 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 were to remain in care, whether potential existed to expand visitation.
- Requirements prior to return include a family team meeting, proactive and reactive safety planning and all essential services were active.
- All policies for reunification were to be followed and required contacts with the child adhered to policy guidelines of enhanced visits during reunification.
- County and district leadership coordinated with local courts to determine processes for hearings and order language.

Four hundred thirty-two children were identified as eligible for Rapid Reunification. Of those, 299, or 69 percent were reunified through the process.

Effect of COVID on Court Hearings
The Supreme Court and SCAO 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 an array of information about each court's handling of cases during COVID: Judicial Branch Response to COVID-19 (michigan.gov). 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

Regular meetings were held by MDHHS Children's Services Agency (CSA) leadership and SCAO (SCAO) during this time. Meetings focused on timely communication, data sharing and development of responses and initiatives to ensure child safety and support of families. This included CSA sharing data and information pertaining to Rapid Reunification with SCAO to ensure these efforts were understood, as well as sharing barriers to reunification identified as a result of the initiative. The meetings resulted in a shared understanding that county specific barriers were limiting access and impacting child welfare proceedings. One barrier identified was attorneys were not being paid for stipulation orders in lieu of a hearing and therefore attorneys were sometimes unwilling to come to agreements and stipulations that could positively impact the child and family's status. SCAO and CSA were able to work toward a resolution that improved the court process and ensured timely reunification. The group ensured that individual counties found resolutions that fit their local needs, which varied.

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 did not already have them to promote continued face-to-face video contact while in-person visits could not occur.

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 completes 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 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 are 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 hiring practices are consistent and transparent.
- Applicant pools are diverse and reflect the demographics of the communities served.
- 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 receive diversity, equity, and inclusion training and are prepared to establish these principles as core priorities for how the department carries out its mission.
- Employees can 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.

Diversity, Equity, and Inclusion Progress in 2020
- **MDHHS Child Welfare Anti-Racism Transformation Team (ARTT).** ARTT's membership was finalized in August 2019 and began team training in November 2019. In 2020, the group developed and completed their cohort training that included the following elements:
    1. Team orientation (one day)
    2. Analysis and team building (four days)
    3. Skills and analysis application (one day)
    4. Team skills building (three days)

5. Strategic planning (three days)

ARTT developed a Strategic Action Plan that includes three main goals:

1. Engaging and supporting anti-racist partnerships for sustainability and accountability.
2. Transforming organizational culture and practice to eliminate racism.
3. Establishing a structure for race-informed policy and practice.

ARTT strategic action groups meet bi-weekly to discuss recommendations for assessing, planning, and implementing action steps for change. ARTT includes additional sub-groups for leadership, team life, history, and legislation. The ARTT group participates in the review and revision process of child welfare policy for MDHHS.

- **Public/Private Partnership for Race Equity and Diversity (PPP).** The PPP group was established to provide a venue for leadership from MDHHS and private partners to develop plans to assess, revise and implement steps to address issues of systemic racism and diversity, equity, and inclusion (DEI) within Michigan's child welfare system. The PPP group meets monthly and is currently focused on developing a mission statement and plans to integrate and work with other DEI and anti-racism groups within MDHHS. Many members of the PPP group participated in the Eliminating Racism and Creating/Celebrating Equity (ERACCE) workshop, which focused on establishing an understanding of systemic racism, as well as guiding participants to establish guidelines for interventions for DEI within Michigan's child welfare system.
- **Race, Equity, Diversity, and Inclusion (REDI).** The REDI office was created in 2020 to address racial, health, social and wealth disparities that impact both internal and external partners and aligns with the MDHHS core values of Human Dignity, Opportunity, Perseverance and Ease (HOPE). REDI will identify and address the policies and practices that have resulted in systemic oppression that impacts all marginalized groups. The office is responsible for setting the strategic direction for the department to identify and address issues of inequity due to systemic marginalization and to create a culture of diversity, equity, and inclusion in both its practices and policies. REDI will collaborate with internal partners to develop strategies to address disparities in the areas of health (Medicaid and public health), the wealth gap or poverty (Economic Stability Administration), employment (Human Resources), policies and procedures (Policy) and services to children and families (CSA) and other departments as identified.
- **Diversity, Equity, and Inclusion Council.** The MDHHS Diversion, Equity, and Inclusion Council was created in 2015. The DEI Council's mission is to work within MDHHS to promote change that will better assist the diverse communities served. Action team updates include the following:
    - Leadership
        - Communication with Wisconsin's Diversity Equity and Inclusion Officer
        - Rotating members on the Leadership Team to be co-leads for the Leadership Action Team every quarter for professional development
        - Equity Impact Assessment Training for the Leadership Action Team

        - Leadership toolkit
    - Culture and Climate
        - DEI intranet page
        - DEI SharePoint site
        - DEI New Employee Orientation PowerPoint
        - State-wide implicit bias training
    - Recruiting, Hiring, and Retention
        - Job shadowing opportunities were extended to non-MDHHS employees.
        - Countering Bias in the Interview training was created, a requirement for all employees who participate in the hiring process.
        - Race equity interview questions were created for the MDHHS interview process.
    - Training and Professional Development
        - Developed and launched Inside Our Mind: Hidden Biases training workshop
        - Inside Our Mind: Hidden Biases Train-the-Trainer
        - Collaboration with the Facilitator Endorsement Process
        - Unconscious Bias Training was added to New Supervisor Institute
        - Developed FAQs for Systemic Racism
        - Assisted the Recruiting, Hiring and Retention team developing the Unconscious Bias in Hiring module
- **Kent County Eliminating Misrepresentation Between Races and Celebrating Equity (EMBRACE)** . The group meets monthly to address issues of overrepresentation of children of color in the Kent County child welfare system. The group has established sub-groups to address areas of employment, communications, policy and practice, leadership, services, and culture and climate. Dr. Paul Elam from the Michigan Public Health Institute (MPHI) is in the process of finalizing data based on the Race Equity Commission data pull from 2013. The 2013 data identified key decision points within child welfare where racial inequities for families of color exist. The focus over the next year is to take the data trends from 2015 to 2020 to establish interventions for achieving race equity.
- **Child Welfare Improvement Task Force.** In November 2020, CSA began developing plans for a statewide child welfare improvement task force. The goal of the Child Welfare Improvement Task Force is to support MDHHS in bringing about change and improve the safe, fair, and equitable treatment of all Michigan's children and families. The task force will be responsible for reviewing the adequacy and effectiveness of the strategies identified by the agency, assess whether the agency is implementing the identified strategies, and seek necessary community support including legislative support to implement effective strategies. The task force has the authority to engage in the following in fulfilling its obligations.
    - Review of data
    - Case reviews
    - Public hearings

- Interviews of MDHHS staff
- Policy reviews
- Budget reviews
- Reviews of research
- Conduct hearings including:
    - Youth and families
    - Academic experts
    - Providers
    - Child Welfare Staff

- **Front End Redesign – Reducing Racial Disproportionality.** Centralized Intake is the initial contact point for referrals for child abuse or neglect to MDHHS. To help ensure decision-making is equitable and consistent at the initial stages of contact, CSA has partnered with Evident Change and Ideas 42 to develop an SDM tool for Michigan's Centralized Intake. The tool will help keep children with their families whenever possible, ensure families are treated fairly, reduce repeat system involvement, reduce racial disproportionality, and reduce the trauma experienced by families who do not require system involvement.
    - Safety/Risk Assessment Tools
        - Safety/risk assessment tools are used by workers to assess child safety and to help determine the likelihood of future system involvement. The development of new tools will help ensure equity, consistency, and accuracy in decision making and service provision.
        - The department has partnered with Evident Change to develop new SDM tools, including a new safety and risk assessment and risk re-assessment. Data analysis around the safety and risk assessment is complete. Data analysis around the risk reassessment is currently underway. Initial recommendations have been made to the department and will be explored further in 2021 within the new structure of the Bureau of In-Home Services.

Item 31 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, SCAO, Tribal-State Partnership Meetings, the Consortium on Improved Placement Decision-Making, and Capacity Building, foster and adoptive parents' associations, private agencies, and others for ongoing consultation and collaboration in providing services to families and children.

- **Objective:** MDHHS will utilize the QIC, DCQI, and BSC and local CQI teams to operationalize a CQI plan that includes engaging internal and external stakeholders in assessment and development of effective strategies to improve child welfare services.
  Outcome: Utilizing a CQI 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, DCQI and BSC and local CQI teams for consultation and collaboration.
  - MDHHS will develop local organizational structures and resources that identify strengths and areas needing improvement and collaborate on strategies to improve local child welfare systems.

Item 31 Planned Activities for 2022

- 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 Statewide Youth Advisory Board, the Guy Thompson Parent Advisory Board, the Foster Care Review Board, and the three Citizen Review Panels.
- MDHHS will sponsor MYOI activities and youth participation in focus groups.
- MDHHS will use QSR and CFSR findings to develop strategies to improve outcomes for children and families.
- MDHHS 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 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 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 assess service needs of children and families, effect 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 requiring collaboration. This community engagement provides feedback that can be addressed through existing channels to ensure it is afforded necessary attention.

Item 32 Coordination of CFSP Services with other Federal Programs Assessment of Current Performance

MDHHS' child welfare goals are based on the successful functioning of a CQI 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. MDHHS coordinates the following federal programs:

- Title IV-E Foster Care
- Temporary Assistance for Needy Families
- Child Care and Development Block Grant
- 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

Local Coordination of Financial and Child Welfare Assistance - Pathways to Potential

Pathways to Potential is MDHHS' Economic Security 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 with the identified outcome of increasing school attendance. 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 and 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

Pathways to Potential Progress in 2020

Data for chronic absenteeism for the 2019-2020 school year was released last fall for Pathways to Potential schools. Below is an analysis of this data for schools active that year. Chronic absenteeism rates decreased statewide and for Pathways to Potential schools in the 2019-20 school year.

- The overall rate of chronic absenteeism for active Pathways to Potential schools each year decreased by approximately 5 percent from 2018-19 to 2019-20, while the statewide rate increased by 3.5 percent in the same time period.
- Fifty-seven percent of the 2019-20 Pathways to Potential schools reduced chronic absenteeism from 2018-19 to 2019-20, including 35.7 percent of newly established Pathways to Potential sites and 57.7 percent of existing sites.
- Thirty-nine percent of Pathways to Potential schools reduced chronic absenteeism in the 2019-20 school year from their combined two-year baselines, including 46.2 percent of newly established sites and 39.0 percent of existing sites in 2019-20. The baseline years are typically the two school years prior to Pathways to Potential being established

in each school, subject to data availability for each building code and data suppression rules followed by the Center for Educational Performance and Information (CEPI) to protect student privacy.

As of the date of this analysis, CEPI 2019-20 grade repeats data reflecting students retained from 2018-19 is the most recent available. This report includes an analysis of this data for the 2019-20 Pathways to Potential schools active in 2018-19, as a CEPI report including students retained from 2019-20 has not yet been released.

- The grade retention rate for the 2019-20 Pathways to Potential schools active in each the previous years decreased by approximately 3 percent, comparing the 2018-19 report to the 2019-20 report, while the statewide rate increased by 3.7 percent from 2018-19 to 2019-20.
- Forty-eight percent of the 2019-20 Pathways to Potential schools active in 2018-19 decreased the rate of grade repeats from their 2018-19 data to their 2019-20 data, including 40.5 percent of newly established Pathways to Potential sites in 2018-19 and 49.0 percent of existing sites. An additional 2.8 percent of the 2019-20 Pathways to Potential schools maintained grade repeats rates of 0 percent from 2018-19 to 2019-20.
- Fifty-four percent of the 2019-20 Pathways to Potential schools active in 2018-19 decreased the rate of grade repeats from their combined two-year baselines to their 2019-20 data, including 40.5 percent of newly established sites in 2018-19 and 56.0 percent of existing sites. An additional 0.7 percent of the 2019-20 Pathways to Potential schools maintained grade repeat rates of 0 percent from their combined two-year baselines to 2019-20.

Areas with Pathways Schools

- Pathways to Potential is currently housed in 289 schools in 40 counties.
- Counties with Pathways to Potential programs include Allegan, Arenac, Bay, Calhoun, Cheboygan, Clare, Genesee, Gladwin, Gogebic, Hillsdale, Huron, Ingham, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Lake, Livingston, Macomb, Marquette, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ontonagon, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, and Wexford.

Item 32 Progress in 2020

- Formed in 2021, the Statewide Youth Advisory Board is comprised of 20 young people from across the state representing various races, ethnicities, age, and gender backgrounds, with a multitude of child welfare experiences (adoption, reunification, Independent Living, Young Adult Voluntary Foster Care (YAVFC), Juvenile Justice). Youth Advisory Board members are invited to participate in state-level child welfare advisory committees.
- In 2020, CSA hosted Front End Redesign Workshops and Town Halls across the state to share information and obtain feedback on all aspects of the front-end redesign. Each

BSC hosted a town hall that allowed for staff to ask questions and hear from CSA and national leaders about what was involved in the redesign vision. Information gathered from these events informed the planning of the redesign.

- Beginning January 2021, the QIC began hosting monthly convenings of child welfare leadership, research partners and local office and agency staff who present the latest research and share best practices around CSA's priority focus areas, Safety in Care, Recurrence of Maltreatment and Permanency. Each meeting closes with action planning for next steps.

Item 32 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 2022

- MDHHS determines eligibility and provides case management for Medicaid and administers Disability Determination Service for Title II and XVI funds.
- MDHHS coordinates with 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.
- MDHHS continues to review CFSR data and performance to ensure focus on the activities that will lead to Michigan's PIP goals being achieved. CSA will continue to assess and track improvements beyond the PIP via the MSR and other review activities, communicating with local offices, and private agency partners in ongoing CQI efforts to stay informed about trends and changing needs in each community.
- 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 YAVFC, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for young people who meet the requirements.

Training and Technical Assistance

- MDHHS uses feedback from local MDHHS offices and private agencies in ChildStat presentations to adjust programs, data collection, and policy according to needs expressed by the field.
- 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.
- 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.

Implementation Support

- Pathways to Potential outcomes are supported by interagency partnership with the Michigan Department of Education along with other community partners.
- MDHHS county administrative boards provide community feedback on MDHHS functions. 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 Foster Care Review Board reviews 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 through Pathways to Potential to assess progress and identify opportunities for improvement in meeting the needs of families and children.

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 11,000 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 75 contracts with child-placing agencies for foster care case management and 60 contracts with 39 agencies for adoption services.

Item 33 Standards Applied Equally Assessment of Current Performance

Licensing Standards and Process

In Michigan, the MDHHS Division of Child Welfare Licensing (DCWL) monitors and enforces licensing standards to ensure 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 and evaluations are completed by child placing agencies to determine ongoing rule compliance with renewals sent to DCWL for processing.

Data for this systemic factor:

- To ensure all child-placing agencies are providing consistent assessment, all licensing workers and licensing managers must pass Certification and Complaint training facilitated by DCWL.
- One hundred percent of initial home study packets are reviewed to verify the assessment is consistent with rule compliance findings leading to the recommendation of licensure.
- Per licensing rules for child-placing agencies, every foster home must undergo an annual assessment of rule compliance to maintain licensure.
- DCWL licensing consultants conduct annual inspections of all child-placing agencies and child-caring institutions to determine compliance with Act 116; child-placing agencies and child-caring institution rules, the department's standard contracts and amendments; departmental policy; Michigan statutes and federal regulations including MISEP.
- A random sample of foster homes, including licensed and unlicensed caregivers, are visited by DCWL field analysts as part of each child-placing agencies' annual inspection.
- One hundred percent of foster home variances are reviewed by central office consultants in DCWL and routed for final review and determination to the DCWL director.

Item 34 Requirements for Criminal Background Checks Assessment of Current Performance

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 or closed

Michigan law requires 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 or 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. Decisions made by the Administrative Review Team are not subject to appeal.

Once all record clearances are completed, the license applicants are enrolled as pending foster home licensure. Anytime a foster parent applicant or licensee 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.

The following activities ensure 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.

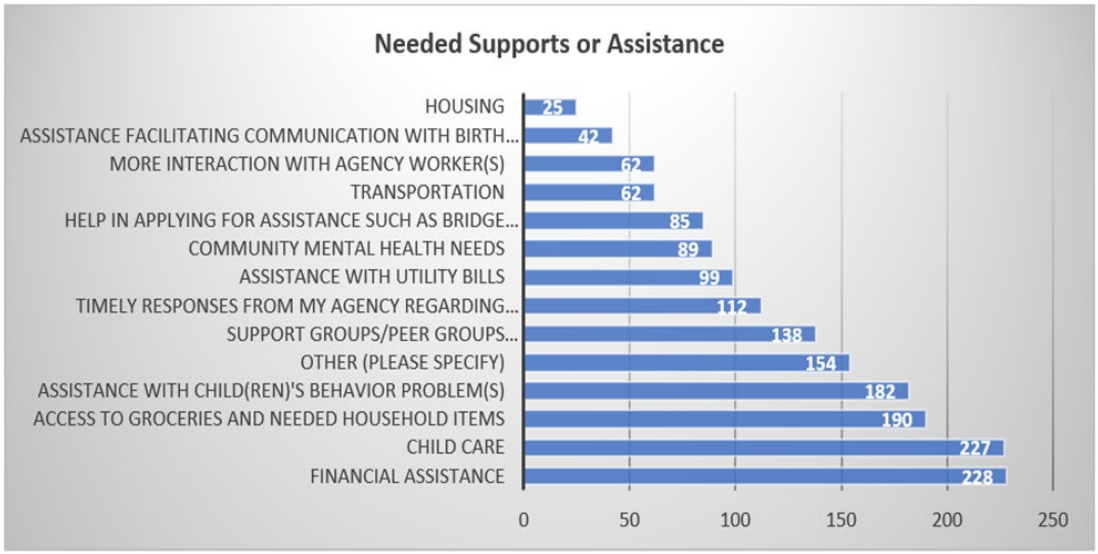
Item 35 Diligent Recruitment of Foster and Adoptive Homes Assessment of Current Performance

This systemic factor 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 placed with relative caregivers.

COVID-19 Caregiver Needs Survey

The COVID-19 caregiver needs survey launched on March 24, 2020 and remained open through April 5, 2020. The survey invitation was sent via email to all foster parents and relative caregivers who have an email address on file in MiSACWIS and to parent led organizations, county offices, and private agencies. A reminder email was sent during the second week of data collection. There were 2,145 caregivers throughout the state who completed the survey. Eight hundred twenty-nine, or 38.6% of caregivers identified an area where more support or assistance was needed. The top three identified needs were:

- Financial Assistance: 27.5%
- Child Care: 27.4%
- Access to Groceries and Needed Household Items: 22.9%



County office and private child placing agency staff followed up with all families indicating a need to ensure those needs were met. Additionally, the Regional Resource Teams stepped up to fill in some gaps for resource families created by the pandemic. They provided webcams, hot spots, and other devices to assist with online learning, as well as providing items and services such as grocery delivery, meal delivery, personal protective supplies, and gift cards to streaming services. The Regional Resource Teams have worked with their local county offices to ensure families who had unmet needs were contacted, and the needs were met. The Regional Resource Teams also served as distribution hubs for donations received for resource families during the pandemic, ensuring resources were provided to those that needed it.

The follow-up Caregiver Needs Survey launched on Nov. 6 and remained open through Nov. 20, 2021. The survey invitation was sent via email to all foster parents and relative caregivers who have an email address on file in MiSACWIS and to parent led organizations, county offices, and private agencies. A reminder email was sent during the second week of data collection. There were 1,431 caregivers throughout the state who completed the survey. Statewide, 51.3 percent or 734 caregivers indicated they did not need any additional support. Six hundred ninety-seven or 48.7 percent of caregivers identified an area where more support or assistance was needed. The top three identified needs were:

- Respite Care- 24.5 percent
- Tutoring Services- 23.7 percent
- Child Care- 22.8 percent

Caregivers with identified needs were asked to indicate the level of urgency for each need based on the following scale: Immediate Need, Short Term Need (Likely within the next two weeks), or Unable to Provide Timeframe (but likely to be needed depending on the length of crisis). The second Caregiver Needs Survey was followed up with direct contact from caseworkers to any family indicating they had a need in the survey. Caseworkers ensured families had their needs met and were able to provide adequate care for children placed with them.

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. This goal is in process through many initiatives outlined in the report including: the new pre-licensure training curriculum that puts an emphasis on co-parenting, foster parent mentorship programs intended to help teach caregivers how to partner with parents, training provided to staff on the importance of caregivers as co-parents and updates to policy that impact how caregivers are trained and guided by staff.

Diligent Recruitment 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 2020, 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 viable beds in the county
- The percentage of homes 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 2020, each county's licensing goal was analyzed, and monthly targets were established to assist counties in monitoring 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 cultural diversity of children entering foster care in that county. These targets help the county gain a better understanding of the focus populations 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 recruitment efforts must be multi-layered to be successful. This includes passive efforts like advertising, community awareness and specific targeted efforts. In FY 2020,

MDHHS expanded its recruitment advertising campaign to include outreach within doctor's offices and gas station television ads throughout the state. In addition, MDHHS provided detailed 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 areas 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. These targeted recruitment plans included several online interactive training sessions on dispelling myths that have created barriers to increasing homes for children in foster care, such as common false beliefs regarding caring for older youth and licensing and adoption qualifications of LGBTQ+ families.

Staff Training

MDHHS is committed to ensuring foster home licensing and adoption staff have the tools and trainings to identify, recruit, develop and support families that reflect the race and culture of children in foster care. In FY 2020, the Office of Child Welfare Policy and Programs developed a six-hour training series that provided guidance on considerations, best practices, and activities for recruiting and retaining foster and adoptive families for racially and culturally diverse children and within racially and culturally diverse communities. This training was presented to foster home licensing and adoption supervisors and specialists prior to the commencement of the FY 2020 statewide adoptive and foster parent recruitment and retention planning process.

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.

Adoption Services

Michigan has 60 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.

Supporting Private Agencies

MDHHS has provided training to private agencies regarding recruitment strategies, including the importance of layered strategies and targeted recruitment. Additionally, training was provided regarding retention techniques and ensuring families had the supports needed to be successful in their foster care journey. MDHHS counties work in collaboration with area private agencies to construct county-wide recruitment and retention plans on an annual basis.

Item 35 Progress in 2020

Progress in 2020 on licensing non-relative foster homes and homes for special populations:

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1,222	1,188	660	303	696	694	234	784

Data Source: MDHHS Division of Child Welfare Licensing.

From Oct. 1, 2019 to Sept. 30, 2020, MDHHS and private child-placing agencies licensed:

- Ninety-seven percent of the non-relative foster home goal.
- Forty-six percent of the non-relative foster home goal for adolescents.
- One hundred 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:

- Sixty-four percent of counties met at least 90 percent of their recruitment goal.
- Eighty-four percent of counties met at least 70 percent of their recruitment goal.

Item 35 Progress in 2021

The table below outlines the goals and progress from Oct. 1, 2020 through Feb. 28, 2021, for licensing non-relative foster homes and homes for special populations.

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1,268	420	601	102	657	230	262	289

Data Source: MDHHS Division of Child Welfare Licensing.

From Oct. 1, 2020 to Feb. 28, 2021, MDHHS and private child-placing agencies licensed:

- Thirty-three percent of the non-relative foster home goal
- Seventeen percent of the non-relative foster home goal for adolescents
- Thirty-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

Item 35 Planned Activities for 2022

The non-relative licensing dashboard continues to be used in 2021 and will be used in 2022. 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. It continues to be used in 2021, and will be used in 2022, including 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's 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's 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 and neighborhood targeted recruitment
- Library displays
- Movie trailer ads
- Billboards
- Online training and information sessions

Regional Resource Teams

Regional Resource Teams were implemented in 2018. 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

During 2020, Michigan entered a five-year partnership with the Dave Thomas Foundation for Adoption (DFTA) to enhance permanency for children legally ready for adoption. All Adoption Resource Consultants were training in the Wendy's Wonderful Kids (WWK) child focused recruitment model which has been incorporated into their recruitment efforts.

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.
- Utilize a child-focused recruitment 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 $424,482 in Kinship Navigator Program funds to expend by the end of FY 2020. The funds were used to enable Michigan State University Kinship Care Resource Center to continue expanding 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 the result of involvement with Michigan's child welfare system. Families may self-refer or be referred by a child welfare or other agency.
- Employs kinship navigators with lived kinship caregiver experience.
- Continued development of communication infrastructure.
- Participated in meetings, events, and conferences with diverse stakeholder representation to strengthen care coordination for kinship families.
- Developed a database with over 500 referral sources.
- Provided outreach to relative caregivers with foster placements.
- Disseminated a monthly e-newsletter.
- Assessed kinship support group offerings and utilization and maintained an online calendar of kinship support group meetings.
- Established the Michigan Kinship Care Coalition.
- Participated in targeted outreach events for kinship families and professionals.
- Engaged in multiple efforts to coordinate with 2-1-1 to discuss coordinated efforts.
- Engaged in service delivery activities with kinship caregivers through phone calls, emails, and social media.
- Planned, coordinated, and delivered five live webinars.
- Participated in the Evidence Building Academy provided by the Urban Institute.
- Engaged in ongoing program development evaluation.

Training on the Kinship Navigator Program

The Kinship Support Program was staffed and began providing statewide navigation/referral services in September of 2019. Program information has been shared the following ways with MDHHS and PAFC staff:

- Two different TSP meetings.
- Communication issuance 20-107 Kinship Support and Training Opportunities provided in August of 2020.
- In various Child Welfare Leadership Meetings.
- Resource table during various worker conferences.
- The Kinship Support Program presented during a Permanency Resource Manager monthly meeting to share information as a statewide resource.
- During a worker training with BSC 2 county staff.

Foster and Adoptive Parent Training

MDHHS has contracted with Eastern Michigan University to develop a new pre-licensure and pre-adoption training curriculum. It is being piloted in FY 2021. The following data are presented as a baseline and were gathered by surveying resource parents about their understanding of child welfare principles 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 25 tasks and roles 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	
	M	*SD*
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 and 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 with 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 and mental health resources, 0-5 yrs.	3.08	0.85
Access developmental and mental health resources, 6-12 yrs.	3.13	0.84
Access developmental and 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 12 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		
	M	*SD*
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 and 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		

New Caregiver Training Curriculum: GROW

- **G**row culturally responsive relationships.
- **R**ecognize children's developmental needs and the impact of trauma.
- **O**btain information and resources.
- **W**ork in partnership with families to support healthy relationships.

The goal of the pre-service 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.

Throughout the curriculum, specific relationship-based parenting strategies are included to assist parents in identifying specific actions or approaches they can use to further their relationships with the infants, children, and adolescents in their care. All of the strategies emphasize the importance of caregivers remaining regulated, responding to the child's needs and feelings, and providing predictability, consistency, safety, and compassion.

Progress in 2020

Eastern Michigan University completed and piloted the contracted curriculum in west Michigan counties. The pilot was initiated on July 1, 2020 and ended on Jan. 31, 2021. Regionalized master trainers were trained in April 2021 by Eastern Michigan University. Statewide rollout of the caregiver training is scheduled to occur on July 1, 2021.

Item 33-35 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 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 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 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: 64% of counties met at least 90 percent of their recruitment goal and 84% 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 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 registered with the Michigan Adoption Resource Exchange (MARE) within required timeframes.
  Baseline – 2017: Area needing improvement.
  Benchmarks 2020 – 2024: Demonstrate improvement each year.
  2020 Performance: During FY 2020, the number of children registered with MARE (photo-listed or hold registrations) and the percentage completed within the policy timeframe of 30 days.
    - 127 photo-listed registrations, of which 45 were registered within policy timeframe (35.4%).
    - 1,557 hold registrations, of which 1,152 were registered within policy timeframe (74%).
    - TOTAL: 1,684 registrations, of which 1,197 registered within policy timeframe (71.1%).

  2021 Performance to Date: From Oct 1, 2020 to Feb. 28, 2021, 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:
    - 35 photo-listed registrations, of which 15 were registered within the policy timeframe (42.9%).
    - 715 hold registrations, of which 616 were registered within the policy timeframe (75%).
    - Total: 863 registrations, of which 519 were registered within the policy timeframe (72.6%).

- **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.
2021 Performance: In FY 2020, 841 children had at least one placement episode in a congregate care setting. Of those 841 youth, 563 (67%) were placed with a relative, fictive kin, a foster family or adoptive family as their subsequent placement. An additional 207 youth (25%) 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: Due to the timing of the COVID-19 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 COVID-19 threat has subsided, so as not to influence the data set. Given the additional challenges COVID presented to resource families, a COVID-19 related caregiver needs survey was developed and sent to resource families throughout the state.

- **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:

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.

Item 36 State Use of Cross-Jurisdictional Resources Assessment of Current Performance

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 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 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 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 notification.

Improving Performance on Item 36

Michigan ICPC has taken the following actions to improve state efforts in performance.

- Implemented a centralized ICPC email for all matters ICPC including case routing, training, and technical assistance.
- Strongly encouraged the use of email instead of ground mail to route cases and seek case assistance more rapidly.
- Contributed ICPC recommendations to the agenda of the monthly Child Welfare Supervisory Conference.
- Implemented a regular series of home study reminders for field staff with ICPC caseloads; codified in a follow up protocol. Field staff are reminded of studies coming due on a regular basis and late studies are subject to continuing regular follow up.
- Provided ICPC training to field and private agency workers and supervisors as requested. Scheduled training is also offered.

- Revised ICPC forms including the ICPC placement request, placement report, and ICPC referral checklist.
- Began revisions of ICPC policies.
- For cases of Michigan children, staff are required to complete the 3130A home study form within 30 calendar days.

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 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).
  2021 Performance: 67% of home studies were completed within 60 days (2020).

Item 36 Planned Activities for 2022

- 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 or direct placement adoption or children who have a Michigan subsidized guardianship agreement.
- Adoption resource consultants 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, i.e., working with Wayne County MDHHS to implement targeted recruitment strategies within three specific zip codes with the highest removal percentages in the state.
- MDHHS will implement strategies related to racial disparities and bias in recruitment and retention of foster and adoptive parents that might be recommended by the newly established Michigan Child Welfare Improvement Task Force.

Program Improvement Plan Update

- **PIP Engagement Strategy Three: 1.3:** MDHHS will rebrand foster parents as resource families to expand the role to one 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 components
    - Innovative support groups through use of technology
    - Assessing obstacles to resource family involvement in support groups
    - Focus on co-parenting

  Update: This activity was completed in Quarter 2. MDHHS identified and assessed models of foster parent communities. Focus groups were completed throughout the state. MDHHS was able to identify many support groups, including formal foster parent support communities as well as many informal support groups that exist on a smaller scale. These groups assist with peer supports, support of parents, and resources. MDHHS attended six forums and focus groups to further identify needed supports.
- **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: This activity is targeted for completion in Quarter 8. Eastern Michigan University was contracted to create a training curriculum for resource families and parents. The curriculum was piloted virtually in BSC 3 beginning in August 2020. The pilot was completed on Jan. 31, 2021. Master trainers were trained in early April, and it is expected all trainers will be trained by June 2021. Statewide roll-out is planned to occur beginning July 2021.

Implementation Support

- Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities and key foster, adoptive, and kinship parents are 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.

- The Bureau of Organizational Services 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.
- MDHHS will set aside funds for federally recognized tribes to support targeted recruitment efforts.
- MDHHS will enhance outreach within faith communities by strengthening partnerships with organizations such as the Muslim Foster Care Association and churches willing to host community dialogues such as “Raising Black Boys”.

Training and Technical Assistance

- 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. As a result of collaboration with tribal representatives, questions were added to the recruitment and retention plan forms for FY 2021, intended for counties to consider the race and cultures of children in care locally and to determine specific goals, tasks, and activities to recruit more homes for children with the greatest placement needs.
- 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

MDHHS Tribal Collaborative Governance Overview

Michigan's American Indian/Alaska Native population (AI/AN) is over 230,000. There are 12 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

Native American Affairs

Native American Affairs within CSA works with Michigan's tribes to guide:

- Advocacy
- Implementation of state and federal laws pertaining to AI/AN people
- Policy and program development
- Resource coordination
- Training and technical assistance
- Tribal consultation and collaborative governance

For more information on services in tribal communities, please visit: www.michigan.gov/americanindians

Provision of Child Welfare Services

All 12 Michigan tribes have Indian child welfare code relative to various levels of child welfare services.

- MDHHS provides after-hours CPS for five tribes.
- Ten tribes investigate CPS complaints on tribal land.
- 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 ICWA Designated Tribal Agents to provide case management.

Tribal Consultation and Coordination in 2020

Consultation and coordination activities in FY 2020 are listed below. The majority of these activities are regularly scheduled and ongoing.

- Governor's Virtual Tribal State Summit, Nov. 18, 2020, included tribal leaders, state department directors, and tribal liaisons reviewing successes and challenges concerning tribal services and issues.
- Monthly calls with the CSA director and leadership, Feb. 27, 2020; June 30, 2021, Nov. 17, 2020; excluding quarterly Tribal State Partnership Meeting months of January, April, July, and October.
- Tribal Consultation collaborative governance - Twelve consultation meetings were held, six work group invitations, and nine policy notices were distributed which included:
    - MDHHS AI/AN data reports, Jan. 9, 2020
    - Consultation to discuss fingerprint options with Michigan State Police, Jan. 15, 2020
    - Participation in Michigan Child Welfare University Partnership, Feb. 6, 2020
    - Sexual Orientation Gender Identity and Expression Workgroup, Feb. 7, 2020
    - FFPSA and Court Process Workgroup March 29, 2020
    - Redaction Unit Tribal Protocol, April 13, 2020
    - APSR review, April 21, 2020; March 31, 2021 and April 5, 2021
    - Central registry, April 23-24, 2020, Nov. 16, 2020
    - MDHHS Borrowed Bed Agreement Between Tribal Agencies tribal consultation, June 8, 2020
    - Changes to Policy FOM 903-02 Payment for Detention Care, June 25, 2020
    - CSA summary of policy changes for government benefits, independent living, juvenile justice residential facilities, Title IV-E appeals, and placement resources, Aug. 7, 2020
    - Proposed MDHHS Communication Issuances (Tribal Agent Listing and Redaction Unit Protocol), Aug. 7, 2020
    - Steering committee and workgroups to improve child safety in Michigan CCIs, Aug. 19, 2020
    - Reviewed and provided feedback on definitions of abuse and neglect used in CPS, Aug. 31-Sept. 1, 2020
    - NAA ICWA Case Complaint Protocol, Sept. 15, 2020
    - Community Advisory Committee invitation on Centralized Intake Structured Decision-Making Tool, Sept. 21, 2020
    - Potential changes to the definition of relative in state statute (MCL 712A.13b Proposed Changes), Aug. 18, 2020 and Sept. 28, 2020
    - Participation in MDHHS CCWIS Transition workgroups, Oct. 6, 2020
    - Tribal Indian Child Protection and Family Violence Prevention Act Access Guide, Oct. 5, 2020
    - Proposed MDHHS Communication Issuances MiSACWIS ICWA Screen Enhancements and Supervisory Control Protocol changes, Oct. 20, 2020

    - MDHHS Tribal Mapping, Dec. 18, 2020
- Quarterly individual tribal consultation sessions (virtual) Jan. 23, 2020, July 15, 2020, and Oct. 16, 2020
- Regional Native American Outreach Workers meetings discussion on service enhancements and professional development (virtual), May 5-6, 2020, Aug. 11, 2020, and Nov. 25, 2020
- SCAO Court Improvement Program statewide task force meetings (virtual), Sept. 26, 2020 and Dec. 5, 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 ICWA (virtual), Jan. 22-23, 2020, July 15, 2020, and Oct. 14, 2020
- Urban Indian State Partnership meetings, a collaborative group of urban Indian organizations, MDHHS, Michigan Departments of Natural Resources, Civil Rights, Agriculture and Rural Development, 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, Nov. 20, 2020 (virtual)
- Monthly quality assurance of Michigan Indian CPS and foster care data reports occurred in collaboration with tribes in 2020.

Tribes were invited to participate or participated in the following 2020 MDHHS committees:

- CCI Steering Committee and workgroups
- Child Welfare Partnership Council
- Front End Redesign and workgroups
- Division of Child Welfare Licensing rule change tribal workgroup
- FFPSA workgroup
- Foster Home Child Placing Agency Rule Change workgroup
- MDHHS Adoption/Foster/Kinship Care Committee
- MDHHS Child Welfare University Partnership
- QRTP court workgroup
- Sexual Orientation, Gender Identity and Expression workgroup
- Structured-Decision Making (SDM) Tool workgroup
- Tribal FFPSA workgroup

Tribal Consultation Agreements

- Tribal consultation occurred with Hannahville Indian Community in 2020 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 2021.
- Negotiations with the Little Traverse Bay Bands of Odawa Indians, Pokagon Band of Potawatomi Indians, Bay Mills Indian Community, and the Little River Band of Ottawa

Indians for State-Tribe Title IV-E Claiming Agreements also occurred between February 2020 and March 2021.
- The Lac Vieux Desert Band of Lake Superior Chippewa Indians and Nottawaseppi Huron Band of Potawatomi Indians have expressed interest in a State-Tribe Title IV-E Claiming Agreement in the future.

Michigan has 26 tribal agreements with eight of Michigan's 12 federally-recognized tribes for Title IV-E maintenance in care funding and determinations, CPS after-hours, Adult Protective Services, tribal consultation, ICWA, and youth in transition: TRIBAL AGREEMENTS TABLE OF CONTENTS (state.mi.us).

CSA is in the process of updating 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. Completion of at least one finalized agreement is targeted for October 2021.

Ensuring Culturally Appropriate Services

MDHHS ensured culturally relevant services were in place for Michigan's AI/AN citizens in 2020 through:

- Conducting stakeholder surveys for quality assurance
- Developing and conducting Indian child welfare case reviews in collaboration with Michigan tribes and urban Indian organizations
- Development of grant and contract opportunities for tribal communities
- Invitations to tribal representatives for participation and input on various CSA committees and workgroups, including the CFSR workgroup
- Maintaining a public MDHHS Native American Affairs website
- Mandatory OWDT ICWA training for new caseworkers and supervisors
- NAA policy implementation
- 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.
- Participation in regional and national tribal consultation at the following events:
    - Bureau of Indian Affairs Partners in Action Regional Tribal meetings and conferences
    - 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
- Publishing culturally competent human services materials
- Quarterly Tribal-State Partnership meetings with representatives from CSA, Michigan's 12 federally-recognized tribes, and tribal organizations

- Reviewing and revising Indian child welfare policy to strengthen and achieve compliance with federal rules and regulations
- Strengthening the Native American Outreach Worker program through training and policy development
- Strengthening the state courts' application of ICWA through collaboration with tribal courts, attorneys and social services, CSA, and state court administration, and the MDHHS Legal Division

Based on the results of the 2019 ICWA case reviews, BSC directors developed ICWA program improvement plans (PIP), including mandatory annual ICWA and MIFPA training for all county child welfare staff. In addition, BSCs developed a local NAA policy point-of-contact to assist caseworkers with ICWA implementation and quality assurance of ICWA data reports. Annual ICWA and BSC ICWA point-of-contact trainings provided through OWDT and NAA occurred in 2020 across all BSCs.

Funding Culturally Appropriate Services

CSA contracted with the following entities to provide culturally relevant and appropriate services in 2020:

- 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
- Families First of Michigan, serving seven of 10 reservation communities. Tribal representatives participate in bid ratings for new contracts.
- Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys' and girls' residential treatment
- Inter-Tribal Council of Michigan for Community Service Block Grant and Infant Safe Sleep initiatives
- Keweenaw Bay Indian Community for direct tribal Title IV-E agreements and Title IV-D Memoranda of Understanding
- Sault Tribe Detention Center for Juveniles
- The Sault Ste. Marie Tribe of Chippewa Indians' Binogii Placement Agency for foster care and adoption services for tribal children

Placement of Native American Children

In 2020, there were 357 Native American children in the Michigan foster care system. The number of children in each placement are listed below.

Placement Type	Number of Children
Adoptive Home	31
Adult Foster Home	1
AWOL	3
CCI	9

Detention	1
Hospital	1
Jail	1
Juvenile Guardianship Home	4
Licensed Unrelated Foster Home	75
Licensed or Unlicensed Relative Home	88
MDHHS Training School	5
Out-of-State Licensed Relative	1
Out-of-State Parental Home	3
Parental Home	118
Rental Home or Apartment	7
Terminated Parental Home	1
Unrelated Caregiver	6
Other	2
Grand Total	**357**

Of the 357 Native American children in care in 2020, MiSACWIS data showed 60 percent (211) were placed with parents or relatives, and all case records reflect placement preferences.

Tribal Access to Chafee Foster Care and Education and Training Vouchers Services

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, where tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes as requested.

Two tribal youth utilized $10,000 in Education and Training Vouchers in 2020. In 2020, Hannahville Indian Community (HIC), Pokagon Band of Potawatomi, Little River Band of Ottawa Indians, Little Traverse Bay Bands of Odawa Indians, and Bay Mills Indian Community continued or commenced tribal consultation for a State-Tribal IV-E Claiming Agreement, which would include Chafee administration if the tribe requested such duties.

Compliance with ICWA

MDHHS ICWA compliance is measured through:

- 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 Native American Affairs (NAA) policy implementation
- Individual onsite tribal consultation sessions with Michigan tribes
- MDHHS county director and tribal social services local case monitoring meetings

- MiSACWIS reporting on Indian children in CPS and foster care
- OWDT ICWA training for new workers and supervisors
- Review of Michigan Court of Appeals 2020 ICWA and MIFPA case decisions
- Supervisory Control Protocol ICWA activities
- Tribal consultation on Michigan's APSR at quarterly Tribal-State Partnership meetings and Tribal State Forum meetings

Tribal feedback on MDHHS state-tribal collaboration and ICWA compliance in 2020 included the following:

- 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, the court ICWA active effort finding stands unless appealed. From the tribal perspective, this demonstrates a lack of voice from the tribal perspective.
- Casework quality was raised regarding ICWA cases. Workers require a better integration of policy requirements with quality case management. The worker responsibility is not simply to complete and mail an ICWA form and follow up with tribes repeatedly on the status of tribal response. Workers must understand what ICWA information is necessary on the forms for tribes to process, reasonable follow-up timeframes, as well as tribal system operations to make it a cohesive and respectful process.
- Between January 2020 and December 2020, there were nine cases involving Indian children reviewed by the Michigan Court of Appeals (COA); the court affirmed all but two of the lower court decisions.

Data Report Innovation

MDHHS enhanced data reporting on ICWA elements in 2020 through the following:

- Creation of a Legal Status 59 for tribal transfer cases to MDHHS and from MDHHS to tribes for Title IV-E agreement utilization
- Creation of the AI/AN CPS Investigation and Ongoing Report (CW-1403). This report is now provided to tribes monthly with their ICWA child in care report (CW-2932)
- CW-1403 and CW-2932 are now also available to MDHHS county office staff through the MiSACWIS Data Warehouse Infoview system
- MiSACWIS ICWA Screen additions of the MDHHS-5598, AI/AN Child Tribal Enrollment/Eligibility Verification form in social work contacts and the active efforts checklist
- Updated Supervisory Control Protocol (SCP) CPS ICWA Activities to reflect the MiSACWIS ICWA screen enhancements

MDHHS enhanced the MISACWIS system in 2020 to generate a drop-down selection of types of active efforts caseworkers provided to families. Currently, the reporting system only has a binary functionality indicating whether an active efforts narrative box is completed and contains content. This narrative content is only assessed through case reviews. NAA policy, training, and data reports are being updated to guide new active efforts elements required for

reporting purposes. The enhanced reports will guide identification of state trends as well as family and service barriers, strengths, and needs. In addition, SCAO is seeking to create an Active Efforts Affidavit court form requirement to be signed by tribal representatives verifying their agreement with active efforts provided by caseworkers. The affidavit is intended to alleviate tribal concerns of data definition disparity.

Tribal Consultation Plan for Continued Improvement

Goal: MDHHS will ensure compliance with the ICWA statewide.

- **Objective 1:** MDHHS will increase the number of children identified as AIAN at the onset of cases statewide.
  Measures: MiSACWIS data on Indian heritage
  Benchmarks 2020-2024: Demonstrate improvement each year.
  - **2020 - 2024:**
    - **2019:** Indian Child Case Review: In 46.5% of 71 cases, a worker contacted a tribe to assess and verify tribal enrollment for a child (area needing improvement).
    - **2019:** MiSACWIS: For the 370 Indian children in care in 2019, 98 case records are missing tribal membership or 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).
    - **2020:** MiSACWIS: There were 357 Indian children in care in 2020. Eighty-six case records are missing tribal membership or eligibility inquiry data and 77 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 all child records. After system review through the data quality assurance process, these errors are determined data entry errors or case transfers from tribes for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory).

- **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:**
    - **2019:** 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).
    - **2019:** MiSACWIS: One-hundred-seventeen 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).

- **2020:** MiSACWIS: Seventy-seven ICWA records 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 all child records. After system review through the data quality assurance process, these errors are determined data entry errors, or case transfers from tribes for the purposes of title IV-E funding not ICWA compliance errors (satisfactory).

- **Objective 3:** MDHHS will ensure 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:**
    - **2019:** 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).
    - **2019:** MiSACWIS: Sixty percent (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).
    - **2020:** MiSACWIS: Sixty percent (211) of 357 Indian child case records in 2020 represent parent or relative foster care placements and 357 Indian children case records reflect ICWA placement preferences.

- **Objective 4:** MDHHS will ensure 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:**
    - **2019:** Indian Child Case Review: 28.17% of 71 cases demonstrated efforts provided to families were active efforts (area needing improvement).
    - **2019:** MiSACWIS: Of the 370 Indian child welfare cases, in 100 percent of cases, the court determined active efforts were made to prevent the breakup or to reunify the Indian families (satisfactory).
    - **2020:** MiSACWIS: Of the 357 Indian child welfare cases, in 100 percent of cases, the court determined 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:**
      - **2019:** Indian Child Case Review: In 1.52% of 66 cases, the worker sent proper notice 10 days in advance of a child custody hearing to a tribe (area needing improvement).
      - **2019:** MiSACWIS: One-hundred-seventeen 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).
      - **2020:** MiSACWIS: Seventy-seven ICWA records (of 357) 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 all child records. After system review through the data quality assurance process, these errors are determined data entry errors, or case transfers from tribes for the purposes of title IV-E funding not ICWA compliance errors (satisfactory).

MDHHS, working through DCQI and Native America Affairs is in the process of developing a quality assurance ICWA/MIFPA protocol. The purpose of a statewide quality assurance protocol is to ensure all BSCs in Michigan adhere to similar processes when assessing ICWA/MIFPA compliance for their counties. Compliance will be assessed using one case read tool on a continuous basis. The purpose of this case review is to assess compliance with ICWA/MIFPA cases within each community. Case types include CPS and foster care cases. Case reviews will be completed within each BSC ongoing following the statewide annual review to assess impact of improvement efforts implemented locally. BSC case read information will be shared with Native American Affairs and DCQI to support resource sharing, policy enhancement, and identify training needs across the state. Each BSC will assign staff to complete case reviews as part of their quality assurance process. The findings from the reviews will inform BSC and local offices about compliance strengths, local systemic challenges, and training opportunities specific to adhering to ICWA/MIFPA laws. DCQI will conduct a review of the complaint(s) to determine if MDHHS adhered to the policies and procedures outlined in Native American Affairs policy. The findings of these independent reviews will be used to make recommendations for systemic changes in CSA policies, case management guidance, and offer training opportunities for staff to improve service delivery that MDHHS provides to American Indian/Alaska Native (AI/AN) children and families.

2020 ICWA Case Review
Due to the COVID-19 pandemic, an annual ICWA Case Review was not conducted in 2020. Planning for the 2021 ICWA Case Review occurred on Feb. 17, 2021.

Child Welfare Training
The OWDT and Native American Affairs provides ICWA/MIFPA training in Pre-Service and New Supervisor Institutes, a refresher course, and on-demand computer-based training. Participant totals in 2020 include:

- CPS, Foster Care, and Adoption Pre-Service Institute ICWA/MIFPA training: 506
- ICWA/MIFPA computer-based training: 912
- ICWA/MIFPA refresher training: 3
- New Supervisor Institute ICWA/MIFPA training: 366
- Supervisory Control Protocol: 2.0 ICWA Activity Webinar: 112

Tribal social services access child welfare training provided by OWDT through enrollment requests to Native American Affairs (NAA). Tribes also have access to the learning management system to register for training sessions, access computer-based training, and track staff training.

The ICWA computer-based training and final exam was updated by OWDT, NAA, and tribes in 2020 and published on Feb. 1, 2021. Additional training for BSC ICWA points-of-contacts and annual ICWA training was developed in 2020.

Plan for Ongoing Collaboration and Coordination

- MDHHS 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.
- 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.

Tribal Consultation Planned Activities for 2022

Collaborative governance initiatives planned for 2022 include:

- Indian child welfare case reviews
- Consultation on the Family First Preservation Services Act, CPS Redesign, child welfare legislation, NAA policy, and tribal agreements
- Continued access for tribes to MDHHS child welfare training and the learning management system
- MiSACWIS ICWA AFCARS enhancement
- Monthly data review of Indian child CPS and foster care cases

- Review of the National Youth in Transition Database survey and results through the Youth in Transition program, with tribal discussion and feedback

Collaborative governance between MDHHS and Michigan tribes to ensure safety, permanency, and well-being of tribal children under the care and supervision of MDHHS will occur through:

- Annual MDHHS Tribal State Forum meeting
- Annual Review of Michigan's Annual Progress and Services Report
- ICWA Case Reviews in collaboration with Michigan tribes
- Individual tribal consultation
- MDHHS workgroup participation
- Monthly CSA tribal calls with the CSA director
- Monthly data review of Indian child CPS and foster care cases
- Monthly leadership summaries of ongoing NAA work
- Monthly MDHHS county director and tribal social services case monitoring meetings
- Quarterly individual Tribal Consultations sessions
- Quarterly Tribal-State Partnership meetings
- Urban Indian State Partnership meetings

Collaborative Governance on the CFSP and APSR

CSA collaborative governance occurred on March 31, 2021 and April 5, 2021, reviewing feedback on the APSR from tribes. Seven tribes, 30 BSC and county directors, and 15 private agency directors responded to the NAA Collaborator Survey. Respondents reported overall satisfaction with MDHHS ICWA policies, practices, and collaboration. Survey results can be seen in Attachment A, Native American Affairs Tribal Consultation Director's Survey.

State and tribal child welfare Annual Progress and Services Reports (APSR) are exchanged annually upon approval by the CB through the coordinated efforts of Native American Affairs and tribes and public website posting.

MDHHS Resources Related to Native American Tribes

- Native American Outreach Services (NAOS) provides direct client services in 13+ counties across the state (MDHHS - Native American Resources (michigan.gov)).
- **MDHHS Tribal Consultation (Collaborative Governance):** Government to government relations between states and tribes required by federal and state laws or executive directives, orders or memos (MDHHS - Tribal Consultation (michigan.gov)).
- **State Indian Child Welfare Statute:** MIFPA, MCL 712B. 1 – 41: Michigan Legislature - 288-1939-XIIB.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Service Description

MDHHS administers 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 may contract with private agencies or provide funds for services. Chafee eligible expenditures 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). 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 Foster Care, Guardianship, Adoption Program Office, which is responsible for ensuring services meet federal requirements and are provided to all eligible young people. Foster Care, Guardianship, Adoption Program Office 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.

FFPSA

The FFPSA 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 CB.

Progress in 2020

- MDHHS focused on improving safety of youth in Michigan's child-caring institutions and juvenile justice facilities, through contract and policy changes and other methods.
- 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 developmentally appropriate activities.

Planned Activities for 2022

- MDHHS will identify strategies to expand resources for pregnant and parenting teens.
- MDHHS will assess supports available to youth in independent living and identify evidence-based interventions that can improve outcomes for transition-age youth.
- MDHHS will infuse youth voice throughout all areas of child welfare.
- MDHHS will message and provide technical assistance to child welfare staff and youth on the importance of transition-age youth leaving foster care with legal permanency and supportive adult relationships.
- MDHHS will message and provide technical assistance to youth and child welfare staff on the opportunity of continued support through the YAVFC program.

Positive Youth Development

Key principles of Positive Youth Development are infused throughout Michigan's Chafee programming in the following ways:

- The MYOI, 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 MYOI establishes a youth board in each site that determines which 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 team decision-making 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 Participation in Improving Foster Care

Progress in 2020

- Michigan re-launched the Statewide Youth Advisory Board. The Statewide Youth Advisory Board provides a structure for young people who have experienced foster care to inform and advise on policies and practices that directly impact youth in the child welfare system. The statewide youth advisory board serves multiple purposes:
    - Opportunity for youth to learn leadership and advocacy skills.
    - Form partnerships with the community and stakeholders.
    - Review and recommend changes in policy and practice to better support youth and their families.
    - Create best practices to improve the child welfare system.

  The CSA Youth Advisory Board is composed of 20 young people from across the state, representing various race/ethnicities, age, and gender backgrounds, who share information about their experiences within the child welfare system with the goal of improving services to young people.

- In August 2020, Michigan participated in the Jim Casey Youth Opportunity Initiative Activating Youth Engagement Summit and developed an action plan. Four young people, one judge, two child welfare staff, and one community partner was a part of the Michigan team. The team participated by providing feedback and developing Michigan's action plan. The action plan focused on:

    - The development and implementation of Michigan's Statewide Youth Advisory Board. The board should be diverse and inclusive and reflective of the foster care population.
    - Development of a survey for youth that inquires about the quality of support they are receiving (placement, court, independent living services, engagement in case plan, relationships in foster care, services provided, caseworker experiences, advocacy, etc.).
    - Authentically engage youth and families to advise on and co-design ongoing improvements and alternatives for CCI reform.
- Michigan participated in CB Virtual Round Table discussions. From the roundtable youth and young leaders shared the importance of them staying connected with caseworkers and independent living coordinators. Common themes and concerns for youth were social isolation during the pandemic, access to mental health care, aging out of foster care during the pandemic, job loss, stable and safe housing, transportation, and educational concerns, as many schools and universities changed to virtual learning.
- Michigan created a Youth Needs Assessment survey that was made available to open and closed case youth to assess their needs during the COVID-19 pandemic and provided follow-up as needed.
    - Four hundred ninety-five surveys were completed. Of those, 115 youth requested follow-up and provided their contact information. The top four identified needs were financial assistance, transportation, access to groceries or other household items, and housing.
    - The youths' contact information was forwarded to the local county director the youth indicated they resided in or to the county the assigned case worker was identified in for follow-up.
- Program office staff participated in a number of webinar discussions held by the National Foster Youth Initiative. Youth expressed concerns regarding loss of employment, transitioning to online schooling, grief related to the loss of loved ones and friends, social isolation, and impact of COVID-19 on reunification efforts and ability to visit family and friends.
- Current and former foster youth were invited to participate in local focus groups to learn more about their experience in foster care to improve outcomes.
- Youth panels are included in conferences, local training, 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
- Young people are included in local foster parent PRIDE training for persons becoming licensed as foster parents.
- Youth were aided in applying for the FosterClub All-star internship.
    - Two youth from different counties participated in the FosterClub 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. Those youth brought information back to Michigan to support advocacy in child welfare policy areas.
    - Due to the COVID-19 pandemic, the internship was provided virtually in 2020. The internship was held over the course of five weeks, and interns earned $500 for each week they participated in the program. All-Stars were provided technology assistance and were engaged in virtual meetings with staff and peers as well as self-paced learning modules.
- Child welfare staff received 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 titled Connecting Youth Engagement in Case Planning and Cultural Competence in Child Welfare.
    - Program office provides 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 team decision-making meetings.

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 and promote normality for youth.
- Foster care licensing rules require foster parents to encourage young people to participate in recreational activities appropriate to their age and ability.
- MDHHS foster care policy includes language supporting the Prudent Parent Standards.
- 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 2020

- MDHHS funds 43 MYOI Coordinator positions. The program is now offered in every county throughout Michigan. 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.
- MDHHS expanded usage of the Keys to Your Financial Future Curriculum provided by the Jim Casey Initiative.
- MDHHS collaborated with the Jim Casey Initiative on MYOI programming, youth asset development, and youth engagement best practices.
- 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 graduation activities
- 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 2020

- Training needs were addressed with an online training 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.

Foster Youth to Independence Voucher Program and 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 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 local housing authorities to apply for the Foster Youth to Independence (FYI) housing vouchers.
    - MDHHS staff and leadership participated in Michigan's Roundtable on Housing and Urban Development Foster Youth Initiative hosted by the U.S. Department of Housing and Urban Development in partnership with the U.S Department of Health and Human Services.
    - MDHHS sought technical assistance from the National Center for Housing and Child Welfare on applying for FYI vouchers.
    - Melvindale and Livonia Housing Commissions entered into Memoranda of Understanding (MOU) with MDHHS and are offering FYI vouchers.
    - MDHHS continues to work with additional local housing commissions to apply for FYI vouchers.
- 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

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 Foster Care, Guardianship, and Adoption program office collaborated with tribal welfare agencies to update the Memorandum of Understanding for securing Chafee funds for independent living skills for tribal youth.
- Foster Care, Guardianship, and Adoption program office 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 MYOI 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.

Planned Activities for 2022

- 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 and 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 2020:

- NYTD data was utilized in grant applications in local offices.
- A goal of MYOI work was pregnant and parenting adolescents, identifying local supports for young parents, and developing a network of community supports where possible.
- Utilize NYTD data to support need for FYI vouchers.

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 Foster Care, Guardianship, and Adoption program office 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 2020

- 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 developing a youth's capacity to transition to adulthood more prepared.
    - Training to MYOI coordinators and education planners to promote their understanding of the 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 YAVFC 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.
- In FY 2020, 915 youth were served in the YAVFC 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 team decision-making 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.
- The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for Chafee-eligible youth.
- The MYOI utilizes local experts, including Planned Parenthood, to educate participating youth regarding safe sex, pregnancy prevention, and healthy relationships.
- MDHHS has two mentor contracts in two BSCs, covering seven counties serving Chafee-eligible youth.

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 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 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 without 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 2020

- The education analyst and the Michigan Department of Education foster care consultant completed trainings to staff across the state throughout FY 2020. After the start of the COVID-19 pandemic in March 2020, all trainings were held virtually. Attendees included public and private foster care staff and school district staff. Training sessions offered 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 when needed.

- The Foster Care, Guardianship, and Adoption program office 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 and FY 2020, graduation and drop-out information were 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.
    - 39.8% of the 2019-2020 foster care cohort graduated in four years.
    - 56.6% of the 2019-2020 foster care cohort graduated in five years.

- Prior to the COVID-19 pandemic, the education analyst provided quarterly full-day training sessions for the education planners. Currently, monthly virtual mini trainings are provided instead. Training topics have included academic credit attainment, education advocacy, special education mediation services, college resources, and certificate of completion versus high school diploma requirements. In addition to the training, the education analyst provides policy and procedure updates and provides an opportunity for the education planners to discuss best practices.
- In collaboration with Fostering Success Michigan and the Michigan Department of Education foster care consultant, a track of workshop sessions was developed for the Department of Education Special Populations Conference for the second year. The 2020 conference was virtual and occurred over the course of several days, offering both live and recorded sessions. Five sessions were offered that addressed the educational needs of youth in foster care, current policy and procedures and resources available.
- The MDHHS education analyst participated as Michigan's child welfare education point-of-contact in the three-day Virtual Federal Convening for Foster Care Points-of-Contact, that also included state's education points-of-contact. The MDHHS education analyst and Michigan Department of Education foster care consultant presented on a panel about school transportation.
- The education analyst provides training to child welfare staff on how to document education information in MiSACWIS.

Personal and Emotional Support for Youth Aging out of Foster Care

- Independent Living Plus contracts 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 two contracts to provide mentoring supports to Chafee eligible youth in two 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.
- MYOI coordinators collaborate with businesses and organizations in their communities to refer older youth in foster care for job training and employment opportunities.

Progress in 2020

- Education planners provided resource information to public and private child welfare staff and referred youth to employment and education programs in their area.
- MDHHS has an interagency agreement with the Michigan Department of Labor and Economic Opportunity that provides Chafee funding to individual Michigan Works! agencies across the state to implement the Summer Youth Employment Program. It provides 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 across the six Michigan Works! agencies. However, due to the COVID-19 pandemic, many businesses that would normally offer summer jobs were closed throughout the summer of 2020. Therefore, the Interagency Agreement was amended to lower the Chafee funding and the number of youth expected to be served to 150 youth. Local sites offered some virtual employment and training options, but far fewer youth were served than in previous years.
    - In the FY 2020 Summer Youth Employment program, 106 young people were served. Of those, 87 completed the program under the 2020 standards.

MYOI

MDHHS has expanded programming to Chafee-eligible youth through the 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 2020

- There are currently more than 800 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 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 2020, 13 enrolled youth made 15 matched purchases.
    - Since the inception of MYOI in 2002, youth have made 1,974 purchases.

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

- Michigan's non-discrimination policy states, "The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information unrelated to the person's eligibility." This statement applies to all licensed and unlicensed caregivers, families and 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 2020

- 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.
- The CSA Sexual Orientation, Gender Identification and Expression (SOGIE) workgroup reviewed various training curricula to make available to CCI staff and created a training website on the MDHHS public website for easy access to these trainings.
- MDHHS revised language in draft administrative rules for CCIs related to sleeping arrangements to ensure transgender youth are respectfully and safely served in residential programs.

YAVFC

- Michigan passed the Young Adult Voluntary Foster Care (YAVFC) 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, YAVFC 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 YAVFC 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 YAVFC.
- Participation in YAVFC is voluntary, and participants may choose to exit the program at any time.
- Michigan allows unlimited exits and re-entries into YAVFC.

Progress in 2020

- In FY 2020, 915 young people participated in the YAVFC Program.
- Typical requirements for youth to participate in the YAVFC Program include maintaining employment or volunteer work of at least 80 hours per month or participating in an educational program. After the start of the COVID-19 pandemic in March 2020, many youth who had been meeting employment requirements were no longer working due to the statewide shutdown. To ensure youth were still being supported, the Foster Care, Guardianship, and Adoption program office released a communication instructing the field that youth currently in the program should not be closed and should continue to receive all services and stipend payments until further notice.
- From July through September 2020, funding was identified to temporarily approve youth to enter the YAVFC Program regardless of their ability to meet the work, school, or volunteer requirements. Local staff actively reached out to youth who had closed cases and met the age requirement.
- The Foster Care, Guardianship, and Adoption program office collaborates with the Federal Compliance Division to provide training to foster care and child welfare funding specialists across the state. Multiple trainings were scheduled for spring and summer 2020; however, when the COVID-19 pandemic began in March 2020, these were canceled. All sessions were offered in a virtual format. Since June 2020, five full-day virtual trainings have been provided to staff. Attendees include foster care caseworkers and supervisors from MDHHS and private agencies, and child welfare funding specialists and supervisors.
- Policy for the YAVFC Program is being updated to make it easier for staff to find

information and to better align with federal guidance in Title IV-E funding issued since Michigan's extension of the foster care program was implemented.

- The YAVFC 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.
- 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 Office of Postsecondary Financial Planning at the Michigan Department of Treasury, to process applications and award scholarship funds.
    - The Foster Care, Guardianship, and Adoption program office verifies eligibility for the scholarships.
- The Foster Care, Guardianship, and Adoption program office 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:

- YAVFC
- Education and Training Vouchers
- Fostering Futures Scholarship
- Youth in Transition funds
- Medicaid
- Daycare

- Supplemental Nutrition Assistance Program

Progress in 2020

- In FY 2020, 258 young people were served through the 10 independent living skills contracts, compared to 266 in FY 2019.
- The independent living skills coach contracts require coaches to invite students to take a year-end survey.
    - At the end of the 2019-2020 academic year, 91 students completed the survey, compared to 82 last year.
    - Ninety-eight percent of participants were either satisfied or highly satisfied with the coaching program.
    - Ninety-two percent of the participants planned to return to campus the following fall semester. Of the seven who reported they would not be returning, four had graduated, two were transferring to a different institution, and one decided to pursue other opportunities. No students reported they were leaving due to a poor grade point average.
    - The average grade point average of those who completed the survey was 2.87.
    - Sixty-two percent of participants reported they were matched with a mentor through the program. Twenty-nine 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.

Planned Activities for 2022

- 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 MYOI 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 MYOI site collaborates with community partners and stakeholders to develop opportunities for employment, education, and social activities for young people in foster

care.

- The Foster Care, Guardianship, and Adoption program office 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 Foster Care, Guardianship, and Adoption program office collaborates with other state agencies, including SCAO, 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.

Training and Technical Assistance

- Training is provided as requested by child welfare staff in local public and private agencies, and by community organizations and community partners.
- The Foster Care, Guardianship, and Adoption program office collaborates with the OWDT to create online trainings for human trafficking and working with youth who identify with diverse sexual orientation and gender identity and expression.
- MDHHS cross-trains with state and community agencies in human trafficking and education issues.
- The Foster Care, Guardianship, and Adoption program office 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 private agencies.
- 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 MYOI 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.

Training and Technical Assistance

- MDHHS provides Native American 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 OWDT provides ICWA training for new child welfare and supervisory staff through online and facilitator-led supervisor training.
- The Court Improvement Program statewide task force holds meetings quarterly to advocate on behalf of tribal families.
- Review of whether tribes would like to develop, supervise, or oversee Chafee, Education and Training Vouchers and other child welfare services and receive a portion of the state's allotment for administration is conducted annually, or at the tribe's request.

MDHHS is in the process of updating prior Memoranda of Understanding for Michigan's federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in foster care. The Education and Youth Unit presents updates on Chafee and Education and Training Vouchers at the quarterly Tribal-State Partnership meetings and conducts follow-up as requested. The Keweenaw Bay Indian Community 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 18 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 MYOI 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.
- The OWDT offers training in special interest areas, including working with youth who identify with diverse sexual orientation and gender identity and 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 and which is used to track utilization of vouchers on each youth's award and education history. This ensures a youth is never awarded more than $5,000 in one fiscal year policy. Youth can receive vouchers until age 26 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's Office of Postsecondary Financial Planning which administers the Tuition Incentive Program and Fostering Futures Scholarship program, MDHHS education planners, MYOI 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 youth's 26th birthday. Education and Training Vouchers staff complete 50 outreach activities each year, including training, webinars, and mass mailings. After March 2020, training was moved to a virtual format.

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 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.
- In 2020, 123 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 tribal members were awarded vouchers.
- In 2020, two young people who identified as tribal members 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 June 30, 2020)	489	186
2020-2021 School Year (July 1, 2020 to March 31, 30, 2021)	342	104
2020-2021 School Year, estimated (July 1, 2020 – June 30, 2021)	450	150

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) 2021 Annual Update
- Crisis intervention – Family Preservation Services, described in the Child and Family Services Continuum section

- Prevention and Family Support Services, described in the Child and Family Services Continuum section
- Time-Limited Family Reunification Services, described in the Child and Family Services Continuum section
- Foster Family and Relative Care Maintenance services, described in the Child and Family Services Continuum section

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 2020 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, III or IV
- 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 and 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 and 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 enhanced the availability of long-term assistance to families and allowed 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 increased 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 2020 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 permanent or adoptive homes often come from the stability of a foster family.

Title IV-B(2) Percentages for 2020

The percentages below reflect 2020 actual expenditures for the Title IV-B(2) grant and include other allowable expenditures in addition to Strong Families/Safe Children services. Some Title IV-B(2) funds were used to augment other state resources for preventive services to families.

- Family Preservation, Placement Prevention: 30 percent
- Family Support: 34 percent
- Time-Limited Reunification: 26 percent
- Adoption Promotion and Support: 5 percent
- Administrative costs: 6 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 2022

The Title IV-B(2) estimates for fiscal year 2022 submitted with this plan indicate 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 requires collaboration with local groups in service planning to ensure 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
- Law enforcement

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 2022.

JUVENILE JUSTICE PROGRAMS

In 2020, 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
- Nineteen 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
- Interstate Compact Office

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 have problematic sexual behaviors and substance use disorder treatment. Residential facilities operate at the secure level and include 24-hour, seven days per week staff supervision.

The 19 private contracted juvenile justice residential facilities include both secure and non-secure placements, and provide services including general residential, youth with problematic sexual behavior, mental health and behavioral stabilization, substance abuse rehabilitation, developmentally disabled and cognitively impaired programming, and human trafficking. Juvenile justice facilities under contract have been certified as QRTPs to comply with the Families First Prevention Services Act beginning April 1, 2021.

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 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 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 CQI process. Juvenile Justice Programs has worked with child welfare partners to begin developing a dashboard for residential programs and is working with the Harvard Government Performance Lab on creating active contract management processes.

The Interstate Compact Office continues to administer two federal compacts, the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact for Juveniles (ICJ). ICPC staff continue to be involved with technical assistance and training directed toward increasing the timeliness of ICPC home studies and quarterly reports supporting foster care and adoption placements across state lines. ICPC staff also advocated for Michigan implementation of the National Electronic Interstate Compact Enterprise (NEICE) now in use by 38 states. ICJ staff continue to participate with other state counterparts in the ICJ Midwest Region, on the national ICJ Training Committee, ICJ Finance Committee and Racial Justice Ad Hoc Committee. There was a record number of juvenile returns during COVID-19 pandemic at a time when normal services were unavailable and major airlines had highly variable schedules.

Goal: MDHHS will develop a dashboard for residential programs.
Status: The dashboard is currently in test phase.

Goal: To implement QRTPs.
Status: Juvenile Justice Programs began implementation of QRTPs April 1, 2021. The implementation will be reviewed, and frequent stakeholder engagement will occur to incorporate feedback into the processes, including the independent assessment process, the court approvals, payment rates, and new aftercare service provisions.

Goal: Implement the new ICJ system by May 2021.
Status: Michigan was one of six states involved in acceptance testing for the Uniform Nationwide Interstate Tracking for Youth (UNITY) application for ICJ document management. UNITY is scheduled to Go Live in May 2021. UNITY will replace the current Juvenile Interstate Data System.

Planned Activities for 2022

Planning is ongoing for the enhancement of programs and services for young adults including:

- Enhancing re-entry services to disabled youth who can work or be rehabilitated to ensure supports are available to help them return to the community through partnership with Michigan Rehabilitation Services.
- Creating statewide training on the Prison Rape Elimination Act (PREA) with technical assistance from the PREA Resource Center.
- 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 that includes 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 a state level youth advisory board to inform providers and policy makers on youth perspective.

JUVENILE JUSTICE TRANSFERS

One-hundred-five young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2020. This data was obtained from the wardship coding in MDHHS Data Warehouse 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 2020. As of April 13, 2021, there were 195 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 discussions around the funding and support for a statewide data resource for delinquency services in Michigan.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In 2020, following a review of the 19 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 are 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 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 or 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 and 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

Michigan received $4,145,500 in Adoption and Legal Guardianship Incentive funds from FY 2017 that were expended in FY 2020 for the following initiatives:

- Year two of a three-year contract with Eastern Michigan University to develop and implement pre-service and pre-licensure training for foster, adoptive and kinship parents.
- 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.
- Contract with Building Bridges Initiative to provide the Six Core Strategies to Reduce Seclusion and Restraint Use.
- Contract with the Dave Thomas Foundation for Adoption to employ recruiters to find children waiting in foster care adoptive homes, secure placements, and work toward the finalization of adoptions.
- Contract with Evident Change (formally known as the National Council on Crime and Delinquency) to assist MDHHS with the development of a Structured Decision Making (SDM) tool for Centralized Intake to achieve more equitable and consistent decision-making.
- Contract to redesign the Foster Care Navigator website.
- Contract with Evident Change to revalidate the risk assessment tool utilized by CPS workers.
- Regional trainings for CPS and Centralized Intake staff to help families with a non-emergency crisis.
- Funding to address safety issues for unlicensed relatives with a kinship placement.
- Domestic violence training for staff across the state.
- Anti-racism initiative that implemented system-wide race-informed child welfare practices that will lead to eliminating disproportionality and produce equitable outcomes for children served by the child welfare system.
- Temporary expansion of a reunification and prevention program that provides goods and services to families. Needs due to the effects of COVID-19 were added to the eligibility criteria.
- Temporary expansion of the state's YAVFC program allowing youth to continue participating in the program even when certain eligibility requirements were not able to be met due to the state's extended COVID-19 stay-at-home orders.
- Contract with Public Consulting Group to complete an actuarial study to review case rates paid to CCIs for QRTPs.
- Contract with the Praed Foundation to develop the Comprehensive CANS for children's

services workers to support decision-making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
- Development of the state's Centralized Intake Access Database Replacement (CIADR) and Child Caring Institute (CCI) Dashboard.
- Expansion of the state's probate guardianship contracts with two new counties.
- New contracts for the state's Transitional Placement Program (TPP). TPP offers families in-home shelter care so children may remain in community setting , rather than CCIs.
- Temporary expansion of a reunification and prevention program that provides goods and services to families. Needs due to the effects of COVID-19 were added to the eligibility criteria.

Michigan received the following in Adoption and Legal Guardianship Incentive funds: $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:

- Temporary staffing resources to compile closed adoption records to respond timely to requests from adult adoptees for information from their foster care and adoption records.
- Contract with Eastern Michigan University to develop, pilot and implement a pre-service and pre-licensure training curriculum for Michigan's prospective foster and adoptive parents and relative caregivers.
- Contract with the Dave Thomas Foundation for Adoption to employ recruiters to find children waiting in foster care adoptive homes, secure placements, and work toward the finalization of adoptions.
- Expansion of the Michigan Adoption Resource Exchange contract to include reviews of adoption cases.

ADOPTION SAVINGS EXPENDITURES

2020 - 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

In FY 2020, the Kinship Care Resource Center with Kinship Navigator Program funding implemented the following:

- 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 a result of involvement with Michigan's child welfare system. Families may self-refer or be referred by a child welfare or other agency.
- Employs kinship navigators with lived kinship caregiver experience.
- Continued development of communication infrastructure.
- Participated in meetings, events, and conferences with diverse stakeholder representation to strengthen care coordination for kinship families.
- Developed a database with over 500 referral sources.
- Provided outreach to relative caregivers with foster placements.
- Dissemination of a monthly e-newsletter.
- Assessed kinship support group offerings and utilization and maintained an online calendar of kinship support group meetings.
- Established the Michigan Kinship Care Coalition.
- Participated in targeted outreach events for both kinship families and professionals.
- Engaged in multiple efforts to coordinate with 2-1-1 to discuss coordinated efforts.
- Engaged in service delivery activities with kinship caregivers through phone calls, emails, and social media.
- Planned, coordinated, and delivered five live webinars.
- Participated in the Evidence Building Academy provided by the Urban Institute.
- Ongoing program development evaluation.

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%.
- 2020 requirement: 95% - Michigan achieved 97.3%

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%
- 2020: 80.6%

In 2020, virtual visitation was utilized during the state's executive stay-at-home order. Following the expiration of that order, caseworker visits were encouraged to take place in an outdoor setting to limit exposure and potential to spread the COVID-19 virus. This impacted the percentage of caseworker visits at the child's residence compared to previous reporting years.

Monthly Caseworker Visit COVID-19 Response

CSA provided guidance to caseworkers following the guidance issued on March 18, 2020 by the CB. The guidelines were published and communicated to all staff members outlining expectations children are to be visited in the safest environment possible meeting the expectations outlined in section 422(b)(17) of the Social Security Act.

Michigan implemented use of video conferencing to conduct monthly face-to-face visits with children in foster care. MiSACWIS can 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 2021, Michigan is using the Monthly Caseworker Visit Formula Grant for the following activities:

Child Welfare Workforce Training and Mentoring

CSA has contracted with Alia Innovations to facilitate workgroups, trainings, and workshops for MDHHS and private child welfare staff to help build resiliency and prepare Michigan's child welfare workforce leaders to facilitate transformation toward a more trauma-informed system, driven by the well-being of staff and families, and focused on early prevention and intervention. Trainings include information on healing childhood trauma, developmental trauma, building individual and organizational resilience, managing organizational change, and other innovative programming.

Alia Innovations training will improve the quality of caseworker visits and engagement with families by providing caseworkers and supervisors advanced training in the skills needed to communicate with parents and children in a way that promotes the healing of trauma and builds supportive relationships. These build on the teaming, engagement, and mentoring skills in the MiTEAM practice model, which if used effectively, will improve assessment, service planning, and interventions in collaboration with families.

MICHIGAN SUPPLEMENTAL FUNDING ACTIVITIES FY 2020

Note: Expenditure of federal supplemental funds allocated to Michigan is pending approval by the Michigan state legislature.

Federal Grant: Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 [P.L. 116-136]

Purpose: To assist families with increased needs due to COVID-19 to ensure child safety, family cohesion and reunification.

Allocation Amount: $1,424,370

Funded Activities: MDHHS, private agency foster care, family preservation providers and Post Adoption Resource Centers (PARCs) were allowed to utilize COVID-19 funding, up to $1,000 per family, for specific items or services to ensure child safety, family cohesion and reunification. Examples of items purchased using CARES Act funding are included below:

- Emergency food
- Eviction prevention
- Utility arrearages
- Case goal-related purchases
- Clothing
- Linens
- Diapers and wipes
- Medication copays
- Birth certificates
- State IDs
- Car seats
- Household goods
- Car repairs
- Car insurance
- Hotel costs for families
- Prescriptions not covered by medical insurance
- Home repairs
- Extermination services (bed bugs, cockroaches, carpenter ants, etc.)
- Dumpster rentals
- Educational supplies
- Parenting tools
- Beds and cribs
- Home application fees
- Pre-paid cell phones and minutes cards
- Transportation assistance for case-related activities

Federal Grant: FFPSA Transition Grant, Public Law (P.L.) 116-94, Section 602

Purpose: To support implementation of FFPSA and further its goals, Congress passed the Family First Transition Act as part of P.L. 116-94 signed into law on Dec. 20, 2019. FFPSA Transition Grants may be used for any purpose specified in Title IV-B of the Act, the portions of the Act

authorizing the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1) and the MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, subpart 2). Funds may also be used for activities directly associated with implementation of FFPSA. The FFPSA Transition Grants will be awarded in fiscal year (FY) 2020 but will remain available to grantees for expenditure through the end of FY 2025.

Allocation Amount: $15,621,987

Planned Activities:

- Approximately $3.22 million is being invested in the HOMEBUILDERS® program, described in detail in the Child and Family Services Continuum section of this report. The HOMEBUILDERS® model is a nationally recognized, evidence-based family preservation program. HOMEBUILDERS® is designed to eliminate barriers to service while using research-based interventions, including motivational interviewing, to improve parental skills and capabilities, family interactions, and children's behavior, while promoting safety. HOMEBUILDERS® is available in seven Michigan counties.
- Approximately $1,079,438 will be spent on evaluation activities over three years for promising and supportive services identified in Michigan's Title IV-E Prevention Plan including Trauma-Focused Cognitive Behavioral Therapy, Family Spirit, and SafeCare.
    - Trauma-Focused Cognitive Behavioral Therapy serves children and adolescents who have experienced trauma. This program targets children and adolescents who have Post-Traumatic Stress Disorder symptoms, dysfunctional feelings or thoughts, or behavioral problems. Caregivers are included in treatment as long as they did not perpetrate the trauma and child safety is maintained.
    - Family Spirit is designed to serve mothers for as long as possible, from 28 weeks gestation until three years postpartum. Home visitors teach 63 lessons during 52 home visits. Each visit is 45-90 minutes long. Visit frequency tapers over time.
    - SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. SafeCare is designed for parents and caregivers of children ages birth through 5 who are either at-risk for or have a history of child neglect or physical abuse. The program aims to reduce child abuse and neglect. The SafeCare curriculum is delivered by trained and certified providers.
- Funding will also be used to support coordination and delivery of Motivational Interviewing training. MDHHS is contracting with the Public Consulting Group to assist in coordination and delivery of Motivational Interviewing for public and private child welfare staff. A budget is currently being established. Motivational Interviewing can be used to promote behavior change with a range of target populations and for a variety of problem areas. Michigan will use Motivational Interviewing as a strategy to serve adolescents and adults with challenges in the areas of substance abuse and mental health and increase motivation to improve parenting skills.

Federal Grant: Division X - Additional Chafee Funding – Supporting Foster Youth and Families through the Pandemic Act

Purpose: Continued safe operation of child welfare programs and support for older foster youth.

Allocation Amount: $9,403,852

Planned Activities:

- Allows youth who left foster care due to age during the pandemic period (Jan. 27, 2020 – April 20, 2021), to re-enter foster care if not yet 22 years old and stay until the 22nd birthday or Sept. 30, 2021, whichever comes first. Title IV-E eligible youth can continue to be funded by Title IV-E even if not meeting education/employment/volunteerism requirements. For those who are not Title IV-E eligible, this Chafee allocation can be used for them.
- No youth ages 18 to 20 should have their foster care case close due to age, until Sept. 30, 2021. Title IV-E eligible youth can continue to be funded by Title IV-E even if not meeting education/employment/volunteerism requirements. For those who are not Title IV-E eligible, this Chafee allocation can be used for them.
- For fiscal years 2020 and 2021, Chafee funding may be used to provide services and assistance to any otherwise eligible youth or young adult who experienced foster care at age 14 or older and has not yet attained age 27.
- The state may provide driving and transportation assistance to youth; creates a cap on the amount provided to each youth/young adult at $4,000 per year.
- Lifts limit of states using a maximum of 30 percent on room and board.

Federal Grant: Division X - Additional Education and Training Vouchers Program

Purpose: To provide additional support for foster youths' participation in higher education.

Allocation Amount: 1,366,839

Planned Activities: Allow increase in Education and Training Voucher (ETV) funds for youth; increase flexibility of eligibility to include youth not attending post-secondary institution or training program due to COVID-19.

- Allows youth to be awarded up to $12,000 for the year instead of $5,000 for the year until Sept. 30, 2022.
- Allows youth to be awarded ETV funds if not meeting the enrollment or the satisfactory achievement requirements that are normally in place until Sept. 30, 2021.
- Youth can be awarded if not attending post-secondary institution or training program due to Covid-19 until Sept. 30, 2021.

- Extends the maximum age to the 27th birthday until Sept. 30, 2021.

Federal Grant: Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families Program

Purpose: To provide community-based family support, family preservation, family reunification, and adoption promotion and support activities.

Allocation Amount: $1,981,268

Planned Activities:
- Extension of substance abuse support contracts.
- Allocation to counties for counseling, specific assistance to meet concrete needs, parenting skill support, peer to peer mentoring, mental health services, substance abuse treatment services, assistance to address domestic violence, and other related activities.
- SCAO Court Improvement Program technology enhancements, training for courts, and programs to help families avoid delays due to COVID-19.

Federal Grant: American Rescue Plan Child Abuse Prevention and Treatment Act State Grant

Purpose: To improve the child protective services system of the state in a manner consistent with any of the 14 program purposes of CAPTA.

Allocation Amount: $2,907,744

Planned Activities: The implementation plan is in the process of being created and is focused on the development and implementation of a front-end prevention system in Michigan. CSA is working with numerous stakeholders, including multiple jurisdictions across the country, national partners, research institutes, the Harvard Government Performance Lab, the Children's Trust Fund, etc. to finalize the plan. The implementation plan is projected to be complete by October 2021.

Federal Grant: Court Improvement Program (CIP) 2021 Supplemental Funding

Purpose: To address needs stemming from the COVID-19 public health emergency to ensure the safety, permanence, and well-being needs of children are met in a timely and complete manner. Courts must collaborate with child welfare agencies on the local and state levels and

jointly plan for the collection and sharing of all relevant data and information to ensure those outcomes.

Allocation Amount: $231,521

Planned Activities: The State Court Administrative Office Child Welfare Services division will distribute grants to circuit courts for the following activities:

1. Enhance Virtual Courtroom Operations. Judicial officers and court personnel will be provided technological supports to conduct virtual court hearings and avoid delays in legal proceedings. Training on how to use remote technology and best practices for conducting virtual court hearings may be included.
2. Access to Technology to Increase Party Participation. The court will provide technological supports to ensure that parties, attorneys, and other stakeholders, can meaningfully participate in remote court hearings, meetings, parenting time, and case activities.
3. Compensate Attorneys to Attend Out of Court Client Meetings or Handle Ancillary Legal Matters to Achieve More Timely Permanency.
4. Administrative Solutions/Strategies to Resolve Backlog of Child Protection Cases Due to COVID-19. Courts will identify the cohort of foster care cases in which the hearings have been delayed due to COVID-19 and develop strategies to prioritize timely disposition of those cases.
5. Other strategies to help avoid delays in legal proceedings, or to assist juvenile courts with needs that have resulted from COVID-19.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits to, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

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 2022: October 1, 2021 through September 30, 2022

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		☑ NEW
Lansing, MI 48909		
a) **Email address** for grant award notices: MDHHS-Grants@michigan.gov		☐ REALLOTMENT

REQUEST FOR FUNDING for FY 2022:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.

Hardcode all numbers; no formulas or linked cells.

6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$9,203,171
a) Total administrative costs (not to exceed 10% of the CWS request)		$50,161
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$8,329,339
a) Family Preservation Services	20.0%	$1,665,868
b) Family Support Services	30.0%	$2,498,802
c) Family Reunification Services	20.0%	$1,665,868
d) Adoption Promotion and Support Services	20.0%	$1,665,868
e) Other Service Related Activities (e.g. planning)	0.0%	$0
f) Administrative costs (*STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %*)	10.0%	$832,933
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100.0%	*$8,329,339*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$549,806
a) Total administrative costs (not to exceed 10% of MCV request)		$54,980
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$3,141,699
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:		$1,503,523

REALLOTMENT REQUEST(S) for FY 2021:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW"

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2021 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***
		Joseph Bock for Alysha E. Schomburg
Title Director, Children's Services Agency		***Title***
Date 06/24/2021		***Date*** 11/9/2021

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Michigan Department of Health and Human Services

For FY 2022: OCTOBER 1, 2021 TO SEPTEMBER 30, 2022

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, TRIBAL, & 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	$ 625,479			$ 3,141,699				$ -	269,223	86,744	A/N Reports	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ 493,426	$ 1,665,868		$ -				$ -	14,324	5,174	Eligible Families	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 4,322,482	$ 2,498,802		$ -				$ -	19,801	12,277	Eligible Families	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ 418,296	$ 1,665,868		$ -				$ -	11,200	8,734	Eligible Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,665,868						$ -	4,394	3,214	Eligible Children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -						$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ 3,293,327						$ 44,409,788	$ 131,895,765	12,955		Eligible Children	Statewide
(b) GROUP/INST CARE	$ -						$ 42,631,312	$ 182,442,770	1,103		Eligible Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 92,310,400	$ 62,607,300	22,080		Eligible Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 3,171,800	$ 7,327,200	1,245		Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 4,588,976			$ 917,796	1,170	-	Eligible Youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$ -	$ 1,503,523		$ 300,705	450	-	Eligible Youth	Statewide
12.) ADMINISTRATIVE COSTS	$ 50,161	$ 832,933	$ 54,980				$ 117,337,253	$ 114,356,569				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 892,286	$ 1,147,955				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 135,754	$ 5,054,460				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 2,400,458	$ 5,542,419				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 494,826				$ -	$ -				
18.) TOTAL	$ 9,203,171	$ 8,329,339	$ 549,806	$ 3,141,699	$ 4,588,976	$ 1,503,523	$ 303,289,051	$ 511,592,939				
19.) TOTALS FROM PART I	$9,203,171	$8,329,339	$549,806	$3,141,699	$4,588,976	$1,503,523	-----	-----	-----	-----	-----	-----
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 Narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 through September 30, 2020

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) ☑ NEW ☐ REVISION	Lansing, MI 48909	

Description of Funds	**(A) Actual Expenditures for FY 19 Grants**	**(B) Number Individuals served**	**(C) Number Families served**	**(D) Population served**	**(E) Geographic area served**
6. Total title IV-B, subpart 1 (CWS) funds:	$ 8,510,164	9,461	7,131	Eligible Children	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 3,577				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ 8,219,254	17,186	17,999	Eligible Children and Families	Statewide
a) Family Preservation Services	$ 2,482,118				
b) Family Support Services	$ 2,987,014				
c) Family Reunification Services	$ 2,249,286				
d) Adoption Promotion and Support Services	$ 381,117				
e) Other Service Related Activities (e.g. planning)	$ -				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF allotment)*	$ 119,719				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 8,219,254*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 464,253				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 4,161,908	3,114	-	Eligible Youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ 150,000	126	-	Eligible Youth	Statewide
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 1,326,795	450	-	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.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***	
		Joseph Bock for Alysha E. Schomburg	
Title	***Date***	***Title***	***Date***
Director, Children's Services Agency	10/6/2021		11/9/2021

State of Michigan
Comparison of FFY 2021 and FFY 2005 Title IV-B, Subpart 1 Expenditures
Date: 05/25/21

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	2005 Non-Federal Funds Used as 25% Match (2)	2005 Amount State Exceeded Match Requirement
(3) Administration & Other Services	$7,567,068	$10,993,304	$18,560,372	$0	$10,993,304
Foster Care Board & Care (Maintenance)	$2,169,185	$62,810,809	$64,979,994	$3,245,418	$59,565,391
Child Care	$0	$0	$0	$0	$0
Adoption Assistance Payments	$0	$0	$0	$0	$0
Totals	$9,736,253	$73,804,113	$83,540,366	$3,245,418	$70,558,695

Michigan estimated expenditures for Title IV-B Child Welfare Program, period ended September 30, 2021 (FFY 2021):

	2021 Estimated Federal Funds (1)	2021 Estimated Non-Federal Funds	2021 Estimated Total Federal & Non-Federal	2021 Estimated Non-Federal Funds Used as 25% Match (2)	2021 Est. Amount State Exceeded Match Requirement
(3) Administration	$50,161	$114,356,569	$114,406,730	$0	$114,356,569
Foster Care Board & Care (Maintenance)	$3,293,327	$131,895,765	$135,189,092	$3,100,000	$128,795,765
Prevention & Family Support Services	$4,322,482	$0	$4,322,482	$0	$0
Protective Services	$625,479	$0	$625,479	$0	$0
Family Preservation-Crisis Intervention	$493,426	$0	$493,426	$0	$0
Time-Limited Family Reunification	$418,296	$0	$418,296	$0	$0
Child Care	$0	$0	$0	$0	$0
Adoption Assistance Payments	$0	$0	$0	$0	$0

Totals	$9,203,171	$246,252,334	$255,455,505		$3,100,000	$243,152,334

(1) Total Title IV-B, Subpart 1 funds spent for foster care maintenance = $3,293,327, child care = $0, adoption assistance payments = $0.

(2) Estimated FFY 2021 match amount from State spending on foster care maintenance payments ($3,1000,000) does not exceed the FFY 2005 match amount ($3,245,418).

(3) Prior to FFY 2008, ACF required distinctive tracking and reporting of foster care maintenance expenditures only. All other expenditures, services and administrative, were reported in a second category. Beginning FFY 2008, expenditures are broken-down between administration and service areas. Estimated FFY 2021 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	FY2019 Expenditures[(1)]
Federal	$ 19,096,000	$ 165,718,649
State / Local	$ 25,089,700	$ 209,712,861
Total	$ 44,185,700	$ 375,431,510

(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.

APSR 2022
Attachment D

Michigan Department of Health & Human Services
Division of Continuous Quality Improvement

Children's Services Agency
Division of Continuous Quality Improvement

Child Abuse Prevention and Treatment Act State Plan

2021 Annual Update

CONTENTS

Attachments

Michigan's Child Abuse Prevention and Treatment Act Coordinator

Mary Lou Mahoney, Director, Prevention, Preservation and Protection
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CHILD ABUSE PREVENTION AND TREATMENT ACT 2021 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 2021 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 continues to coordinate Children's Protective Services (CPS) goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	2016	2017	2018	2019	2020
Number of complaints received	160,065	167,160	171,171	170,650	155,859
Percent of complaints assigned for investigation	56%	56%	56%	56%	46%
Percent of investigations resulting in confirmed abuse or neglect	28%	28%	27%	22%	24%
Maltreatment in foster care[1]	14.24	18.56	16.5	Data not available[2]	Data not available[3]
Recurrence of maltreatment[4]	14.3%	14.7%	14.1%	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, performance data on recurrence of maltreatment is not currently available.
[3] Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, performance data on recurrence of maltreatment is not currently available.
[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, performance data on recurrence of maltreatment is not currently available.
[6] Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, performance data on recurrence of maltreatment is not currently available.

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, 2019 – June 30, 2020) 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 form to be filed, as using MORS is considered making a written report based on MCL 722.623. The telephone hotline is also available 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. A report is not required 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.

- 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 an Infant 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 through 2018. The 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 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 from the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. With the support 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 ten counties as of Oct. 1, 2020.
    - Obtained intensive home-based programming to address substance use in various counties.
    - Created 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.

To ensure compliance with Plans of Safe Care, the Michigan's Supervisory Control Protocol (SCP), which is required to be completed by the CPS supervisor on every CPS investigation, asks the following question for every CPS investigation involving substance use: "Was a Plan of Safe Care developed to address needs of the infant, mother, and other household members?" Supervisors are required to verify compliance with this policy on all investigations and follow-up is required if it is not completed.

The department also monitors compliance in this area through routine case reviews completed by the CPS Peer Review Teams and the Compliance Review Team (CRT). Each case review requires an evaluation for documentation of a Plan of Safe Care. CRT also verifies if the required service referral was made.

The CSA In-Home Services Bureau, in coordination with DCQI and CSA's Policy and Legislative Unit, assesses the case review findings data to identify areas needing enhanced training and/or policy changes. The CRT also provides training for the Plans of Safe Care when they conduct comprehensive CRT trainings in the local county offices.

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.

As of September 2021, the workgroup has completed the tasks outlined and transition of the work and any technical assistance will be completed through engagement with the Governor's Task Force on Child Abuse and Neglect and the department's engagement with the National Center on Substance Abuse and Child Welfare. The department aligned its policies with the federal definition; the family preservation contracts were amended to include the requirement for providers to review Plans of Safe Care if created or to create one with the family if one was not developed; Michigan Public Health Institute program forms were aligned with the federal requirements; training was offered to staff, information was shared with hospitals and MiSACWIS was updated to identify whether a newborn identified with positive toxicology had a Plan 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.

The Michigan Collaborative Quality Initiative (MICQI) is a birthing hospital collaborative that the department supports. Medicaid funds a portion of the time of the collaborative leader and the Division of Maternal and Infant Health funds a contract nurse 10 hours per week to assist. The hospitals that are part of the collaborative are those that have a NICU or Special Care Nursery. Of the 80 birthing hospitals in Michigan, there are 35 hospitals that fall into this category. The MICQI has been doing trainings regarding screening infants for Neonatal Abstinence Syndrome with the Finnegan screening tool and using Eat, Sleep and Console. MDHHS partially funds the MICQI; however, it is the MICQI conducting the trainings.

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

- The NCSACW has assisted with the development of substance use training and training resources. The Governor's Task Force on Child Abuse and Neglect formed a workgroup to develop a Plan of Safe Care Protocol and the NCSACW has participated in team meetings to provide guidance and resources as the team reviews the draft. The Plan of Safe Care protocol is in draft review. Since that time, MDHHS requested written feedback and suggestions from the field and created three priorities for 2020 and 2021:
    - 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. To address this, MDHHS is working collaboratively with the Governor's Task Force on Child Abuse and Neglect, as well as other child welfare stakeholders, to create a Plan of Safe Care Protocol. The protocol will identify how to develop and implement Plans of Safe Care at three distinct timeframes: pre-natal, at birth, and post-natal. The protocol will be available to all child welfare staff, medical professionals, and service providers.
    - 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. These will be incorporated into the Plan of Safe Care protocol.

When the Plan of Safe Care Protocol is complete, the department will collaborate with the Governor's Task Force on Child Abuse and Neglect (GTF) training committee in development of the training and the roll-out plan for implementation. The GTF training committee will take the lead on development. This work will be done in collaboration with MDHHS and other stakeholders.

Progress in 2020

- A multidisciplinary committee continues to complete work on the Plan of Safe Care Protocol. It is expected to be finalized and distributed in late 2021 or early 2022.
- MDHHS continues to develop access to resources and encourage collaboration and care coordination between MDHHS, relevant service providers, and medical professionals.

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 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 enhanced 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 completed a thorough review of policy, practice, and systems and reviewed how these impacted 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.
- 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 in contracts with 48 agencies across the state that provide some level of services to victims of human trafficking. In Southeast Michigan, the division funds services provided through agencies including 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.
- 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 in collaboration with various stakeholders such as the Prosecuting Attorneys Association of Michigan and SCAO.

DCWL has been collecting sex trafficking as an allegation for a few years, and as such, has the ability to report the number of allegations and substantiations in NCANDS.

- Sex trafficking is now collected as a removal reason, but only since July 2021, so there is little current data to report. Once collected, the data will be reported in AFCARS 2.0 along with the questions about prior involvement in sex trafficking or involvement after removal, which is currently a question asked upon a youth's return from going AWOL. Answers to those questions are available but not yet federally reported.
- The CSA In-Home Services Bureau is currently convening a human trafficking workgroup to review Michigan's workflow for human trafficking investigations and a review of department policy and human trafficking protocol. This work will involve a variety of stakeholders. During these workgroup meetings, MDHHS will engage with stakeholders about how frequently they are seeing these investigations, barriers that exist, and identify solutions to address identified gaps.

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; 286,431 educational items were distributed by MDHHS in FY 2020. 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, the MDHHS Infant Safe Sleep program released "Safe Sleep 201" training for home visitors and child welfare workers which 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 2020, 990 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. 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.

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 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 toward women 18 to 34 years old who have a child under the age of 1 year. The campaign was completed across multiple social media platforms. Various trends were learned about the target group, 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. MDHHS county 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 In-Home Services Bureau 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 2020 were driven with the goal of better supporting families, providing worker relief, and making policy more streamlined by:

- Obsoleting 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 polices were obsoleted and/or moved to another section of policy:
    - PSM 713-02
    - PSM 713-05
    - PSM 713-06
    - PSM 713-07
    - PSM 716-01
    - PSM 716-02
    - PSM 717-04
    - PSM 717-05
    - PSM 717-06
    - PSM 718-08
    - PSM 718-09
- The following policies were updated to provide policy clarification or additional/updated based on feedback from various stakeholders:
    - PSM 713-01
    - PSM 713-08
    - PSM 714-02

- Policy was clarified that 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 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:

- Clarification that infants born affected by substances rarely meet criteria necessary for severe physical injury and removed information on severe physical injury from PSM 716-07.
- Policy was amended to provide information on nonimmigrant status.

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:

- Maintaining and updating detailed step-by-step guidelines regarding internal procedure
- Continually assessing internal procedures for consistency and compliance with statute
- Continually providing training to Centralized Intake staff
- Debriefing with staff when critical incidents occur
- Participating 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 reduce the number of reconsideration requests, as well as reduce the number of screening decisions overturned.

Criminal Background Clearances

Michigan complies with federal requirements for background clearances by completing central registry and criminal history clearances for all foster care, relative, and adoptive placements. Michigan Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children (R. 400.9205) require a criminal background check and a CPS central registry check for all licensed foster and adoptive parents and other adult household members. Licensing Rules for Child Placing Agencies (R. 400.12309) also require child-placing agencies to conduct these checks. No changes in this process have occurred over the last year.

Licensing consultants complete an annual onsite inspection of every child-caring institution. During annual reviews, personnel files are reviewed, in addition to a sample of files for current staff. The licensing consultant checks the central registry clearance, training records, criminal history information, and other documentation.

DCWL processes all background clearances on behalf of MDHHS contracted CCIs. DCWL does not process criminal history/Central Registry background checks for CCIs that are not contracted with MDHHS. The responsibility to obtain those clearances falls on the non-contracted CCI.

The Michigan Child Protection Law was amended to allow MDHHS to verify that an employee, potential employee, volunteer, or potential volunteer of an agency in which the person will have access to children is not on the child abuse and neglect central registry. There have been no substantive changes to the law affecting the state's eligibility for the state grant (Section 106 (b)(C)(1)).

- In 2020, the CPS program office reviewed and responded to over 4,255 requests for central registry clearance checks.

MDHHS Birth Match Process

The MDHHS birth match process matches Michigan births to a list of adults 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 the State Court Administrative Office 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 2021. Training on the protocol will be provided.
    - The Prosecuting Attorneys Association of Michigan continues to provide training to increase collaboration between prosecutors, CPS, and law enforcement on

multi-disciplinary team investigations. The department, in collaboration with the Governor's Task Force on Child Abuse and Neglect, has contracted with the Prosecuting Attorneys Association of Michigan to provide training on the Model Child Abuse Protocol.

  - In 2021, 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, 66 have local multi-disciplinary team protocols that meet statutory requirements, four have protocols that do not meet statutory requirements, eight do not have protocols but have started the process to create them and five counties do not have protocols and have not started the creation process.

- **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 2021, In-Home Services is working 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.

- **Plan of Safe Care Protocol –** The department is working collaboratively with the Governor's Task Force on Child Abuse and Neglect, as well as other child welfare stakeholders to create a protocol to address substance use by caregivers caring for infants. This protocol is expected to be finalized in late 2021 or early 2022.

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.
- The Guy Thompson Parent Advisory Council was created in 2018. The council comprises birth parents who have successfully completed services offered by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs. In 2018 and 2019, the council completed a Parents Partnering for Change leadership training, conducted a purpose workshop, contributed to performance improvement planning, and participated in legislative day. In 2020, the council updated council operating and financial guidelines, continued conducted quarterly meetings and expanded its reach within the child welfare system. Since the creation of the council, members have participated in the following:
    - Child and Family Services Review Program Improvement Plan
    - Families First Prevention and Services Act Target Population Workgroup
    - Children's Trust Fund Request for Proposal Review
    - Michigan Court Improvement Project Taskforce
    - Child-caring institution reform initiatives
    - Child Welfare Improvement Taskforce
    - Casey Family Programs subcommittees
    - National Center on Substance Abuse and Child Welfare Core Workgroup
    - Reduce Fatalities and Reoccurring Child Injuries Caused by Crime Victimization
    - Presented at BSC 2 Town Hall, CPS Advisory meeting, and MDHHS CQI conference and trainings.
    - Provided feedback on policy changes, Central Registry reform, CPS Redesign

work, and safety planning.

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 and the following activities:

- 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 (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 goal of the review 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 CRT sends feedback to local offices after each review, and to the BSCs quarterly. In 2020, the CRT reviewed 1,242 disposed cases.
    - While the Compliance Review team (CRT) has found acceptable or improving compliance standards in many areas, six areas of opportunity for improvement have been identified statewide that correlate with documentation weaknesses noted in the 2018 Office of the Auditor General CPS audit. Areas of focus include accurate history and trends documentation, Central Registry clearance documentation, accurate risk assessment scoring, timely law enforcement notifications, timely prosecutor notifications, and Central Registry placement notification. The CRT is currently developing BSC- and county-specific targeted training to improve compliance adherence with these policies.
    - The CRT reviews individual investigations for appropriate compliance/documentation for over 50 policy and law requirements. Compiled data from these individual investigation reviews is provided to every county and BSC quarterly. This data is used to highlight strengths of policy and law compliance, as well as spotlight areas for improvement that counties and BSCs can use to develop focused areas of training. The CRT team is currently in the process of working with each of the BSCs to develop individual trainings to address their specific policy needs.

- 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 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.
    - Conducting Virtual Court in Child Protective Proceedings
    - Advocating For Clients During Extraordinary Times: Consideration for Children's And Parents' Attorneys In Child Protective Cases.
    - Conducting Child Protective Proceedings via Zoom: Jurist to Jurist Support
    - Using Zoom in Remote Court Proceedings: Thoughts and Observations from Allegan County
    - Understanding and Supporting the Infant-Parent Relationship Affected by Substance Use
    - Amplifying a Child's Voice in Court
    - Compassion Must be the Foundation of All Reasonable Efforts to Reunify Children
    - An Overview and Practical Training for the Provisional Tele-Forensic Interview Guidelines (multiple sessions)
    - Centering Ourselves to Serve in a Time of Uncertainty: 2020
    - An Overview of Adoption Assistance, Guardianship Assistance, and Medical Subsidy

Front-End Redesign

The CSA In-Home Services Bureau, in partnership with national experts and various stakeholder groups, is pursuing a child well-being system rooted in prevention, family preservation, and equity, referred to as the Front-End Redesign. At this time, specific areas of focus include:

- The development and implementation of a new Structed Decision Making (SDM) intake assessment for Centralized Intake to help ensure accuracy, consistency, and equity in assignment decisions made by intake. This is currently in progress and full implementation is expected by March 2022.
- This includes the development of a new prevention track at Centralized Intake to provide services and resources to children and families who are the subject of a screened-out referral to address any identified risk factors. This work is being informed by national experts, research facilities, other jurisdictions, staff, and other key stakeholders.
- Revisions to Michigan's maltreatment types to align and operationalize these definitions with the language and intent of the Child Protection Law (CPL). This work is in progress.

- Development of a new SDM safety assessment, risk assessment, and risk reassessment to improve decision making and outcomes for children and families. Safety and risk assessment tools are used by workers to assess child safety and to help determine the likelihood of future system involvement. The implementation of new tools is expected to shift Michigan's current practice for assessing and servicing families, improving efforts to address risk, reducing the likelihood of further intervention by the department. This work is currently underway.
- Analysis and overhaul of mandated reporter training curriculum and materials with a focus on addressing implicit bias and disproportionality.
- Legislative changes to modify Michigan's CPL to reflect a 21st century child well-being system, to ensure alignment with the development of new tools and practices, and to provide clarification in areas of ambiguity and subjectivity.
    - This includes a request to modify Michigan's current Central Registry to tie placement on the Central Registry to serious acts of child abuse and neglect vs. current practice which is based on future risk.
    - Policy modifications to reflect any legislative changes and implementation of new tools and practices.
    - Training enhancements and new training opportunities.
    - Other strategies to address workflows and workloads with a dedicated focus on addressing secondary trauma for staff.

CAPTA Section 106(a) 5. Developing and updating systems of technology that support the program and tracking reports of child abuse and neglect.

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. Development of enhanced oversight reports for supervisors is ongoing, and users are trained in case documentation. Data reports are published in the Infoview system and county managers receive training to accurately monitor case management activities. During 2020, 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) 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 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 application 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.

CCWIS Development

Any changes to CPS policy, practice, or the development of new tools will inform CCWIS development. As changes occur throughout the development of CCWIS, changes will be integrated accordingly. There are ongoing conversations with the MiSACWIS team to keep them abreast of new developments to discuss timing and integration of Central Registry changes or changes as a result of redesign efforts. CCWIS will improve data quality, data reporting abilities, oversight and monitoring, and usability for child welfare staff. In addition, the CCWIS system will reflect all changes as a result of the Front End Redesign, designed to improve outcomes for children and families, provide new decision-making support tools for staff, address implicit bias, and reduce disproportionality.

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.

MDHHS continues to provide training for child welfare professionals, including:

- Michigan's annual Child Abuse and Neglect Prevention Conference
- Yearly summit conferences on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policymakers
- In-service training to enhance caseworker skills
- A yearly summit in collaboration with the Governor's Task Force on Child Abuse and Neglect to increase knowledge regarding the investigation, prosecution, and juvenile justice intervention of child welfare cases
- Training in collaboration with the Michigan State Police for all stakeholders on drug endangered children
- Creation of 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

2021.

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:

- MDHHS sponsors Michigan's annual Child Abuse and Neglect Prevention Conference.
- The CPS Advisory Committee is a group of CPS supervisors that meets quarterly to discuss CPS policy, practice, and implementation to enhance policy development and develop a network to enhance child welfare awareness and strengthen leadership skills.
- 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 2020.
- There were 1,649 CPS workers allocated in Michigan in 2021. 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 2020:
    - 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

Progress in 2020

The Governor's Task Force on Child Abuse and Neglect provided training and resources in 2020 to address child welfare legal issues. The task force developed an interagency agreement with

the State Court Administrative Office to train child welfare professionals via the printing, distribution, and implementation of resource guides, practice manuals, and other materials.

Due to the need to continually investigate child abuse and neglect cases during COVID-19, the department partnered with the Governor's Task Force on Child Abuse and Neglect to create guidelines for utilizing technology to forensically interview children. Guidance was provided to child welfare stakeholders on how to appropriately utilize technology while completing forensic interviews in July 2020.

MDHHS collaborates with the Governor's Task Force to provide trainings to child welfare staff. To address the need for training, the Task Force sponsors an annual training each year. Due to the ongoing COVID-19 pandemic, the 2021 Summit was conducted virtually over three days. The Summit, which was held on Feb. 10-12, 2021, featured keynote speaker Louise Evans, founder and director of the 5 Chairs Project. The conference featured breakout sessions addressing implicit bias, human trafficking, eliciting responses from children, self-care, the Indian Child Welfare Act, dismantling disproportionality within child welfare, cultural enrichment in transracial families, and the process of identifying and categorizing maltreatment. The 2021 Summit had 866 attendees.

Materials from the 2021 Summit are available at: https://courts.michigan.gov/Administration/SCAO/OfficesPrograms/CWS/ChildWelfareServicesTraining/Pages/Governor's-Task-Force-on-Child-Abuse-and-Neglect-Annual-Summit.aspx.

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 2020, the In-Home Services Bureau 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 2020

- 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 150 complaints per weekday and 25 complaints on the weekend 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.
- In 2020, MDHHS completed a review of their mandated reporter training. After the review, the training was retooled and included information regarding disproportionality within the child welfare system and bias in reporting suspected child abuse and neglect.
- MDHHS continues to remain active in training mandated reporters. A list of trainers in each county, as well as other mandated reporting resources continue to be available at www.michigan.gov/mandatedreporter.

Planned Activities for 2022

- MDHHS is working with the Mandated Reporter Committee to:
    - Update the mandated reporter training as needed.
    - Provide training to 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 include:

- 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 2022

- The Medical Advisory Committee developed training to assist workers in assessing abuse and neglect. These trainings are co-trained with child abuse pediatricians. Regional trainings will continue throughout 2021.
- The following activities will be conducted in 2021 and 2022:
    - Updating the mandated reporter training
    - Providing agency guidance and services to the child welfare continuum of care
    - Providing training to 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 2020, MDHHS referred 9,154 children to Early On. Of these:

- Approximately 63 percent (5,728) of infants born were substance affected.
- Approximately 76 percent (6,926) were infants less than 12 months old.

As of March 31, 2021, 4,620 children were referred for an Early On assessment or services in the first half of FY 2021. Of these, 3,286 (approximately 71 percent) were exposed to substances prenatally and 3,795 (approximately 82 percent) were less than 1-year-old at the time of referral to Early On.

Planned Activities for 2022

In 2022, 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.

MDHHS is 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 2020, this panel focused on learning about the functioning and needs of multidisciplinary teams within Michigan.

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 composed 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 coordinates 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 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 collaborates 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 2022

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 analyst on the development of a best practice guide for working with youth who identify as lesbian, gay, bisexual, transgender, or intersex.
- Complying 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.
- Obtaining sexual orientation, gender identity, and gender expression information upon intake at residential programs to ensure the child's needs are met.
- Creation of a tool to assist child welfare workers in obtaining and documenting sexual orientation, gender Identity, and gender expression data.
- Providing 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.

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.
- Participating in a MDHHS workgroup addressing opioid use across systems within MDHHS.

- Participating 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.
- Working collaboratively with the Chapin Hall Michigan Assessment Team to implement the act and the state five-year Family First Prevention Services Act prevention plan.
- Convening 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.
- Providing services in four counties 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.

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 is now available in nine counties.

Michigan's system of evidence-based home visiting programs provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0-5. Home visiting programs partner with families to connect them with community resources to meet self-identified needs; provide supportive parenting, health, relationship, and safety information; and offer encouragement with the intent that children may grow and develop in a safe and stimulating environment and be prepared for school. There are over 200 home visiting programs in Michigan, representing eight home visiting models and serving over 26,000 families annually.

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 a number of sources, including law enforcement agencies, medical examiners/coroners, and local child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters, the reports are not inserted into Michigan's National Child Abuse and Neglect Data System (NCANDS) submission until a link between the child fatality and maltreatment is established after completion of a CPS investigation. If the link between the death and maltreatment is confirmed, it is recorded as a fatality due to abuse and/or neglect in MiSACWIS and included in NCANDS submissions.

Michigan utilizes information provided by the state vital statistics department through the Michigan Fetal Infant Mortality Review and the Sudden Unexplained Infant Death Registry. This data is compiled with the assistance of the Michigan Public Health Institute and is incorporated with the information obtained from local child death review teams, law enforcement, local health departments and medical examiners/coroners to ensure accurate recording of child deaths in Michigan. Each year, this information is compiled into the Annual Michigan Child Death Report provided to the governor and Michigan Legislature. The report can be accessed at: http://michigan.gov/dhs/0,4562,7-124-5459_61179_7695_8366---,00.html.

Michigan Child Death State Advisory Committee

The committee reviews findings and data from local Child Death Review Teams and conducts an independent child death reviews to make recommendations for policy and statute changes, as well as to guide statewide education and training to prevent child deaths. The committee disseminates an annual compilation of the reviews of child deaths in Michigan. The report outlines recommendations for policy, legislation, and procedures to reduce the number of preventable deaths. Sleep-related fatalities, fetal substance exposure resulting in death and violence are areas critical for future study. The project coordinator of the National Citizen Review Panels has recognized this team as the model for other states' citizen review panels. Michigan created a Comprehensive Statewide Plan to Prevent Child Fatalities, which, as of June 2021, is being updated. The current (draft) plan can be viewed here:

www.michigan.gov/documents/mdhhs/Comprehensive_Statewide_Plan_to_Prevent_Child_Fatalities_729135_7.pdf

Child Death Investigation Training
Training on child death investigations, uniform definitions, protocols, and prevention is offered annually to CPS staff, medical examiners, law enforcement and other professionals. Participants are trained to utilize the reporting form, learn from case examples, and discuss all aspects of child death scene investigations. Trainings are provided by MDHHS and partner agencies on an ongoing basis.

The Office of Family Advocate receives an alert when fatality investigations are reported to Centralized Intake. In fiscal year 2020, the Office of Family Advocate received 353 alerts. In fiscal year 2021, three death alerts have been received in which the child died in fiscal year 2020. Of these 356 total alerts, the office completed an in-depth review of cases based on selection criteria. The Office of Family Advocate reviews all fatality cases in which the child was a ward of the state. The office also reviews fatality cases in which a child was involved or recently involved with CPS and in circumstances that the Office of Children's Ombudsmen is not reviewing the case. Each year, the Office of Family Advocate completes an annual fatality report regarding foster care ward deaths which can be found at: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_72316---,00.html.

The Office of Family Advocate collaborates with numerous stakeholders including the Citizen Review Panel for Child Deaths. The Office of Family Advocate also works with the Violence and Injury Prevention Unit within MDHHS to address suicide prevention. A grant received from the University of Michigan allows child welfare staff to be trained in suicide prevention and awareness. MDHHS also has suicide prevention trainers. The University of Michigan collaborated with the Office of Family Advocate to survey over 280 child welfare staff regarding suicide prevention and published a nationally recognized paper on the project. The Office of Family Advocate also works with the Safe Delivery Committee and Safe Sleep Committee.

EXPANDING AND STRENGTHENING CHILDREN'S PROTECTIVE SERVICES

Michigan developed unique approaches to prevent and effectively respond to risk and safety factors that may contribute to child abuse and neglect, including:

- Utilizing the Safe and Together approach to domestic violence in child welfare cases. Workers statewide are trained in utilization of Safe and Together and the skills it provides are incorporated into Michigan's case practice model, MiTEAM.
- Statewide Safety by Design training for frontline workers and supervisors. This training provides a child-centered approach to effective safety planning.
- Ongoing training and support to prevent infant deaths in which the sleep environment

may be a factor.

- Collaborated with Casey Family Programs and Evident Change 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.
- Since 2018, MDHHS has collaborated with Evident Change 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 FY 2022.

CAPTA ANNUAL STATE DATA REPORT

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

In 2021, 1,649 CPS positions were allocated. The following CPS staffing ratios 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 2022 Attachment E: CPS Staffing Allocation. Information on the qualifications for CPS professionals can be found in Attachment F: Services Specialist Job Specification.

JUVENILE JUSTICE TRANSFERS

One-hundred-five young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2020. This data was obtained from the wardship coding in MDHHS Data Warehouse 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 2020. As of April 13, 2021, there were 195 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.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits to, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

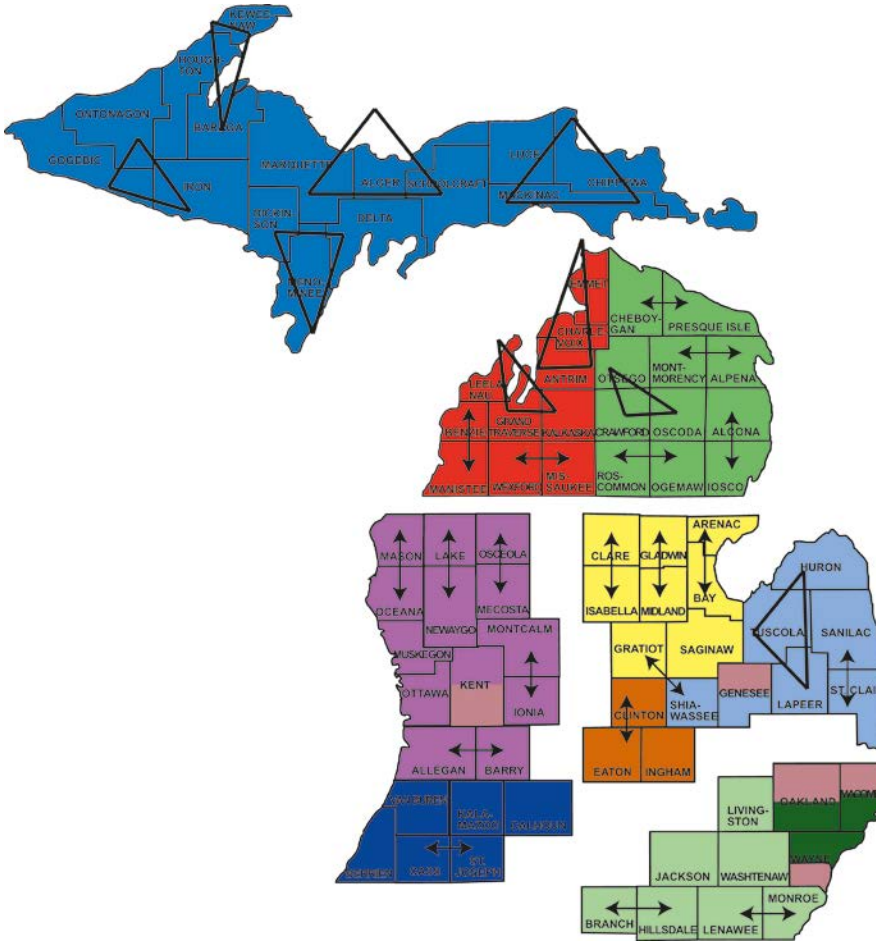
MDHHS
Michigan Department of Health & Human Services

Fiscal Year 2021 - Field Staffing Allocation Package

Economic Stability Administration-Bureau of Budget

Effective Date: 10-1-20

Release Date: 12-4-20



FY2021 STAFFING ALLOCATION

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FY2021 STAFFING ALLOCATION

Executive Summary

Overview

The FY2021 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 FY2021 staffing allocation for Outstate and Wayne County Operations totals 9461.5 positions, which is a *net decrease of 25.0* from FY2020 that includes a decrease of 9 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.

	FY2020 Allocation	FY2021 Allocation	Difference
Eligibility Specialists/PATH	3073.0	3073.0	
Family Independence Specialists	288.0	277.0	(11.0)
Adult Services	530.0	530.0	
Juvenile Justice Workers	34.0	34.0	
Child Welfare Workers	2975.0	2977.0	2.0
Other Workers	239.5	230.5	(9.0)
Administrative Support Workers	1013.0	1010.0	(3.0)
1st Line Supervisors	981.0	980.0	(1.0)
2nd Line Supr. & Program Technical	218.0	217.0	(1.0)
Sub-Total	**9351.5**	**9328.5**	(23**.0)**
Field Management and Administration	88.0	88.0	
Migrant Services Workers	47.0	45.0	(2.0)
Total Positions Allocated	**9486.5**	**9461.5**	**(25.0)**

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 843.0 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 1st Line) Recoupment Positions
116.0	(49.0 ES, 56.0 Admin Support, 7.0 1st-Line, 4.0 2nd-Line) ESA 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 1st-Line, 67.0 2nd-Line/Program Tech) BSC Offices
5.0	(2nd-Line) Adult Supervisors
6.0	(4.0 Admin Support, 2 - 2nd-Line/Program Tech) HR Student Assist., CSA/ESA HR Liaisons
6.0	(2nd-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	(2nd-Line/Program Tech) Wayne County (Cash) Administrative Assistant
3.0	(2nd-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 1st Line) Placement Collaboration Unit
187.0	(4.0 Admin Support, 1.0 Dir. Sec., 151.0 Services Specialist, 28.0 1st Line, 3.0 2nd Line/Prog. Tech) Centralized Intake
54.0	(45.0 Services Specialists 12, 9.0 1st 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
843.0	**TOTAL**

FY2021 STAFFING ALLOCATION

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FY2021 Staffing Allocation
Detailed Comparison By Staffing Category

November 16, 2020

Staffing Category	FY2019 Allocation	Subtotals	FY 2020 Allocation	Subtotals	FY2021 Allocation	Subtotals	FY20/FY21 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	49.00		49.00		49.00		-	
ES Off-the-tops		86.00		86.00		86.00		
Family Independence Specialists	288.00	288.00	288.00	288.00	277.00	277.00	(11.00)	
ES/FIS Sub-total		3,324.00		3,324.00		**3,313.00**	-	**(11.00)**
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		824.00		(4.00)	
CPS Workers	1,678.00		1,649.00		1,644.00		(5.00)	
Non-Caseload Carrying								
- MIC Workers	35.00		45.00		45.00		-	
- 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		5.00		5.00		-	
- Child Welfare Funding Specialists (IV-E)	82.00		82.00		82.00		-	
- Centralized Intake	140.00		140.00		151.00		11.00	
- Adoption Subsidy Unit	4.00		4.00		4.00		-	
- MiSACWIS	50.00		50.00		50.00		-	
- IV-E Analysts	4.00		4.00		4.00		-	
- CSA Directors Office	1.00		1.00		1.00		-	
- MiFamily & Med Unit Director Office	1.00		1.00		1.00		-	
- CSA Peer Improvement	2.00		2.00		2.00		-	
- Placement Colaboration Unit (SS 12)	6.00		9.00		9.00		-	
- Regional Placement Unit (DA 12)	10.00		10.00		10.00		-	
		2,918.00		2,975.00		**2,977.00**		**2.00**
Administrative Support Workers	922.00		922.00		919.00		(3.00)	
Administrative Support Off-the-top								
- BSC Staff (Admin Support/Placement Unit/HR)	8.00		8.00		8.00		-	
- Dept. Tech (Redact. And Expungement Team)	5.00		5.00		5.00		-	
- 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	56.00		56.00		56.00		-	
- Centralized Intake	2.00		4.00		4.00		-	
		1,040.00		1,013.00		**1,010.00**	-	**(3.00)**
First-Line Supervisors (Cash Assistance)	330.00		330.00		330.00		-	
First-Line Supervisors (Adult Services)	44.00		45.00		44.00		(1.00)	
First-Line Supervisors (Child Welfare)	546.00		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		1.00		-	
- Placement Collaboration Unit (2-SPM14)	1.00		2.00		2.00		-	
- Centralized Intake	28.00		28.00		28.00		-	
- MIC	7.00		9.00		9.00		-	
		983.00		981.00		**980.00**		**(1.00)**
2nd-Line Supervisors/ProgTechs	116.00		119.00		118.00		(1.00)	
2nd-Line Supervisors Off-the-tops								
- Adult 2nd-Line	5.00		5.00		5.00		-	
- HR Liaisons (CSA-ESA positions)	17.00		2.00		2.00		-	
- 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)	54.00		67.00		67.00		-	
- DA 9-11 (Expungement Team)	7.00		7.00		7.00		-	
- Centralized Intake (Program Tech/2nd Line)	3.00		3.00		3.00		-	
- CSA Native Am. SAM15			1.00		1.00		-	
		216.00		218.00		**217.00**		**(1.00)**
Community Resource Coordinators	57.00		57.00		57.00		-	
Native American Outreach Workers	12.00		12.00		12.00		-	
Field Management & Administration							-	
- BSC Directors (Inc. Deputy Director)	5.00		6.00		6.00		-	
- 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 & Dep. Dir.(Incl. Cent. Intak	8.00		8.00		8.00		-	
-Child Welfare Dist. Mgr.	7.00		7.00		7.00		-	
		87.00		88.00		**88.00**		**-**
Migrant Services Program	48.00		47.00		**45.00**		(2.00)	
		205.00		204.00		**202.00**		**(2.00)**
Donated Funds	163.50		170.50		161.50			
Total (Non-Field Staff S & W)		163.50		170.50		**161.50**		
TOTALS		9,449.50		9,486.50		**9,461.50**		**(16.00)**

FY2021 COUNTY STAFF COMPARISON
(Excludes *Migrant Services and Management and Administration)*

Run Date: 11.16.20	FY2020 Total County Staff	FY2021 Total County Staff	Change	% of Change
STATEWIDE	**9,029.50**	**9,004.50**	**(25.00)**	**-0.28%**
BSC 1	36.00	36.00	-	0.00%
	-	-	-	
ALCONA/	7.00	7.00	-	0.00%
IOSCO	37.00	39.00	2.00	5.41%
ALPENA/	36.00	36.00	-	0.00%
MONTMORENCY	10.00	10.00	-	0.00%
ALGER/	7.00	7.00	-	0.00%
MARQUETTE/	54.00	54.00	-	0.00%
SCHOOLCRAFT	10.00	9.00	(1.00)	-10.00%
ANTRIM/	18.00	18.00	-	0.00%
CHARLEVOIX/	-	-	-	
EMMET	56.00	56.00	-	0.00%
BARAGA/	10.00	10.00	-	0.00%
HOUGHTON/	28.00	29.00	1.00	3.57%
KEWEENAW	2.00	1.00	(1.00)	-50.00%
BENZIE/	12.00	12.00	-	0.00%
MANISTEE	29.00	28.00	(1.00)	-3.45%
CHEBOYGAN/	38.00	33.00	(5.00)	-13.16%
PRESQUE ISLE	10.00	10.00	-	0.00%
CHIPPEWA/	36.00	38.00	2.00	5.56%
LUCE/	8.00	7.00	(1.00)	-12.50%
MACKINAC	10.00	10.00	-	0.00%
CRAWFORD/	19.00	19.00	-	0.00%
OSCODA/	11.00	11.00	-	0.00%
OTSEGO	38.00	36.00	(2.00)	-5.26%
DELTA/	37.00	36.00	(1.00)	-2.70%
DICKINSON/	20.00	20.00	-	0.00%
MENOMINEE	20.00	18.00	(2.00)	-10.00%
GOGEBIC/	26.00	25.00	(1.00)	-3.85%
IRON/	13.00	12.00	(1.00)	-7.69%
ONTONAGON	9.00	9.00	-	0.00%
GR. TRAVERSE/	81.00	80.00	(1.00)	-1.23%
KALKASKA/	16.00	16.00	-	0.00%
LEELANAU	-	-	-	
OGEMAW/	40.00	40.00	-	0.00%
ROSCOMMON	20.00	20.00	-	0.00%
MISSAUKEE/	-	-	-	
WEXFORD	65.00	65.00	-	0.00%
TOTAL	**869.00**	**857.00**	**(12.00)**	**-1.38%**
BSC 2	34.00	34.00	-	0.00%
GENESEE	307.00	297.00	(10.00)	-3.26%
INGHAM CASH	155.00	148.00	(7.00)	-4.52%
INGHAM CSA	126.00	127.00	1.00	0.79%
SAGINAW	193.00	190.00	(3.00)	-1.55%
ARENAC/	14.00	14.00	-	0.00%
BAY	118.00	118.00	-	0.00%
CLARE/	32.00	30.00	(2.00)	-6.25%
ISABELLA	74.00	71.00	(3.00)	-4.05%
CLINTON/	29.00	27.00	(2.00)	-6.90%
EATON	85.00	83.00	(2.00)	-2.35%
GLADWIN/	23.00	23.00	-	0.00%
MIDLAND	75.00	73.00	(2.00)	-2.67%
GRATIOT/	31.00	31.00	-	0.00%
SHIAWASSEE	67.00	67.00	-	0.00%
HURON/	23.00	22.00	(1.00)	-4.35%
LAPEER/	42.00	41.00	(1.00)	-2.38%
TUSCOLA	65.00	63.00	(2.00)	-3.08%
ST. CLAIR/	162.00	160.00	(2.00)	-1.23%
SANILAC	35.00	34.00	(1.00)	-2.86%
TOTAL	**1,690.00**	**1,653.00**	**(37.00)**	**-2.19%**

FY2021 COUNTY STAFF COMPARISON
(Excludes *Migrant Services and Management and Administration)*

Run Date: 11.16.20	FY2020 Total County Staff	FY2021 Total County Staff	Change	% of Change
BSC 3	42.00	41.00	(1.00)	-2.38%
	-	-		
BERRIEN	171.00	166.00	(5.00)	-2.92%
CALHOUN	171.00	170.00	(1.00)	-0.58%
KALAMAZOO	273.00	268.00	(5.00)	-1.83%
KENT CASH	280.00	278.00	(2.00)	-0.71%
MUSKEGON	241.00	237.00	(4.00)	-1.66%
OTTAWA	133.00	132.00	(1.00)	-0.75%
VAN BUREN	96.00	95.00	(1.00)	-1.04%
ALLEGAN/	108.00	109.00	1.00	0.93%
BARRY	31.00	31.00	-	0.00%
CASS/	44.00	44.00	-	0.00%
ST. JOSEPH	77.00	75.00	(2.00)	-2.60%
IONIA/	65.00	62.00	(3.00)	-4.62%
MONTCALM	62.00	59.00	(3.00)	-4.84%
LAKE/	15.00	15.00	-	0.00%
NEWAYGO	62.00	61.00	(1.00)	-1.61%
MASON/	35.00	35.00	-	0.00%
OCEANA	26.00	25.00	(1.00)	-3.85%
MECOSTA/	67.00	67.00	-	0.00%
OSCEOLA	-	-		
TOTAL	**1999.00**	**1970.00**	**(29.00)**	**-1.45%**
BSC 4	29.00	28.00	(1.00)	-3.45%
	-	-		
JACKSON	186.50	183.50	(3.00)	-1.61%
LIVINGSTON	77.00	73.00	(4.00)	-5.19%
MACOMB	359.00	383.00	24.00	6.69%
OAKLAND	389.00	401.00	12.00	3.08%
WASHTENAW	170.00	166.00	(4.00)	-2.35%
WAYNE	1,401.00	1,430.00	29.00	2.07%
BRANCH/	36.00	36.00	-	0.00%
HILLSDALE	70.00	68.00	(2.00)	-2.86%
LENAWEE/	60.00	59.00	(1.00)	-1.67%
MONROE	115.00	113.00	(2.00)	-1.74%
TOTAL	**2,892.50**	**2,940.50**	**48.00**	**1.66%**
BSC 5	62.00	62.00	**-**	**0.00%**
GENESEE CSA	184.00	184.00	-	0.00%
KENT CSA	181.00	181.00	-	0.00%
MACOMB CSA	164.00	162.00	(2.00)	-1.22%
OAKLAND CSA	210.00	209.00	(1.00)	-0.48%
WAYNE CSA	612.00	611.00	(1.00)	-0.16%
TOTAL	1,413.00	1,409.00	(4.00)	-0.28%
ESA & CSA Central	166.00	175.00	9.00	5.42%
STATEWIDE	**9,029.50**	**9,004.50**	**(25.00)**	**-0.28%**

FY2021 COUNTY ALLOCATION COMPARISON BY STAFFING CATEGORY
(Excludes Migrant Services and Management and Administration)

Run Date: 11.16.20	FY2020 ES/FIS/ PATH Wkrs	FY2021 ES/FIS/ PATH Wkrs	change	FY2020 Adult Wkrs	FY2021 Adult Wkrs	change	FY2020 Juvenile Justice Wkrs	FY2021 Juvenile Justice Wkrs	change	FY2020 Child Welfare Wkrs	FY2021 Child Welfare Wkrs	change	FY2020 Other Wkrs	FY2021 Other Wkrs	change	FY2020 Admin Support Wkrs	FY2021 Admin Support Wkrs	change	FY2020 1st Line Supv	FY2021 1st Line Supv	change	FY2020 2nd Line/ PT	FY2021 2nd Line/ PT	change
STATEWIDE	3,361.00	3,350.00	(11.00)	530.00	530.00	-	34.00	34.00	-	2,715.00	2,715.00	-	239.50	230.50	(9.00)	1,002.00	999.00	(3.00)	941.00	940.00	(1.00)	207.00	206.00	(1.00)
BSC 1	1.00	1.00	-	2.00	2.00	-		-		16.00	16.00	-	-	-		1.00	1.00	-	-	-	-	16.00	16.00	-
	0.00	-	-	-	-	-		-		-	-		-	-		-	-		-	-		-	-	
ALCONA/	1.00	1.00	-	-	-	-		-	-	3.00	3.00	-	-	-		3.00	3.00	-	-	-	-	-	-	
IOSCO	12.00	12.00	-	2.00	2.00	-		-	-	11.00	11.00	-	1.00	3.00	2.00	4.00	4.00	-	6.00	6.00	-	1.00	1.00	-
ALPENA/	11.00	11.00	-	2.00	2.00	-		-	-	12.00	12.00	-	1.00	1.00	-	4.00	4.00	-	5.00	5.00	-	1.00	1.00	-
MONTMORENCY/	4.00	4.00	-	-	-	-	1.00	1.00	-	2.00	2.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
ALGER/	3.00	3.00	-	-	-	-		-	-	1.00	1.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
MARQUETTE	18.00	16.00	(2.00)	2.00	3.00	1.00		1.00	1.00	17.00	17.00	-	2.00	2.00	-	5.00	5.00	-	9.00	9.00	-	1.00	1.00	-
SCHOOLCRAFT	4.00	3.00	(1.00)	-	-	-		-	-	3.00	3.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
ANTRIM/	7.00	7.00	-	-	-	-		-	-	7.00	7.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-
CHARLEVOIX/	0.00	-	-	-	-	-		-		-	-		-	-		-	-		-	-		-	-	
EMMET	13.00	13.00	-	3.00	3.00	-	1.00	1.00	-	23.00	23.00	-	2.00	2.00	-	5.00	5.00	-	8.00	8.00	-	1.00	1.00	-
BARAGA	3.00	3.00	-	-	-	-		-	-	3.00	3.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-
HOUGHTON/	9.00	9.00	-	1.00	1.00	-		-	-	8.00	8.00	-	1.00	2.00	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	-	-	-	-		-	-	4.00	4.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
MANISTEE	8.00	8.00	-	4.00	3.00	(1.00)		-	-	8.00	8.00	-	1.00	1.00	-	3.00	3.00	-	4.00	4.00	-	1.00	1.00	-
CHEBOYGAN/	10.00	9.00	(1.00)	3.00	2.00	(1.00)		-	-	12.00	11.00	(1.00)	2.00	2.00	-	4.00	3.00	(1.00)	6.00	5.00	(1.00)	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	-		-	-	10.00	11.00	1.00	3.00	4.00	1.00	4.00	4.00	-	6.00	6.00	-	1.00	1.00	-
LUCE	3.00	3.00	-	-	-	-		-	-	1.00	1.00	-	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	-	-	-	-		-	-	10.00	10.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
OSCODA	4.00	4.00	-	-	-	-		-	-	3.00	3.00	-	-	-	-	3.00	3.00	-	1.00	1.00	-	-	-	-
OTSEGO	10.00	9.00	(1.00)	4.00	4.00	-		-	-	10.00	10.00	-	2.00	2.00	-	4.00	3.00	(1.00)	7.00	7.00	-	1.00	1.00	-
DELTA/	12.00	12.00	-	3.00	2.00	(1.00)		-	-	9.00	9.00	-	-	-	-	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	6.00	(1.00)	-	-	-	1.00	-	(1.00)	7.00	7.00	-	2.00	2.00	-	3.00	3.00	-	-	-	-	-	-	-
GOGEBIC/	8.00	7.00	(1.00)	-	-	-	1.00	1.00	-	7.00	7.00	-	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	-		-	-	3.00	2.00	(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	6.00	(1.00)	1.00	-	(1.00)	26.00	26.00	-	4.00	5.00	1.00	8.00	8.00	-	10.00	10.00	-	1.00	1.00	-
KALKASKA	7.00	7.00	-	-	-	-		-	-	5.00	5.00	-	-	-	-	3.00	3.00	-	1.00	1.00	-	-	-	-
LEELANAU	0.00	-	-	-	-	-		-		-	-		-	-		-	-		-	-		-	-	
OGEMAW/	10.00	10.00	-	4.00	5.00	1.00	1.00	1.00	-	12.00	12.00	-	2.00	1.00	(1.00)	4.00	4.00	-	6.00	6.00	-	1.00	1.00	-
ROSCOMMON	10.00	10.00	-	-	-	-		-	-	7.00	7.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
MISSAUKEE/	0.00	-	-	-	-	-		-		-	-		-	-		-	-		-	-		-	-	
WEXFORD	19.00	19.00	-	3.00	3.00	-	1.00	1.00	-	26.00	26.00	-	1.00	1.00	-	6.00	6.00	-	8.00	8.00	-	1.00	1.00	-
TOTAL	263.00	255.00	(8.00)	44.00	42.00	(2.00)	7.00	6.00	(1.00)	282.00	281.00	(1.00)	31.00	34.00	3.00	117.00	115.00	(2.00)	95.00	94.00	(1.00)	30.00	30.00	-
BSC 2		-		2.00	2.00	-				19.00	19.00	-				1.00	1.00	-	-	-	-	12.00	12.00	-
GENESEE	210.00	202.00	(8.00)	23.00	23.00	-		-		-	-		10.00	10.00	-	39.00	38.00	(1.00)	22.00	21.00	(1.00)	3.00	3.00	-
INGHAM CASH	97.00	92.00	(5.00)	18.00	17.00	(1.00)				-	-		8.00	8.00	-	19.00	18.00	(1.00)	11.00	11.00	-	2.00	2.00	-
INGHAM CSA	0.00	-	-	-	-	-	1.00	2.00	1.00	92.00	92.00	-	-	-		10.00	10.00	-	20.00	20.00	-	3.00	3.00	-
SAGINAW	83.00	80.00	(3.00)	12.00	12.00	-	1.00	1.00	-	49.00	49.00	-	6.00	6.00	-	20.00	20.00	-	20.00	20.00	-	2.00	2.00	-
ARENAC/	6.00	6.00	-	-	-	-	1.00	1.00	-	4.00	4.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
BAY	37.00	36.00	(1.00)	7.00	7.00	-		-	-	41.00	41.00	-	4.00	5.00	1.00	11.00	11.00	-	16.00	16.00	-	2.00	2.00	-
CLARE/	15.00	14.00	(1.00)	-	-	-		-	-	13.00	12.00	(1.00)	-	-	-	4.00	4.00	-	-	-	-	-	-	-
ISABELLA	17.00	17.00	-	5.00	5.00	-	1.00	1.00	-	24.00	24.00	-	5.00	5.00	-	6.00	6.00	-	14.00	12.00	(2.00)	2.00	1.00	(1.00)
CLINTON/	13.00	12.00	(1.00)	-	-	-		-	-	12.00	12.00	-	-	-	-	4.00	3.00	(1.00)	-	-	-	-	-	-
EATON	25.00	24.00	(1.00)	7.00	6.00	(1.00)		-	-	29.00	29.00	-	2.00	2.00	-	8.00	8.00	-	12.00	12.00	-	2.00	2.00	-
GLADWIN/	11.00	11.00	-	-	-	-		-	-	9.00	9.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
MIDLAND	20.00	19.00	(1.00)	7.00	6.00	(1.00)		-	-	26.00	26.00	-	3.00	3.00	-	7.00	7.00	-	11.00	11.00	-	1.00	1.00	-
GRATIOT/	12.00	12.00	-	-	-	-		-	-	13.00	13.00	-	2.00	2.00	-	4.00	4.00	-	-	-	-	-	-	-
SHIAWASSEE	20.00	20.00	-	5.00	5.00	-		-	-	23.00	23.00	-	1.00	1.00	-	6.00	6.00	-	11.00	11.00	-	1.00	1.00	-
HURON/	11.00	9.00	(2.00)	-	-	-	1.00	2.00	1.00	8.00	8.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
LAPEER/	20.00	19.00	(1.00)	-	-	-		-	-	16.00	16.00	-	1.00	1.00	-	5.00	5.00	-	-	-	-	-	-	-
TUSCOLA	18.00	16.00	(2.00)	6.00	6.00	-		-	-	18.00	18.00	-	1.00	1.00	-	6.00	6.00	-	14.00	14.00	-	2.00	2.00	-
ST. CLAIR	52.00	51.00	(1.00)	11.00	10.00	(1.00)	1.00	1.00	-	53.00	53.00	-	5.00	5.00	-	15.00	15.00	-	22.00	22.00	-	3.00	3.00	-
SANILAC	14.00	13.00	(1.00)		-	-		-	-	16.00	16.00	-	1.00	1.00	-	4.00	4.00	-		-	-	-	-	-
																-								
TOTAL	681.00	653.00	(28.00)	103.00	99.00	(4.00)	6.00	8.00	2.00	465.00	464.00	(1.00)	49.00	50.00	1.00	178.00	175.00	(3.00)	173.00	170.00	(3.00)	35.00	34.00	(1.00)

FY2021 COUNTY ALLOCATION COMPARISON BY STAFFING CATEGORY
(Excludes Migrant Services and Management and Administration)

Run Date: 11.16.20	FY2020 ES/FIS/ PATH Wkrs	FY2021 ES/FIS/ PATH Wkrs	change	FY2020 Adult Wkrs	FY2021 Adult Wkrs	change	FY2020 Juvenile Justice Wkrs	FY2021 Juvenile Justice Wkrs	change	FY2020 Child Welfare Wkrs	FY2021 Child Welfare Wkrs	change	FY2020 Other Wkrs	FY2021 Other Wkrs	change	FY2020 Admin Support Wkrs	FY2021 Admin Support Wkrs	change	FY2020 1st Line Supv	FY2021 1st Line Supv	change	FY2020 2nd Line/ PT	FY2021 2nd Line/ PT	change
BSC 3				2.00	2.00	-				27.00	26.00	(1.00)	-	-		1.00	1.00	-	-	-	-	12.00	12.00	-
				-	-	-				-	-		-	-		-	-		-	-		-	-	
BERRIEN	55.00	53.00	(2.00)	9.00	8.00	(1.00)	2.00	2.00	-	62.00	62.00	-	6.00	4.00	(2.00)	16.00	16.00	-	19.00	19.00	-	2.00	2.00	-
CALHOUN	56.00	55.00	(1.00)	6.00	7.00	1.00	1.00	1.00	-	64.00	64.00	-	5.00	5.00	-	17.00	16.00	(1.00)	20.00	20.00	-	2.00	2.00	-
KALAMAZOO	85.00	81.00	(4.00)	12.00	13.00	1.00	1.00	1.00	-	109.00	109.00	-	4.00	4.00	-	26.00	25.00	(1.00)	32.00	31.00	(1.00)	4.00	4.00	-
KENT CASH	184.00	183.00	(1.00)	20.00	21.00	1.00		-		-	-		17.00	15.00	(2.00)	34.00	34.00	-	22.00	22.00	-	3.00	3.00	-
MUSKEGON	87.00	85.00	(2.00)	9.00	10.00	1.00	1.00	1.00	-	82.00	81.00	(1.00)	8.00	7.00	(1.00)	24.00	23.00	(1.00)	27.00	27.00	-	3.00	3.00	-
OTTAWA	41.00	41.00	-	5.00	5.00	-		-	-	53.00	53.00	-	4.00	3.00	(1.00)	13.00	13.00	-	15.00	15.00	-	2.00	2.00	-
VAN BUREN	26.00	25.00	(1.00)	3.00	3.00	-	1.00	1.00	-	40.00	40.00	-	5.00	5.00	-	9.00	9.00	-	11.00	11.00	-	1.00	1.00	-
ALLEGAN/	26.00	26.00	-	5.00	6.00	1.00	1.00	1.00	-	44.00	44.00	-	2.00	2.00	-	10.00	10.00	-	18.00	18.00	-	2.00	2.00	-
BARRY	12.00	12.00	-	-	-	-		-	-	15.00	15.00	-	-	-	-	4.00	4.00	-	-	-	-	-	-	-
CASS/	15.00	15.00	-	-	-	-		-	-	24.00	24.00	-	-	-	-	5.00	5.00	-	-	-	-	-	-	-
ST. JOSEPH	20.00	19.00	(1.00)	6.00	5.00	(1.00)		1.00	1.00	25.00	24.00	(1.00)	3.00	3.00	-	7.00	7.00	-	14.00	14.00	-	2.00	2.00	-
IONIA/	16.00	15.00	(1.00)	-	-	-		-	-	25.00	25.00	-	1.00	1.00	-	6.00	5.00	(1.00)	15.00	14.00	(1.00)	2.00	2.00	-
MONTCALM	20.00	19.00	(1.00)	5.00	5.00	-	1.00	-	(1.00)	28.00	28.00	-	1.00	1.00	-	7.00	6.00	(1.00)	-	-	-	-	-	-
LAKE/	6.00	6.00	-	-	-	-		-	-	6.00	6.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
NEWAYGO	18.00	17.00	(1.00)	3.00	3.00	-		-	-	23.00	24.00	1.00	2.00	2.00	-	6.00	6.00	-	9.00	8.00	(1.00)	1.00	1.00	-
MASON/	10.00	10.00	-	-	-	-		-	-	12.00	12.00	-	2.00	2.00	-	3.00	3.00	-	7.00	7.00	-	1.00	1.00	-
OCEANA	10.00	9.00	(1.00)	3.00	3.00	-		-	-	10.00	10.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-
MECOSTA/	20.00	20.00	-	5.00	5.00	-		-	-	25.00	25.00	-	1.00	1.00	-	7.00	7.00	-	8.00	8.00	-	1.00	1.00	-
OSCEOLA	-	-	-	-	-			-		-	-		-	-			-		-	-		-	-	
TOTAL	707.00	691.00	(16.00)	93.00	96.00	3.00	8.00	8.00	0.00	674.00	672.00	(2.00)	61.00	55.00	(6.00)	201.00	196.00	(5.00)	217.00	214.00	(3.00)	38.00	38.00	0.00
BSC 4		0.00		2.00	2.00	-				12.00	11.00	(1.00)				1.00	1.00	-	-	-	-	14.00	14.00	-
		0.00			-					-	-					-	-		-	-		-	-	
JACKSON	56.00	54.00	(2.00)	9.00	9.00	-		-	-	70.00	69.00	(1.00)	8.50	8.50	-	17.00	17.00	-	23.00	23.00	-	3.00	3.00	-
LIVINGSTON	25.00	24.00	(1.00)	4.00	3.00	(1.00)	1.00	1.00	-	25.00	25.00	-	4.00	3.00	(1.00)	8.00	7.00	(1.00)	9.00	9.00	-	1.00	1.00	-
MACOMB	233.00	248.00	15.00	47.00	51.00	4.00		-	-	-	-		5.00	5.00	-	45.00	48.00	3.00	25.00	27.00	2.00	4.00	4.00	-
OAKLAND	234.00	241.00	7.00	60.00	60.00	-		-	-	-	-		16.00	18.00	2.00	47.00	49.00	2.00	28.00	29.00	1.00	4.00	4.00	-
WASHTENAW	69.00	68.00	(1.00)	10.00	10.00	-		-	-	45.00	45.00	-	10.00	7.00	(3.00)	17.00	17.00	-	17.00	17.00	-	2.00	2.00	-
WAYNE	918.00	943.00	25.00	147.00	147.00	-		-	-	-	-		44.00	41.00	(3.00)	177.00	180.00	3.00	99.00	102.00	3.00	16.00	17.00	1.00
BRANCH/	13.00	13.00	-	-	-	-		-	-	19.00	19.00	-	-	-	-	4.00	4.00	-	-	-	-	-	-	-
HILLSDALE/	14.00	14.00	-	4.00	3.00	(1.00)		-	-	28.00	28.00	-	3.00	2.00	(1.00)	6.00	6.00	-	13.00	13.00	-	2.00	2.00	-
LENAWEE/	26.00	25.00	(1.00)	-	-	-		-	-	26.00	26.00	-	1.00	1.00	-	7.00	7.00	-	-	-	-	-	-	-
MONROE	36.00	35.00	(1.00)	7.00	8.00	1.00		-	-	36.00	36.00	-	3.00	2.00	(1.00)	11.00	11.00	-	19.00	19.00	-	3.00	2.00	(1.00)
TOTAL	1,624.00	1,665.00	41.00	290.00	293.00	3.00	1.00	1.00	-	261.00	259.00	(2.00)	94.50	87.50	(7.00)	340.00	347.00	7.00	233.00	239.00	6.00	49.00	49.00	-
BSC 5										41.00	41.00	-	-	-		3.00	3.00	-	1.00	1.00	-	17.00	17.00	-
GENESEE CSA						-	2.00	2.00	-	135.00	135.00	-	1.00	1.00	-	14.00	14.00	-	28.00	28.00	-	4.00	4.00	-
KENT CSA						-	2.00	2.00	-	133.00	133.00	-	1.00	1.00	-	13.00	13.00	-	28.00	28.00	-	4.00	4.00	-
MACOMB CSA						-	2.00	2.00	-	120.00	118.00	(2.00)	-	-	-	12.00	12.00	-	26.00	26.00	-	4.00	4.00	-
OAKLAND CSA						-	3.00	2.00	(1.00)	155.00	155.00	-	-	-	-	15.00	15.00	-	32.00	32.00	-	5.00	5.00	-
WAYNE CSA						-	3.00	3.00	-	449.00	448.00	(1.00)	2.00	2.00	-	48.00	48.00	-	95.00	95.00	-	15.00	15.00	-
TOTAL	-	-	-	-	-	-	12.00	11.00	(1.00)	1,033.00	1,030.00	(3.00)	4.00	4.00	-	105.00	105.00	-	210.00	210.00	-	49.00	49.00	-
ESA & CSA	86.00	86.00	-								9.00	9.00	-		-	61.00	61.00	-	13.00	13.00	-	6.00	6.00	-
STATEWIDE	3,361.00	3,350.00	(11.00)	530.00	530.00	-	34.00	34.00	-	2,715.00	2,715.00	-	239.50	230.50	(9.00)	1,002.00	999.00	(3.00)	941.00	940.00	(1.00)	207.00	206.00	(1.00)

FY 2021 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	**3,350.00**	**530.00**	**34.00**	**2,715.00**	**230.50**	**999.00**	**940.00**	**206.00**	**9,004.50**
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	3.00	4.00	6.00	1.00	39.00
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/	16.00	3.00	1.00	17.00	2.00	5.00	9.00	1.00	54.00
SCHOOLCRAFT	3.00	-	-	3.00	-	3.00	-	-	9.00
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	2.00	3.00	5.00	1.00	29.00
KEWEENAW	-	-	-	-	-	1.00	-	-	1.00
BENZIE/	5.00	-	-	4.00	-	3.00	-	-	12.00
MANISTEE	8.00	3.00	-	8.00	1.00	3.00	4.00	1.00	28.00
CHEBOYGAN/	9.00	2.00	-	11.00	2.00	3.00	5.00	1.00	33.00
PRESQUE ISLE	4.00	-	-	3.00	-	3.00	-	-	10.00
CHIPPEWA/	10.00	2.00	-	11.00	4.00	4.00	6.00	1.00	38.00
LUCE/	3.00	-	-	1.00	-	3.00	-	-	7.00
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	9.00	4.00	-	10.00	2.00	3.00	7.00	1.00	36.00
DELTA/	12.00	2.00	-	9.00	-	4.00	8.00	1.00	36.00
DICKINSON/	8.00	-	-	8.00	1.00	3.00	-	-	20.00
MENOMINEE	6.00	-	-	7.00	2.00	3.00	-	-	18.00
GOGEBIC/	7.00	-	1.00	7.00	1.00	3.00	5.00	1.00	25.00
IRON/	5.00	2.00	-	2.00	-	3.00	-	-	12.00
ONTONAGON	3.00	-	-	2.00	1.00	3.00	-	-	9.00
GR. TRAVERSE/	24.00	6.00	-	26.00	5.00	8.00	10.00	1.00	80.00
KALKASKA/	7.00	-	-	5.00	-	3.00	1.00	-	16.00
LEELANAU	-	-	-						
OGEMAW/	10.00	5.00	1.00	12.00	1.00	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	**255.00**	**42.00**	**6.00**	**281.00**	**34.00**	**115.00**	**94.00**	**30.00**	**857.00**
BSC 2		2.00	-	19.00	-	1.00	-	12.00	34.00
GENESEE	202.00	23.00	-	-	10.00	38.00	21.00	3.00	297.00
INGHAM CASH	92.00	17.00	-	-	8.00	18.00	11.00	2.00	148.00
INGHAM CSA	-	-	2.00	92.00	-	10.00	20.00	3.00	127.00
SAGINAW	80.00	12.00	1.00	49.00	6.00	20.00	20.00	2.00	190.00
ARENAC/	6.00	-	1.00	4.00	-	3.00	-	-	14.00
BAY	36.00	7.00	-	41.00	5.00	11.00	16.00	2.00	118.00
CLARE/	14.00	-	-	12.00	-	4.00	-	-	30.00
ISABELLA	17.00	5.00	1.00	24.00	5.00	6.00	12.00	1.00	71.00
CLINTON/	12.00	-	-	12.00	-	3.00	-	-	27.00
EATON	24.00	6.00	-	29.00	2.00	8.00	12.00	2.00	83.00
GLADWIN/	11.00	-	-	9.00	-	3.00	-	-	23.00
MIDLAND	19.00	6.00	-	26.00	3.00	7.00	11.00	1.00	73.00
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/	9.00	-	2.00	8.00	-	3.00	-	-	22.00
LAPEER/	19.00	-	-	16.00	1.00	5.00	-	-	41.00
TUSCOLA	16.00	6.00	-	18.00	1.00	6.00	14.00	2.00	63.00
ST. CLAIR/	51.00	10.00	1.00	53.00	5.00	15.00	22.00	3.00	160.00
SANILAC	13.00	-	-	16.00	1.00	4.00	-	-	34.00
TOTAL	653.00	99.00	8.00	464.00	50.00	175.00	170.00	34.00	1,653.00

FY 2021 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 -	-	26.00	-	1.00	-	12.00	41.00
BERRIEN	53.00	8.00	2.00	62.00	4.00	16.00	19.00	2.00	166.00
CALHOUN	55.00	7.00	1.00	64.00	5.00	16.00	20.00	2.00	170.00
KALAMAZOO	81.00	13.00	1.00	109.00	4.00	25.00	31.00	4.00	268.00
KENT CASH	183.00	21.00	-	-	15.00	34.00	22.00	3.00	278.00
MUSKEGON	85.00	10.00	1.00	81.00	7.00	23.00	27.00	3.00	237.00
OTTAWA	41.00	5.00	-	53.00	3.00	13.00	15.00	2.00	132.00
VAN BUREN	25.00	3.00	1.00	40.00	5.00	9.00	11.00	1.00	95.00
ALLEGAN	26.00	6.00	1.00	44.00	2.00	10.00	18.00	2.00	109.00
BARRY/	12.00	-	-	15.00	-	4.00	-	-	31.00
CASS/	15.00	-	-	24.00	-	5.00	-	-	44.00
ST. JOSEPH	19.00	5.00	1.00	24.00	3.00	7.00	14.00	2.00	75.00
IONIA/	15.00	-	-	25.00	1.00	5.00	14.00	2.00	62.00
MONTCALM	19.00	5.00	-	28.00	1.00	6.00	-	-	59.00
LAKE/	6.00	-	-	6.00	-	3.00	-	-	15.00
NEWAYGO	17.00	3.00	-	24.00	2.00	6.00	8.00	1.00	61.00
MASON	10.00	-	-	12.00	2.00	3.00	7.00	1.00	35.00
OCEANA	9.00	3.00	-	10.00	-	3.00	-	-	25.00
MECOSTA/	20.00	5.00	-	25.00	1.00	7.00	8.00	1.00	67.00
OSCEOLA	-	-	-		-	-	-	-	-
TOTAL	**691.00**	**96.00**	**8.00**	**672.00**	**55.00**	**196.00**	**214.00**	**38.00**	**1,970.00**
BSC 4		2.00 -	-	11.00	-	1.00	-	14.00	28.00
JACKSON	54.00	9.00	-	69.00	8.50	17.00	23.00	3.00	183.50
LIVINGSTON/	24.00	3.00	1.00	25.00	3.00	7.00	9.00	1.00	73.00
MACOMB	248.00	51.00	-	-	5.00	48.00	27.00	4.00	383.00
OAKLAND	241.00	60.00	-	-	18.00	49.00	29.00	4.00	401.00
WASHTENAW	68.00	10.00	-	45.00	7.00	17.00	17.00	2.00	166.00
WAYNE	943.00	147.00	-	-	41.00	180.00	102.00	17.00	1,430.00
BRANCH/	13.00	-	-	19.00	-	4.00	-	-	36.00
HILLSDALE	14.00	3.00	-	28.00	2.00	6.00	13.00	2.00	68.00
LENAWEE	25.00	-	-	26.00	1.00	7.00	-	-	59.00
MONROE	35.00	8.00	-	36.00	2.00	11.00	19.00	2.00	113.00
TOTAL	**1,665.00**	**293.00**	**1.00**	**259.00**	**87.50**	**347.00**	**239.00**	**49.00**	**2,940.50**
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	118.00	-	12.00	26.00	4.00	162.00
OAKLAND CSA	-	-	2.00	155.00	-	15.00	32.00	5.00	209.00
WAYNE CSA	-	-	3.00	448.00	2.00	48.00	95.00	15.00	611.00
TOTAL	**-**	**-**	**11.00**	**1,030.00**	**4.00**	**105.00**	**210.00**	**49.00**	**1,409.00**
ESA & CSA	86.00	-		9.00	-	61.00	13.00	6.00	175.00
STATEWIDE	**3,350.00**	**530.00**	**34.00**	**2,715.00**	**230.50**	**999.00**	**940.00**	**206.00**	**9,004.50**

FY2021 STAFFING ALLOCATION

Section I: Family Independence Specialists, Eligibility Specialists and PATH Coordinators

Allocation Summary:

277.0	**Family Independence Specialists (FIS)**
2950.0	**Eligibility Specialists**
37.0	**PATH Coordinators**
86.0	**ES *Off-the-top* positions** 37.0 Recoupment Specialists 49.0 Central Operations ES Workers
3350.0	**Total FIS and ES Allocation**

FY2021 FAMILY INDEPENDENCE SPECIALIST AND ELIGIBILITY SPECIALIST ALLOCATION AND PATH COORDINATOR ASSIGNMENT

General Overview:

In FY2021, the formula methodology for both Family Independence Specialists (FIS) and Eligibility Specialists (ES) essentially remained as it was in FY2020, but there was a decrease of 11 in the number of positions compared to FY2020. Specifically, FIS staffing levels had a decrease of 11 P2P FIS positions due to FY21 legislative reduction.

A listing of the 37.0 PATH Coordinator assignments is included on the "FY2021 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP" page that follows. The number of PATH Coordinators remained at the FY2020 staffing level.

FAMILY INDEPENDENCE SPECIALISTS (FIS)

For FY2021, a total of 277.0 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 FY2021 decreased by 11 from the FY2020 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, 2020. 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 FY2021, 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 FY2021, there are a total of 3,036.0 ES Workers which represents no increase from FY2020. Of the 3,036.0 Total ES positions, 2,950.0 are allocated to the local offices 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 Economic Stability Administration-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 FY2021 ES formula includes the same components used in the FY2020 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 2019 through June 2020).

The caseload ratios for each of the staffing components were developed from work measurement time studies during the time period of July 2019 through June 2020. Due to changes in the time study, separate ratios are no longer available for Adult and Family MA or HMP.

Formula Component	Data Source	Ratio
CDC Payments	Green Book	581:1
Registrations	MH-332	110:1
MA Adult	Green Book	2407:1
MA Family	Green Book	2407:1
NPA FAP	Green Book	980:1
SDA	Green Book	397:1
SSI	Green Book	6664:1
HMP	Green Book	2407:1

The calculated number of ES workers had to be restated at 91.11% in order to allocate within the number of supportable positions.

ES Rounding Formula:

For FY2021, 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.

FY2021 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP

Run date 11.16.20	Total Adjusted FIS @ 150	FIS Change from FY2020	Total Rounded ES Workers	ES Change from FY2020	ES Off-the-Tops		Total FY'21 FIS and ES Worker Allocation	Total FY'20 FIS and ES Worker Allocation	FIS and ES Worker Change	Total PATH Coord. Assign.
					Central Operations ES	Recoup-ment ES				
STATE TOTAL	**277.00**	**-11.00**	**2950.00**	**0.00**	**49.00**	**37.00**	**3313.00**	**3324.00**	**-11.00**	**37.00**
BSC 1	0.00	0.00					0.00			1.00
ALCONA/	0.00	0.00	1.00	0.00			1.00	1.00	0.00	
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	0.00	2.00	0.00			3.00	3.00	0.00	
MARQUETTE/	0.00	-1.00	16.00	-1.00			16.00	18.00	-2.00	
SCHOOLCRAFT	1.00	0.00	2.00	-1.00			3.00	4.00	-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	0.00			13.00	13.00	0.00	
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	0.00	-1.00			0.00	1.00	-1.00	
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	0.00	7.00	-1.00			8.00	9.00	-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	8.00	-1.00			9.00	10.00	-1.00	
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	5.00	-1.00			6.00	7.00	-1.00	
GOGEBIC/	2.00	0.00	5.00	-1.00			7.00	8.00	-1.00	
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	
OGEMAW/	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	33.00	-1.00	219.00	-7.00	0.00	0.00	252.00	260.00	-8.00	3.00
BSC 2										
GENESEE	26.00	0.00	174.00	-8.00			200.00	208.00	-8.00	2.00
INGHAM	4.00	-1.00	87.00	-4.00			91.00	96.00 0.00	-5.00	1.00
SAGINAW	7.00	0.00	72.00	-3.00			79.00	82.00	-3.00	1.00
ARENAC/	1.00	0.00	5.00	0.00			6.00	6.00	0.00	
BAY	3.00	0.00	32.00	-1.00			35.00	36.00	-1.00	1.00
CLARE/	2.00	0.00	12.00	-1.00			14.00	15.00	-1.00	
ISABELLA	1.00	0.00	16.00	0.00			17.00	17.00	0.00	
CLINTON/	1.00	0.00	11.00	-1.00			12.00	13.00	-1.00	
EATON	1.00	0.00	23.00	-1.00			24.00	25.00	-1.00	
GLADWIN/	2.00	0.00	8.00	0.00			10.00	10.00	0.00	1.00
MIDLAND	1.00	0.00	18.00	-1.00			19.00	20.00	-1.00	
GRATIOT/	1.00	0.00	11.00	0.00			12.00	12.00	0.00	
SHIAWASSEE	2.00	0.00	18.00	0.00			20.00	20.00	0.00	
HURON/	2.00	-1.00	7.00	-1.00			9.00	11.00	-2.00	
LAPEER/	1.00	0.00	17.00	-1.00			18.00	19.00	-1.00	1.00
TUSCOLA	2.00	-1.00	14.00	-1.00			16.00	18.00	-2.00	
ST. CLAIR/	4.00	0.00	46.00	-1.00			50.00	51.00	-1.00	1.00
SANILAC	2.00	0.00	11.00	-1.00			13.00	14.00	-1.00	
TOTAL	**63.00**	**-3.00**	**582.00**	**-25.00**	**0.00**	**0.00**	**645.00**	**673.00**	**-28.00**	**8.00**

FY2021 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP

Run date 11.16.20	Total Adjusted FIS @ 150	FIS Change from FY2020	Total Rounded ES Workers	ES Change from FY2020	ES Off-the-Tops		Total FY'21 FIS and ES Worker Allocation	Total FY'20 FIS and ES Worker Allocation	FIS and ES Worker Change	Total PATH Coord. Assign.
					Central Operations ES	Recoup-ment ES				
BSC 3										
BERRIEN	4.00	0.00	48.00	-2.00			52.00	54.00	-2.00	1.00
CALHOUN	3.00	0.00	51.00	-1.00			54.00	55.00	-1.00	1.00
KALAMAZOO	7.00	-1.00	73.00	-3.00			80.00	84.00	-4.00	1.00
KENT	13.00	-1.00	168.00	0.00			181.00	182.00	-1.00	2.00
MUSKEGON	12.00	-1.00	72.00	-1.00			84.00	86.00	-2.00	1.00
OTTAWA	1.00	0.00	40.00	0.00			41.00	41.00	0.00	
VAN BUREN	1.00	0.00	23.00	-1.00			24.00	25.00	-1.00	1.00
ALLEGAN/	2.00	0.00	24.00	0.00			26.00	26.00	0.00	
BARRY	1.00	0.00	11.00	0.00			12.00	12.00	0.00	
CASS/	1.00	0.00	14.00	0.00			15.00	15.00	0.00	
ST. JOSEPH	1.00	0.00	18.00	-1.00			19.00	20.00	-1.00	
IONIA/	1.00	0.00	14.00	-1.00			15.00	16.00	-1.00	
MONTCALM	1.00	0.00	17.00	-1.00			18.00	19.00	-1.00	1.00
LAKE/	1.00	0.00	5.00	0.00			6.00	6.00	0.00	
NEWAYGO	1.00	0.00	15.00	-1.00			16.00	17.00	-1.00	1.00
MASON/	1.00	0.00	9.00	0.00			10.00	10.00	0.00	
OCEANA	1.00	0.00	8.00	-1.00			9.00	10.00	-1.00	
MECOSTA/	1.00	0.00	19.00	0.00			20.00	20.00	0.00	
OSCEOLA			0.00							
									0	
TOTAL	**53.00**	**-3.00**	**629.00**	**-13.00**	**0.00**	**0.00**	**682.00**	**698.00**	**-16.00**	**9.00**
BSC 4										
JACKSON	5.00	-1.00	48.00	-1.00			53.00	55.00	-2.00	1.00
LIVINGSTON	2.00	-1.00	22.00	0.00			24.00	25.00	-1.00	
MACOMB	13.00	0.00	233.00	15.00			246.00	231.00	15.00	2.00
OAKLAND	14.00	-1.00	225.00	8.00			239.00	232.00	7.00	2.00
WASHTENAW	3.00	0.00	64.00	-1.00			67.00	68.00	-1.00	1.00
WAYNE	86.00	-1.00	847.00	26.00			933.00	908.00	25.00	10.00
BRANCH/	1.00	0.00	12.00	0.00			13.00	13.00	0.00	
HILLSDALE	2.00	0.00	12.00	0.00			14.00	14.00	0.00	
LENAWEE/	1.00	0.00	24.00	-1.00			25.00	26.00	-1.00	
MONROE	1.00	0.00	33.00	-1.00			34.00	35.00	-1.00	1.00
TOTAL	**128.00**	**-4.00**	**1520.00**	**45.00**	**0.00**	**0.00**	**1648.00**	**1607.00**	**41.00**	**17.00**
FOA					49.00	37.00	86.00	86.00	0.00	
STATEWIDE	**277.00**	**-11.00**	**2950.00**	**0.00**	**49.00**	**37.00**	**3313.00**	**3324.00**	**-11.00**	**37.00**

FY2021 FIS AND ES WORKER ALLOCATION

Run date 11.16.20	FIS			Eligibility Specialists																				FY'21 FIS/ES	Change
	12 Month FIP Average	@ 150.00	Rounded FIS @ 100.0%	12 Month CDC Pym't Average	@ 581	12 Month Average Regs	100% @ 110	12 Month Adult MA Average	100% @ 2407	12 Month Family MA Average	100% @ 2407	12 Month NPA/SDA FAP Average	100% @ 980	12 Month SDA Average	@ 397	12 Month SSI Average	@ 6664	12 Month HMP Case Average	@ 2407	Total Calculated ES	ES @ 91.11%	Rounded ES Workers	Allocation with no Off-the-tops	from FY'20 Allocation
STATE TOTAL	**17506**	**116.71**	**277.00**	**20057.33**	**34.530**	**205416**	**1874.854**	**211899**	**88.028**	**648165**	**269.274**	**645426**	**658.531**	**3597**	**9.064**	**273635**	**41.062**	**627097**	**260.521**	**3235.91**	**2948.24**	**2950.00**	**3227.00**	**-11.00**
BSC 1																							0.00	
ALCONA/	11	0.07		10.67	0.018	0	0.000	317	0.132	580	0.241	680	0.694	5	0.014	322	0.048	694	0.288	1.44	1.31	1.00	1.00	0.00
IOSCO	36	0.24	1.00	60.92	0.105	841	7.678	918	0.381	1884	0.782	2151	2.195	18	0.046	834	0.125	1982	0.824	12.14	11.06	11.00	12.00	0.00
ALPENA/	50	0.33	1.00	56.75	0.098	644	5.879	1006	0.418	1969	0.818	2169	2.213	15	0.037	1133	0.170	2080	0.864	10.50	9.57	10.00	11.00	0.00
MONTMORENCY	13	0.09	1.00	7.83	0.013	198	1.804	318	0.132	653	0.271	641	0.654	3	0.008	316	0.047	644	0.268	3.20	2.92	3.00	4.00	0.00
ALGER/	9	0.06	1.00	12.58	0.022	144	1.310	222	0.092	454	0.189	401	0.409	1	0.002	162	0.024	513	0.213	2.26	2.06	2.00	3.00	0.00
MARQUETTE/	74	0.49	0.00	107.67	0.185	1111	10.140	1445	0.600	3348	1.391	3123	3.186	55	0.139	1088	0.163	4226	1.756	17.56	16.00	16.00	16.00	-2.00
SCHOOLCRAFT	13	0.08	1.00	5.17	0.009	149	1.364	262	0.109	574	0.238	535	0.546	3	0.007	237	0.036	606	0.252	2.56	2.33	2.00	3.00	-1.00
ANTRIM/	13	0.09	1.00	19.92	0.034	396	3.614	529	0.220	1311	0.545	954	0.973	3	0.007	427	0.064	1431	0.594	6.05	5.51	6.00	7.00	0.00
CHARLEVOIX/ EMMET	20	0.14	1.00	62.08	0.107	859	7.843	1164	0.484	3123	1.297	1900	1.939	17	0.042	960	0.144	3234	1.344	13.20	12.03	12.00	13.00	0.00
BARAGA/	17	0.12	1.00	7.25	0.012	157	1.434	234	0.097	510	0.212	495	0.505	6	0.015	163	0.024	577	0.240	2.54	2.31	2.00	3.00	0.00
HOUGHTON/	39	0.26	1.00	34.42	0.059	508	4.634	940	0.390	1717	0.713	1599	1.631	19	0.049	570	0.085	1976	0.821	8.38	7.64	8.00	9.00	0.00
KEWEENAW	2	0.01		2.75	0.005	28	0.256	51	0.021	90	0.037	95	0.097	0	0.000	31	0.005	126	0.053	0.47	0.43	0.00	0.00	-1.00
BENZIE/	10	0.07	1.00	9.25	0.016	292	2.661	411	0.171	1013	0.421	710	0.725	5	0.012	291	0.044	1102	0.458	4.51	4.11	4.00	5.00	0.00
MANISTEE	34	0.23	1.00	16.00	0.028	500	4.567	730	0.303	1498	0.622	1536	1.567	8	0.021	691	0.104	1670	0.694	7.91	7.21	7.00	8.00	0.00
CHEBOYGAN/	31	0.20	1.00	26.00	0.045	490	4.475	741	0.308	1870	0.777	1546	1.577	12	0.031	712	0.107	1957	0.813	8.13	7.41	7.00	8.00	-1.00
PRESQUE ISLE	11	0.07	1.00	12.50	0.022	193	1.757	374	0.155	695	0.289	718	0.732	7	0.018	355	0.053	830	0.345	3.37	3.07	3.00	4.00	0.00
CHIPPEWA/	37	0.25	1.00	33.92	0.058	605	5.518	744	0.309	2162	0.898	1724	1.759	34	0.085	880	0.132	2172	0.902	9.66	8.80	9.00	10.00	0.00
LUCE/	11	0.07	1.00	2.75	0.005	127	1.156	179	0.074	395	0.164	409	0.417	4	0.010	208	0.031	408	0.169	2.03	1.85	2.00	3.00	0.00
MACKINAC	11	0.07	1.00	5.58	0.010	173	1.574	266	0.110	554	0.230	457	0.466	2	0.005	220	0.033	610	0.253	2.68	2.44	2.00	3.00	0.00
CRAWFORD/	16	0.11	1.00	16.83	0.029	330	3.010	476	0.198	1014	0.421	1001	1.021	6	0.016	411	0.062	982	0.408	5.17	4.71	5.00	6.00	0.00
OSCODA/	7	0.05	1.00	5.83	0.010	202	1.843	334	0.139	610	0.253	701	0.715	4	0.010	320	0.048	638	0.265	3.28	2.99	3.00	4.00	0.00
OTSEGO	21	0.14	1.00	91.67	0.158	552	5.037	695	0.289	1850	0.768	1565	1.597	10	0.026	619	0.093	1748	0.726	8.69	7.92	8.00	9.00	-1.00
DELTA/	31	0.20	1.00	85.33	0.147	732	6.680	1055	0.438	2246	0.933	2233	2.278	13	0.033	954	0.143	2176	0.904	11.56	10.53	11.00	12.00	0.00
DICKINSON/	8	0.05	1.00	48.92	0.084	467	4.262	665	0.276	1532	0.636	1235	1.260	10	0.025	492	0.074	1416	0.588	7.21	6.57	7.00	8.00	0.00
MENOMINEE	16	0.11	1.00	27.17	0.047	384	3.501	586	0.243	1280	0.532	1095	1.117	9	0.022	470	0.071	1188	0.493	6.03	5.49	5.00	6.00	-1.00
GOGEBIC/	16	0.11	2.00	29.33	0.050	331	3.023	623	0.259	987	0.410	1224	1.249	11	0.027	470	0.070	1137	0.472	5.56	5.07	5.00	7.00	-1.00
IRON/	24	0.16	1.00	13.67	0.024	268	2.442	516	0.215	716	0.297	737	0.752	6	0.015	293	0.044	796	0.331	4.12	3.75	4.00	5.00	0.00
ONTONAGON	2	0.01	1.00	4.42	0.008	108	0.988	253	0.105	242	0.101	390	0.398	4	0.009	141	0.021	364	0.151	1.78	1.62	2.00	3.00	0.00
GR TRAVERSE/	36	0.24	1.00	115.25	0.198	1604	14.639	1978	0.822	5150	2.140	3586	3.659	27	0.068	1491	0.224	5606	2.329	24.08	21.94	22.00	23.00	0.00
KALKASKA/	18	0.12	1.00	34.75	0.060	411	3.754	560	0.233	1408	0.585	1092	1.114	10	0.024	441	0.066	1282	0.532	6.37	5.80	6.00	7.00	0.00
LEELANAU																								
OGEMAW/	36	0.24	2.00	36.75	0.063	523	4.771	817	0.339	1639	0.681	1923	1.962	12	0.030	830	0.125	1672	0.695	8.67	7.90	8.00	10.00	0.00
ROSCOMMON	48	0.32	1.00	14.50	0.025	612	5.583	825	0.343	1756	0.730	2026	2.068	13	0.034	898	0.135	2056	0.854	9.77	8.90	9.00	10.00	0.00
MISSAUKEE/ WEXFORD	91	0.61	2.00	86.00	0.148	1210	11.043	1445	0.600	3980	1.653	3341	3.408	27	0.067	1481	0.222	3433	1.426	18.57	16.92	17.00	19.00	0.00
TOTAL	810	5.40	33.00	1104.42	1.902	15146	138.240	21678	9.005	48807	20.275	43992	44.883	379	0.954	18910	2.837	51331	21.325	239.45	218.16	219.00	252.00	-8.00
BSC 2																								
GENESEE	1478	9.86	26.00	1718.33	2.958	12018	109.687	9810	4.076	35933	14.928	39633	40.437	253	0.636	16369	2.456	37118	15.421	190.60	173.66	174.00	200.00	-8.00
INGHAM	406	2.71	4.00	628.58	1.082	6222	56.787	5419	2.251	17546	7.289	18042	18.408	127	0.320	7869	1.181	18873	7.841	95.16	86.70	87.00	91.00	-5.00
SAGINAW	689	4.59	7.00	910.25	1.567	4885	44.589	5098	2.118	15099	6.273	17191	17.540	78	0.197	8593	1.289	14419	5.990	79.56	72.49	72.00	79.00	-3.00
ARENAC/	17	0.11	1.00	25.00	0.043	304	2.770	539	0.224	1127	0.468	1133	1.156	5	0.013	478	0.072	1042	0.433	5.18	4.72	5.00	6.00	0.00
BAY	207	1.38	3.00	301.33	0.519	2109	19.245	2861	1.189	6704	2.785	7541	7.694	47	0.118	3204	0.481	7279	3.024	35.06	31.94	32.00	35.00	-1.00
CLARE/	83	0.55	2.00	57.08	0.098	781	7.128	1228	0.510	2613	1.086	3074	3.137	16	0.041	1225	0.184	2463	1.023	13.21	12.04	12.00	14.00	-1.00
ISABELLA	52	0.35	1.00	73.67	0.127	1133	10.342	1240	0.515	3601	1.496	3370	3.438	5	0.012	1300	0.195	3806	1.581	17.71	16.14	16.00	17.00	0.00
CLINTON/	41	0.27	1.00	60.50	0.104	792	7.227	834	0.347	3150	1.308	2133	2.176	15	0.039	823	0.123	2598	1.079	12.40	11.30	11.00	12.00	-1.00
EATON	91	0.60	1.00	172.33	0.297	1701	15.528	1687	0.701	5808	2.413	4330	4.417	27	0.067	1754	0.263	4838	2.010	25.70	23.42	23.00	24.00	-1.00
GLADWIN/	39	0.26	2.00	49.75	0.086	515	4.703	764	0.317	1678	0.697	1912	1.950	14	0.034	857	0.129	1813	0.753	8.67	7.90	8.00	10.00	0.00
MIDLAND	70	0.46	1.00	173.67	0.299	1163	10.613	1631	0.678	4463	1.854	3959	4.039	31	0.077	1631	0.245	4281	1.778	19.58	17.84	18.00	19.00	-1.00
GRATIOT/	70	0.47	1.00	81.83	0.141	683	6.229	1117	0.464	2874	1.194	2441	2.491	12	0.030	1032	0.155	2408	1.000	11.70	10.66	11.00	12.00	0.00
SHIAWASSEE	88	0.59	2.00	139.17	0.240	1191	10.867	1563	0.649	4694	1.950	3850	3.928	10	0.026	1719	0.258	3962	1.646	19.56	17.82	18.00	20.00	0.00
HURON/	25	0.17	2.00	54.58	0.094	484	4.417	887	0.368	1765	0.733	1619	1.652	10	0.026	724	0.109	1589	0.660	8.06	7.34	7.00	9.00	-2.00
LAPEER/	61	0.40	1.00	136.25	0.235	1139	10.399	1570	0.652	4933	2.049	3672	3.746	20	0.051	1304	0.196	4050	1.682	19.01	17.32	17.00	18.00	-1.00
TUSCOLA	64	0.42	2.00	100.75	0.173	909	8.295	1452	0.603	3714	1.543	3267	3.334	12	0.029	1410	0.212	3362	1.397	15.59	14.20	14.00	16.00	-2.00
ST. CLAIR/	227	1.51	4.00	225.08	0.387	3020	27.560	3715	1.544	10988	4.565	10627	10.843	54	0.137	3600	0.540	10797	4.486	50.06	45.61	46.00	50.00	-1.00
SANILAC	49	0.32	2.00	85.25	0.147	742	6.769	1140	0.473	2756	1.145	2534	2.586	17	0.044	967	0.145	2431	1.010	12.32	11.22	11.00	13.00	-1.00
TOTAL	**3756**	**25.04**	**63.00**	**4993.42**	**8.597**	**39788**	**363.155**	**42555**	**17.679**	**129446**	**53.776**	**130325**	**132.972**	**753**	**1.897**	**54858**	**8.233**	**127128**	**52.814**	**639.13**	**582.31**	**582.00**	**645.00**	**-28.00**

FY2021 FIS AND ES WORKER ALLOCATION

Run date 11.16.20	FIS			Eligibility Specialists																			FY'21 FIS/ES	Change
	12 Month FIP Average	@ 150.00	Rounded FIS @ 100.0%	12 Month CDC Pym't Average	@ 581	12 Month Average Regs	100% @ 110	12 Month Adult MA Average	100% @ 2407	12 Month Family MA Average	100% @ 2407	12 Month NPA FAP Average	100% @ 980	12 Month SDA Average	@ 397	12 Month SSI Average	@ 6664	12 Month AMP/HMP Average	@ 2407	Total Calculated ES	ES @ 91.11%	Rounded ES Workers	Allocation with no Off-the-tops	from FY'20 Allocation
BSC 3																								
BERRIEN	319	2.13	4.00	312.08	0.537	3381	30.858	3821	1.587	11110	4.615	9819	10.019	48	0.120	4433	0.665	10442	4.338	52.74	48.05	48.00	52.00	-2.00
CALHOUN	290	1.94	3.00	357.83	0.616	3713	33.887	3848	1.598	10962	4.554	10389	10.600	54	0.137	4842	0.727	8838	3.672	55.79	50.83	51.00	54.00	-1.00
KALAMAZOO	381	2.54	7.00	496.58	0.855	5360	48.917	4786	1.988	15804	6.566	14452	14.745	57	0.144	6501	0.975	14232	5.913	80.10	72.98	73.00	80.00	-4.00
KENT	1073	7.16	13.00	1039.50	1.789	12287	112.146	12041	5.002	41085	17.068	31446	32.085	264	0.666	13487	2.024	31904	13.254	184.03	167.67	168.00	181.00	-1.00
MUSKEGON	701	4.67	12.00	633.42	1.090	5079	46.360	5044	2.095	15231	6.328	15859	16.181	59	0.149	6163	0.925	12935	5.374	78.50	71.52	72.00	84.00	-2.00
OTTAWA	130	0.87	1.00	271.50	0.467	2999	27.370	3267	1.357	11092	4.608	6456	6.587	49	0.123	2526	0.379	7769	3.227	44.12	40.20	40.00	41.00	0.00
VAN BUREN	137	0.91	1.00	172.33	0.297	1532	13.985	2048	0.851	6311	2.622	5103	5.206	18	0.045	2065	0.310	4917	2.043	25.36	23.11	23.00	24.00	-1.00
ALLEGAN/	84	0.56	2.00	123.83	0.213	1730	15.788	2062	0.857	6785	2.819	4248	4.334	26	0.065	1799	0.270	4613	1.916	26.26	23.93	24.00	26.00	0.00
BARRY	48	0.32	1.00	59.58	0.103	769	7.021	1031	0.428	3134	1.302	2169	2.213	11	0.027	823	0.123	2297	0.954	12.17	11.09	11.00	12.00	0.00
CASS/	70	0.47	1.00	80.92	0.139	933	8.519	1119	0.465	3558	1.478	2868	2.926	12	0.031	1019	0.153	2947	1.224	14.94	13.61	14.00	15.00	0.00
ST. JOSEPH	42	0.28	1.00	70.33	0.121	1263	11.530	1527	0.634	5202	2.161	3433	3.503	21	0.053	1294	0.194	3903	1.621	19.82	18.06	18.00	19.00	-1.00
IONIA/	66	0.44	1.00	71.75	0.124	977	8.913	1164	0.483	3919	1.628	3063	3.125	12	0.031	1267	0.190	2830	1.176	15.67	14.28	14.00	15.00	-1.00
MONTCALM	46	0.31	1.00	87.75	0.151	1116	10.184	1470	0.611	4677	1.943	3810	3.888	19	0.047	1766	0.265	3775	1.568	18.66	17.00	17.00	18.00	-1.00
LAKE/	35	0.23	1.00	16.75	0.029	348	3.174	569	0.236	923	0.384	1409	1.438	12	0.030	625	0.094	952	0.396	5.78	5.27	5.00	6.00	0.00
NEWAYGO	98	0.66	1.00	117.17	0.202	970	8.857	1426	0.592	3829	1.591	3597	3.670	23	0.059	1460	0.219	3185	1.323	16.51	15.04	15.00	16.00	-1.00
MASON/	40	0.27	1.00	45.50	0.078	604	5.515	833	0.346	1936	0.804	1813	1.850	13	0.032	742	0.111	1865	0.775	9.51	8.66	9.00	10.00	0.00
OCEANA	50	0.33	1.00	32.33	0.056	584	5.333	648	0.269	2265	0.941	1746	1.782	5	0.013	734	0.110	1790	0.743	9.25	8.43	8.00	9.00	-1.00
MECOSTA/ OSCEOLA	106	0.71	1.00	145.42	0.250	1269	11.580	1528	0.635	4598	1.910	3740	3.816	21	0.053	1884	0.283	4432	1.841	20.37	18.56	19.00	20.00	0.00
TOTAL	**3716**	**24.77**	**53.00**	**4134.58**	**7.117**	**44914**	**409.937**	**48230**	**20.034**	**152420**	**63.322**	**125420**	**127.968**	**724**	**1.825**	**53430**	**8.017**	**123625**	**51.358**	**689.58**	**628.28**	**629.00**	**682.00**	**-16.00**
BSC 4																								
JACKSON	257	1.71	5.00	327.00	0.563	3503	31.975	3555	1.477	10822	4.496	9165	9.351	41	0.103	4573	0.686	10593	4.401	53.05	48.33	48.00	53.00	-2.00
LIVINGSTON	72	0.48	2.00	138.58	0.239	1582	14.441	1811	0.752	5589	2.322	3876	3.954	19	0.049	1451	0.218	5423	2.253	24.23	22.08	22.00	24.00	-1.00
MACOMB	869	5.80	13.00	1211.50	2.086	16301	148.782	16018	6.655	51343	21.330	49958	50.973	282	0.711	22942	3.443	51228	21.282	255.26	232.57	233.00	246.00	15.00
OAKLAND	782	5.21	14.00	1174.58	2.022	16263	148.431	18135	7.534	45442	18.879	45632	46.558	158	0.399	21156	3.175	48718	20.239	247.24	225.26	225.00	239.00	7.00
WASHTENAW	333	2.22	3.00	425.25	0.732	4530	41.348	4940	2.052	12965	5.386	12461	12.714	55	0.140	5431	0.815	16392	6.810	70.00	63.78	64.00	67.00	-1.00
WAYNE	6474	43.16	86.00	5984.42	10.302	57865	528.138	48046	19.960	170394	70.789	207467	211.679	1047	2.639	84282	12.647	175680	72.985	929.14	846.54	847.00	933.00	25.00
BRANCH/	54	0.36	1.00	53.75	0.093	841	7.671	1095	0.455	3380	1.404	2211	2.256	14	0.035	928	0.139	2255	0.937	12.99	11.84	12.00	13.00	0.00
HILLSDALE	62	0.41	2.00	60.92	0.105	779	7.111	1210	0.503	3217	1.337	2675	2.730	17	0.042	1164	0.175	2592	1.077	13.08	11.92	12.00	14.00	0.00
LENAWEE/	116	0.78	1.00	254.67	0.438	1614	14.731	1978	0.822	6096	2.533	5139	5.243	32	0.081	1908	0.286	4849	2.014	26.15	23.83	24.00	25.00	-1.00
MONROE	206	1.37	1.00	194.25	0.334	2289	20.894	2649	1.100	8245	3.425	7105	7.250	75	0.189	2603	0.391	7284	3.026	36.61	33.36	33.00	34.00	-1.00
TOTAL	**9225**	**61.50**	**128.00**	**9824.92**	**16.914**	**105567**	**963.522**	**99437**	**41.310**	**317492**	**131.901**	**345689**	**352.708**	**1742**	**4.388**	**146437**	**21.975**	**325013**	**135.024**	**1667.75**	**1519.49**	**1520.00**	**1648.00**	**41.00**
FOA																								
STATEWIDE	**17506**	**116.71**	**277.00**	**20057.33**	**34.530**	**205416**	**1874.854**	**211899**	**88.028**	**648165**	**269.274**	**645426**	**658.531**	**3597**	**9.064**	**273635**	**41.062**	**627097**	**260.521**	**3235.91**	**2948.24**	**2950.00**	**3227.00**	**-11.00**

FY2021 STAFFING ALLOCATION

Section II: Adult Services

Allocation Summary:

161.50	**Adult Protective Services workers**
6.35	**Adult Community Placement workers**
336.81	**Independent Living Services workers**
25.34	**Rounding Positions**
530.00	**Total Adult Services workers**

FY2021 ADULT SERVICES WORKER ALLOCATION

General Overview:
A total of 530.0 positions are allocated for Adult Services workers for FY2021 which is the same allocated in FY2020.

ADULT SERVICES

For FY2021, 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 FY2021, a total of 161.49 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 7/19 through 6/20 with the removal of COVID months March-June).

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 61.25% in order to allocate within the number of supportable positions.

The recommended caseload ratios are applied to a 12-month caseload average (7/19 through 6/20 with the removal of COVID months March-June).

Formula Component	Ratio	Data Source
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 FY2021, 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.

FY2021 ADULT SERVICES WORKER ALLOCATION

Run Date: 11/16/20	ACP and ILS						Adult Protective Service							
	7/19 - 6/20 Average ACP Cases	ACP @ 125	7/19 - 6/20 Average ILS Cases	ILS @ 100	Total ACP & ILS Calculated Workers	Total ACP & ILS Workers @ 61.25%	Average Active During Month	Relative %	Rel % X 161.495	Total Calculated APS Workers	Total Calculated Adult Workers	FY2021 Total Adult Worker Allocation	FY2020 Total Adult Worker Allocation	Change from FY2020
STATE TOTAL	**1296.13**	**10.369**	**54989.00**	**549.890**	**560.259**	**343.16**	**4037.37**	**100.000%**	**161.495**	**161.49**	**504.65**	**530.00**	**530.00**	**0.00**
BSC 1												2	2	0.00
ALCONA/	2.38	0.019	40.00	0.400	0.419	0.26	4.88	0.121%	0.195	0.20				
IOSCO	2.00	0.016	153.88	1.539	1.555	0.95	13.50	0.334%	0.540	0.54	1.94	2.00	2.00	0.00
ALPENA/	4.13	0.033	92.00	0.920	0.953	0.58	13.37	0.331%	0.535	0.53	1.68	2.00	2.00	0.00
MONTMORENCY	0.00	0.000	44.63	0.446	0.446	0.27	7.13	0.176%	0.285	0.29				
ALGER/	0.50	0.004	16.88	0.169	0.173	0.11	2.00	0.050%	0.080	0.08				
MARQUETTE/	5.00	0.040	108.88	1.089	1.129	0.69	29.13	0.721%	1.165	1.17	2.45	3.00	2.00	1.00
SCHOOLCRAFT	8.88	0.071	45.50	0.455	0.526	0.32	2.12	0.053%	0.085	0.08				
ANTRIM/	6.88	0.055	63.63	0.636	0.691	0.42	13.88	0.344%	0.555	0.56				
CHARLEVOIX/														
EMMET	6.63	0.053	104.63	1.046	1.099	0.67	23.25	0.576%	0.930	0.93	2.58	3.00	3.00	0.00
BARAGA/	0.00	0.000	28.13	0.281	0.281	0.17	2.00	0.050%	0.080	0.08				
HOUGHTON/	3.13	0.025	45.38	0.454	0.479	0.29	9.13	0.226%	0.365	0.37	0.96	1.00	1.00	0.00
KEWEENAW	0.00	0.000	1.25	0.013	0.013	0.01	1.13	0.028%	0.045	0.05				
BENZIE/	7.38	0.059	51.00	0.510	0.569	0.35	16.88	0.418%	0.675	0.68				
MANISTEE	0.00	0.000	127.50	1.275	1.275	0.78	19.25	0.477%	0.770	0.77	2.57	3.00	4.00	-1.00
CHEBOYGAN/	6.88	0.055	123.00	1.230	1.285	0.79	12.50	0.310%	0.500	0.50	1.97	2.00	3.00	-1.00
PRESQUE ISLE	8.63	0.069	55.63	0.556	0.625	0.38	7.38	0.183%	0.295	0.30				
CHIPPEWA/	3.13	0.025	62.25	0.623	0.648	0.40	7.75	0.192%	0.310	0.31	1.10	2.00	2.00	0.00
LUCE/	2.25	0.018	9.25	0.093	0.111	0.07	1.75	0.043%	0.070	0.07				
MACKINAC	0.00	0.000	13.25	0.133	0.133	0.08	4.25	0.105%	0.170	0.17				
CRAWFORD/	2.25	0.018	90.63	0.906	0.924	0.57	12.88	0.319%	0.515	0.52				
OSCODA/	0.00	0.000	55.75	0.558	0.558	0.34	7.25	0.180%	0.290	0.29				
OTSEGO	2.00	0.016	175.50	1.755	1.771	1.08	14.75	0.365%	0.590	0.59	3.39	4.00	4.00	0.00
DELTA/	9.88	0.079	69.00	0.690	0.769	0.47	7.25	0.180%	0.290	0.29	2.05	2.00	3.00	-1.00
DICKINSON/	2.75	0.022	57.00	0.570	0.592	0.36	6.25	0.155%	0.250	0.25				
MENOMINEE	1.00	0.008	70.38	0.704	0.712	0.44	6.00	0.149%	0.240	0.24				
GOGEBIC/	2.88	0.023	37.13	0.371	0.394	0.24	6.00	0.149%	0.240	0.24				
IRON/	0.00	0.000	35.25	0.353	0.353	0.22	5.88	0.146%	0.235	0.24	1.14	2.00	2.00	0.00
ONTONAGON	0.00	0.000	22.88	0.229	0.229	0.14	1.75	0.043%	0.070	0.07				
GR. TRAVERSE/	21.63	0.173	179.25	1.793	1.966	1.20	83.00	2.056%	3.320	3.32	5.52	6.00	7.00	-1.00
KALKASKA/	20.00	0.160	65.25	0.653	0.813	0.50	12.38	0.307%	0.495	0.50				
LEELANAU														
OGEMAW/	0.00	0.000	270.50	2.705	2.705	1.66	14.25	0.353%	0.570	0.57	4.23	5.00	4.00	1.00
ROSCOMMON	7.75	0.062	125.38	1.254	1.316	0.81	29.88	0.740%	1.195	1.20				
MISSAUKEE/														
WEXFORD	23.63	0.189	168.13	1.681	1.870	1.15	26.38	0.653%	1.055	1.06	2.20	3.00	3.00	0.00
TOTAL	161.50	1.292	2608.63	26.086	27.378	16.77	425.13	10.530%	17.005	17.01	33.77	42.00	44.00	-2.00
BSC 2												2.00	2.00	0.00
GENESEE	72.63	0.581	2208.38	22.084	22.665	13.88	212.00	5.251%	8.480	8.48	22.36	23.00	23.00	0.00
INGHAM	13.13	0.105	1606.00	16.060	16.165	9.90	163.50	4.050%	6.540	6.54	16.44	17.00	18.00	-1.00
INGHAM CSA														
SAGINAW	48.13	0.385	1551.63	15.516	15.901	9.74	56.00	1.387%	2.240	2.24	11.98	12.00	12.00	0.00
ARENAC/	9.00	0.072	113.75	1.138	1.210	0.74	3.75	0.093%	0.150	0.15				
BAY	13.75	0.110	611.75	6.118	6.228	3.81	39.13	0.969%	1.565	1.57	6.27	7.00	7.00	0.00
CLARE/	0.00	0.000	186.63	1.866	1.866	1.14	20.87	0.517%	0.835	0.83				
ISABELLA	7.00	0.056	219.50	2.195	2.251	1.38	20.12	0.498%	0.805	0.80	4.16	5.00	5.00	0.00
CLINTON/	0.00	0.000	168.00	1.680	1.680	1.03	21.50	0.533%	0.860	0.86				
EATON	5.25	0.042	334.38	3.344	3.386	2.07	51.75	1.282%	2.070	2.07	6.03	6.00	7.00	-1.00
GLADWIN/	1.00	0.008	161.13	1.611	1.619	0.99	14.13	0.350%	0.565	0.57				
MIDLAND	20.25	0.162	455.00	4.550	4.712	2.89	23.62	0.585%	0.945	0.94	5.39	6.00	7.00	-1.00
GRATIOT/	18.25	0.146	123.00	1.230	1.376	0.84	25.25	0.625%	1.010	1.01				
SHIAWASSEE	7.13	0.057	287.63	2.876	2.933	1.80	31.88	0.789%	1.275	1.28	4.92	5.00	5.00	0.00
HURON/	29.00	0.232	103.25	1.033	1.265	0.77	19.13	0.474%	0.765	0.77				
LAPEER/	15.00	0.120	159.38	1.594	1.714	1.05	21.12	0.523%	0.845	0.84				
TUSCOLA	17.25	0.138	190.75	1.908	2.046	1.25	31.13	0.771%	1.245	1.25	5.93	6.00	6.00	0.00
ST. CLAIR/	16.00	0.128	668.88	6.689	6.817	4.18	76.88	1.904%	3.075	3.08	9.33	10.00	11.00	-1.00
SANILAC	16.00	0.128	183.63	1.836	1.964	1.20	22.00	0.545%	0.880	0.88				
TOTAL	**308.75**	**2.470**	**9332.63**	**93.326**	**95.796**	**58.68**	**853.75**	**21.146%**	**34.150**	**34.15**	**92.83**	**99.00**	**103.00**	**-4.00**

FY2021 ADULT SERVICES WORKER ALLOCATION

Run Date: 11/16/20	ACP and ILS						Adult Protective Service							
	7/19 - 6/20 Average ACP Cases	ACP @ 125	7/19 - 6/20 Average ILS Cases	ILS @ 100	Total ACP & ILS Calculated Workers	Total ACP & ILS Workers @ 61.25%	Average Active During Month	Relative %	Rel % X 161.495	Total Calculated APS Workers	Total Calculated Adult Workers	FY2021 Total Adult Worker Allocation	FY2020 Total Adult Worker Allocation	Change from FY2020
BSC 3												2	2	0.00
BERRIEN	76.00	0.608	737.13	7.371	7.979	4.89	78.75	1.951%	3.150	3.15	8.04	8.00	9.00	-1.00
CALHOUN	52.75	0.422	439.88	4.399	4.821	2.95	80.38	1.991%	3.215	3.22	6.17	7.00	6.00	1.00
KALAMAZOO	15.50	0.124	839.63	8.396	8.520	5.22	190.00	4.706%	7.600	7.60	12.82	13.00	12.00	1.00
KENT	85.00	0.680	1831.25	18.313	18.993	11.63	225.88	5.595%	9.035	9.04	20.67	21.00	20.00	1.00
MUSKEGON	24.50	0.196	988.75	9.888	10.084	6.18	73.25	1.814%	2.930	2.93	9.11	10.00	9.00	1.00
OTTAWA	40.25	0.322	343.00	3.430	3.752	2.30	62.25	1.542%	2.490	2.49	4.79	5.00	5.00	0.00
VAN BUREN	6.13	0.049	260.88	2.609	2.658	1.63	35.88	0.889%	1.435	1.44	3.06	3.00	3.00	0.00
ALLEGAN/	14.50	0.116	286.13	2.861	2.977	1.82	36.25	0.898%	1.450	1.45	5.22	6.00	5.00	1.00
BARRY	17.38	0.139	124.88	1.249	1.388	0.85	27.38	0.678%	1.095	1.10				
CASS/	7.75	0.062	132.50	1.325	1.387	0.85	44.25	1.096%	1.770	1.77				
ST. JOSEPH	13.50	0.108	141.38	1.414	1.522	0.93	34.38	0.851%	1.375	1.38	4.93	5.00	6.00	-1.00
IONIA/	23.13	0.185	165.00	1.650	1.835	1.12	26.88	0.666%	1.075	1.08				
MONTCALM	20.88	0.167	184.88	1.849	2.016	1.23	27.75	0.687%	1.110	1.11	4.54	5.00	5.00	0.00
LAKE/	2.63	0.021	144.63	1.446	1.467	0.90	6.38	0.158%	0.255	0.26				
NEWAYGO	4.75	0.038	137.88	1.379	1.417	0.87	19.62	0.486%	0.785	0.78	2.81	3.00	3.00	0.00
MASON/	13.38	0.107	112.50	1.125	1.232	0.75	16.38	0.406%	0.655	0.66				
OCEANA	15.75	0.126	139.13	1.391	1.517	0.93	9.13	0.226%	0.365	0.37	2.70	3.00	3.00	0.00
MECOSTA/ OSCEOLA	15.75	0.126	350.63	3.506	3.632	2.22	55.13	1.365%	2.205	2.21	4.43	5.00	5.00	0.00
TOTAL	**449.50**	**3.596**	**7360.00**	**73.600**	**77.196**	**47.28**	**1049.87**	**26.004%**	**41.995**	**41.99**	**89.28**	**96.00**	**93.00**	**3.00**
BSC 4												2	2	0.00
JACKSON	29.63	0.237	698.25	6.983	7.220	4.42	108.00	2.675%	4.320	4.32	8.74	9.00	9.00	0.00
LIVINGSTON	4.00	0.032	247.00	2.470	2.502	1.53	32.13	0.796%	1.285	1.29	2.82	3.00	4.00	-1.00
MACOMB	10.50	0.084	7136.50	71.365	71.449	43.76	178.50	4.421%	7.140	7.14	50.90	51.00	47.00	4.00
OAKLAND	59.25	0.474	6539.25	65.393	65.867	40.34	481.75	11.932%	19.270	19.27	59.61	60.00	60.00	0.00
WASHTENAW	11.13	0.089	1118.88	11.189	11.278	6.91	67.62	1.675%	2.705	2.70	9.61	10.00	10.00	0.00
WAYNE	156.38	1.251	19136.00	191.360	192.611	117.97	727.37	18.016%	29.095	29.09	147.07	147.00	147.00	0.00
BRANCH/	0.75	0.006	42.38	0.424	0.430	0.26	22.75	0.563%	0.910	0.91				
HILLSDALE	38.13	0.305	146.50	1.465	1.770	1.08	16.38	0.406%	0.655	0.66	2.91	3.00	4.00	-1.00
LENAWEE/	58.38	0.467	229.00	2.290	2.757	1.69	42.25	1.046%	1.690	1.69				
MONROE	8.25	0.066	394.00	3.940	4.006	2.45	31.88	0.789%	1.275	1.28	7.11	8.00	7.00	1.00
TOTAL	**376.38**	**3.011**	**35687.75**	**356.878**	**359.889**	**220.43**	**1708.62**	**42.320%**	**68.345**	**68.34**	**288.78**	**293.00**	**290.00**	**3.00**
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	**1296.13**	**10.369**	**54989.00**	**549.890**	**560.259**	**343.16**	**4037.37**	**100.00%**	**161.49**	**161.49**	**504.65**	**530.00**	**530.00**	**0.00**

FY2021 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

FY2021 JUVENILE WORKER ALLOCATION

General Overview:

For FY2021, 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 2019 through July 2020. The calculated number of Juvenile Justice positions had to be restated at 105.50% in order retain the number of supportable workers. 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.

Formula Component	Ratio	Data Source
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.

FY2021 JUVENILE JUSTICE WORKER ALLOCATION

Run Date: 11/16/20	Data: 8/19 - 7/20 Average Direct & Purchase of Service Cases	@ 25	Calculated Juvenile Justice Workers	FY2021 Juvenile Justice Workers @ 105.50%	FY2021 Total Juvenile Justice Workers	FY2021 JJ Allocation	Change from FY2020	FY2020 JJ Allocation
STATE TOTAL	**922.17**	**36.887**	**36.887**	**38.92**	**38.92**	**34.00**	**0.00**	**34.00**
BSC 1								
ALCONA/	2.50	0.100	0.100	0.11				
IOSCO	8.42	0.337	0.337	0.36	0.46	0.00	0.00	0.00
ALPENA/	13.58	0.543	0.543	0.57				
MONTMORENCY	1.00	0.040	0.040	0.04	0.62	1.00	0.00	1.00
ALGER/	1.17	0.047	0.047	0.05				
MARQUETTE/	8.25	0.330	0.330	0.35	0.52	1.00	1.00	0.00
SCHOOLCRAFT	2.92	0.117	0.117	0.12				
ANTRIM/	1.33	0.053	0.053	0.06				
CHARLEVOIX/								
EMMET	10.83	0.433	0.433	0.46	0.51	1.00	0.00	1.00
BARAGA/	2.83	0.113	0.113	0.12				
HOUGHTON/	2.00	0.080	0.080	0.08	0.21	0.00	0.00	0.00
KEWEENAW	0.08	0.003	0.003	0.00				
BENZIE/	1.00	0.040	0.040	0.04				
MANISTEE	2.50	0.100	0.100	0.11	0.15	0.00	0.00	0.00
CHEBOYGAN/	8.00	0.320	0.320	0.34	0.39	0.00	0.00	0.00
PRESQUE ISLE	1.33	0.053	0.053	0.06				
CHIPPEWA/	9.33	0.373	0.373	0.39	0.42	0.00	0.00	0.00
LUCE/	0.67	0.027	0.027	0.03				
MACKINAC	0.00	0.000	0.000	0.00				
CRAWFORD/	1.00	0.040	0.040	0.04				
OSCODA/	1.92	0.077	0.077	0.08				
OTSEGO	3.17	0.127	0.127	0.13	0.26	0.00	0.00	0.00
DELTA/	4.00	0.160	0.160	0.17	0.32			
DICKINSON/	0.25	0.010	0.010	0.01				
MENOMINEE	3.42	0.137	0.137	0.14		0.00	-1.00	1.00
GOGEBIC/	15.83	0.633	0.633	0.67	0.81	1.00	0.00	1.00
IRON/	2.00	0.080	0.080	0.08				
ONTONAGON	1.25	0.050	0.050	0.05				
GR. TRAVERSE/	5.42	0.217	0.217	0.23	0.29	0.00	-1.00	1.00
KALKASKA/	1.42	0.057	0.057	0.06				
LEELANAU								
OGEMAW/	11.42	0.457	0.457	0.48		1.00	0.00	1.00
ROSCOMMON	6.42	0.257	0.257	0.27	0.75			
MISSAUKEE/								
WEXFORD	13.00	0.520	0.520	0.55	0.55	1.00	0.00	1.00
TOTAL	**148.25**	**5.930**	**5.930**	**6.26**	**6.26**	**6.00**	**-1.00**	**7.00**
BSC 2								
GENESEE								
INGHAM								
INGHAM CSA	39.83	1.593	1.593	1.68	1.68	2.00	1.00	1.00
SAGINAW	15.08	0.603	0.603	0.64	0.64	1.00	0.00	1.00
ARENAC/	4.83	0.193	0.193	0.20	0.79	1.00	0.00	1.00
BAY	13.83	0.553	0.553	0.58				
CLARE/	6.17	0.247	0.247	0.26				
ISABELLA	10.00	0.400	0.400	0.42	0.68	1.00	0.00	1.00
CLINTON/	1.42	0.057	0.057	0.06				
EATON	9.42	0.377	0.377	0.40	0.46	0.00	0.00	0.00
GLADWIN/	5.42	0.217	0.217	0.23	0.46	0.00	0.00	0.00
MIDLAND	5.58	0.223	0.223	0.24				
GRATIOT/	1.50	0.060	0.060	0.06				
SHIAWASSEE	5.75	0.230	0.230	0.24	0.31	0.00	0.00	0.00
HURON/	30.42	1.217	1.217	1.28	1.68	2.00	1.00	1.00
LAPEER/	1.67	0.067	0.067	0.07				
TUSCOLA	7.75	0.310	0.310	0.33				
ST. CLAIR/	28.42	1.137	1.137	1.20	1.29	1.00	0.00	1.00
SANILAC	2.08	0.083	0.083	0.09				
TOTAL	**189.17**	**7.567**	**7.567**	**7.98**	**7.98**	**8.00**	**2.00**	**6.00**

FY2021 JUVENILE JUSTICE WORKER ALLOCATION

	Average Direct & Purchase of Service Cases	@ 25	Calculated Juvenile Justice Workers	FY2021 Juvenile Justice Workers @ 105.50%	FY2021 Total Juvenile Justice Workers	FY2021 JJ Allocation	Change from FY2020	FY2020 JJ Allocation
BSC 3								
BERRIEN	40.67	1.627	1.627	1.72	1.72	2.00	0.00	2.00
CALHOUN	23.17	0.927	0.927	0.98	0.98	1.00	0.00	1.00
KALAMAZOO	25.25	1.010	1.010	1.07	1.07	1.00	0.00	1.00
KENT								
MUSKEGON	20.00	0.800	0.800	0.84	0.84	1.00	0.00	1.00
OTTAWA	2.33	0.093	0.093	0.10	0.10	0.00	0.00	0.00
VAN BUREN	33.25	1.330	1.330	1.40	1.40	1.00	0.00	1.00
ALLEGAN/	14.92	0.597	0.597	0.63	0.71	1.00	0.00	1.00
BARRY	2.00	0.080	0.080	0.08				
CASS/	5.42	0.217	0.217	0.23				
ST. JOSEPH	9.50	0.380	0.380	0.40	0.63	1.00	1.00	0.00
IONIA/	3.08	0.123	0.123	0.13				
MONTCALM	8.00	0.320	0.320	0.34	0.47	0.00	-1.00	1.00
LAKE/	0.00	0.000	0.000	0.00				
NEWAYGO	2.83	0.113	0.113	0.12	0.12	0.00	0.00	0.00
MASON/	2.83	0.113	0.113	0.12				
OCEANA	3.58	0.143	0.143	0.15	0.27	0.00	0.00	0.00
MECOSTA/	5.92	0.237	0.237	0.25	0.25	0.00	0.00	0.00
OSCEOLA								
TOTAL	**202.75**	**8.110**	**8.110**	**8.56**	**8.56**	**8.00**	**0.00**	**8.00**
BSC 4								
JACKSON	2.50	0.100	0.100	0.11	0.11	0.00	0.00	0.00
LIVINGSTON	19.42	0.777	0.777	0.82	0.82	1.00	0.00	1.00
MACOMB								
OAKLAND								
WASHTENAW	9.58	0.383	0.383	0.40	0.40	0.00	0.00	0.00
WAYNE								
BRANCH	0.00	0.000	0.000	0.00				
HILLSDALE/	1.58	0.063	0.063	0.07	0.07	0.00	0.00	0.00
LENAWEE/	4.17	0.167	0.167	0.18				
MONROE	2.67	0.107	0.107	0.11	0.29	0.00	0.00	0.00
TOTAL	**39.92**	**1.597**	**1.597**	**1.68**	**1.68**	**1.00**	**0.00**	**1.00**
BSC 5								
GENESEE CSA	35.50	1.420	1.420	1.50	1.50	2.00	0.00	2.00
KENT CSA	44.58	1.783	1.783	1.88	1.88	2.00	0.00	2.00
MACOMB CSA	53.25	2.130	2.130	2.25	2.25	2.00	0.00	2.00
OAKLAND CSA	56.75	2.270	2.270	2.39	2.39	2.00	-1.00	3.00
NORTH WAYNE CSA	75.20	3.008	3.008	3.17	3.17	1.00	0.00	1.00
SOUTH WAYNE CSA	34.80	1.392	1.392	1.47	1.47	1.00	0.00	1.00
WESTERN WAYNE CSA	42.00	1.680	1.680	1.77	1.77	1.00	0.00	1.00
TOTAL	**342.08**	**13.683**	**13.683**	**14.44**	**14.44**	**11.00**	**-1.00**	**12.00**
ESA								
STATEWIDE	**922.17**	**36.887**	**36.887**	**38.92**	**38.92**	**34.00**	**0.00**	**34.00**

FY2021 STAFFING ALLOCATION

Section IV: Child Welfare Workers

Allocation Summary:

2468.00 Workers by Category:

704.00 Foster Care
120.00 Foster Home Licensing/Recruitment
1644.00 Children's Protective Services

447.00 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)
151.00 Centralized Intake
50.00 MiTEAM
15.00 Educational Planners

2915.00 Child Welfare Workers

FY2021 CHILD WELFARE WORKER ALLOCATION

General Overview:

During FY2020 the department experienced unprecedented circumstances due to the COVID-19 Pandemic. As a result, it was deemed appropriate to maintain and use FY20 caseload data including MVT rates. This effort ensures that sufficient coverage continues to be available to protect children.

For FY2021, a total of 2924 Child Welfare (CW) positions are allocated. Of these, 2477 positions are based on allocation formula and 447 are non-caseload carrying positions assigned for specific purposes. The FY2021 CW total represents no increase of field positions from FY2020 levels. The County Level MVT Rate (encompassing County Level **M**edical Leave of Absences, **V**acancy and **T**raining 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:

151 Centralized Intake (an increase of 11 positions from FY20)
45 MIC (Maltreatment in Care)
10 Regional Placement Unit Workers
9 Placement Collaboration Unit Specialist
34 Health Liaisons
42 Michigan Youth Opportunity Initiative (MYOI)
82 Child Welfare Funding Specialists (CWFS)
5 Court Liaisons (Increase of 1 for Wayne County)
4 Scholarship Program Workers (2-Washtenaw Blavin – 2-Kalamazoo Seita)
15 Educational Planners
50 MiTEAM

Foster Care Workers and Foster Home Recruitment/Licensing Workers

For FY2021, a total of 708.0 Foster Care workers were deemed supportable – four (4) of which were redirected to Centralized Intake. 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 FY2021, 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:

Staffing Category	Ratio	Data Source/Time Period
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 FY2021 Earned Foster Care Rounded workers statewide amounted to 773. The county totals were restated at 90.30% in order to allocate within the number deemed supportable.

The total FY2021 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 FY2021, a total of 1649 Children's Protective Services (CPS) workers were deemed supportable – five (5) of which were redirected to Centralized Intake. 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.

CPS Worker Formula:

The following CPS ratios remain as defined by the M-ISEP:

Staffing Category	Ratio	Data Source
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 FY2021 Earned CPS workers statewide amounted to 1756. The county totals were restated at 93.7% in order to allocate within the number deemed supportable which include the 29 positions redirected by CSA for statewide initiatives in FY20 and the redirection of an additional 5 positions to Centralized Intake for FY21.

Note: Supervision for all CPS workers is calculated as if ALL 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 and remains status quo for FY2021.

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.

FY2021 CHILD WELFARE ROLL-UP

Run Date: 11/16/20	FY2021 Final Foster Care Workers	FY2021 BSC Flex Allocation	FY2021 Final FHL Workers	FY2021 BSC Flex Allocation	FY2021 Final CPS Workers	FY2021 BSC Flex Allocation	Off-The-Top Positions						FY2021 Total CSA Positions	FY2020 Total CSA Positions (no MIC)	Change from FY2020
							Health Liaisons	MiTeam	Funding Special (CWFS)	Ed. Plan.	Ct. Liaison URM Scholar	MYOI Staff			
STATE TOTAL	**672.00**	**36.00**	**113.00**	**7.00**	**1574.00**	**75.00**	**34.00**	**50.00**	**82.00**	**15.00**	**15.00**	**42.00**	**2715.00**	**2715.00**	**-9.00**
BSC 1		3.00		1.00		8.00	3.00		1.00				16.00	16.00	0.00
ALCONA/	1.00				2.00								3.00	3.00	0.00
IOSCO	4.00		1.00		5.00							1.00	11.00	11.00	0.00
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	2.00	0.00
ALGER/	0.00		0.00		1.00								1.00	1.00	0.00
MARQUETTE/	2.00		1.00		11.00			1.00	1.00			1.00	17.00	17.00	0.00
SCHOOLCRAFT	1.00		0.00		2.00								3.00	3.00	0.00
ANTRIM/	2.00		0.00		5.00								7.00	7.00	0.00
CHARLEVOIX/	0.00		0.00		0.00										
EMMET	4.00		1.00		15.00			1.00	1.00			1.00	23.00	23.00	0.00
BARAGA/	1.00		0.00		1.00			1.00					3.00	3.00	0.00
HOUGHTON/	1.00		1.00		6.00								8.00	8.00	0.00
KEWEENAW	0.00		0.00		0.00										
BENZIE/	1.00		0.00		3.00								4.00	4.00	0.00
MANISTEE	2.00		0.00		5.00			1.00					8.00	8.00	0.00
CHEBOYGAN/	2.00		1.00		6.00			1.00	1.00				11.00	12.00	-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				1.00	11.00	10.00	1.00
LUCE/	0.00		0.00		1.00								1.00	1.00	0.00
MACKINAC	1.00		0.00		2.00								3.00	3.00	0.00
CRAWFORD/	4.00		2.00		3.00				1.00				10.00	10.00	0.00
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	10.00	0.00
DELTA/	2.00		0.00		6.00			1.00					9.00	9.00	0.00
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	7.00	0.00
IRON/	1.00		0.00		1.00								2.00	3.00	-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	26.00	0.00
KALKASKA/	1.00		0.00		4.00								5.00	5.00	0.00
LEELANAU	0.00		0.00		0.00										
OGEMAW/	3.00		2.00		4.00			1.00	1.00			1.00	12.00	12.00	0.00
ROSCOMMON	2.00		0.00		5.00								7.00	7.00	0.00
MISSAUKEE/	0.00		0.00		0.00										
WEXFORD	5.00		2.00		17.00				1.00			1.00	26.00	26.00	0.00
TOTAL	**62.00**	**3.00**	**17.00**	**1.00**	**156.00**	**8.00**	**3.00**	**11.00**	**8.00**	**2.00**	**0.00**	**10.00**	**281.00**	**282.00**	**-1.00**
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	1.00	92.00	92.00	0.00
SAGINAW	10.00		2.00		33.00		1.00	1.00	1.00			1.00	49.00	49.00	0.00
ARENAC/	2.00		0.00		2.00								4.00	4.00	0.00
BAY	10.00		4.00		22.00		1.00	1.00	1.00	1.00		1.00	41.00	41.00	0.00
CLARE/	4.00		0.00		8.00								12.00	13.00	-1.00
ISABELLA	4.00		5.00		12.00			1.00	1.00			1.00	24.00	24.00	0.00
CLINTON/	2.00		0.00		8.00					1.00		1.00	12.00	12.00	0.00
EATON	5.00		3.00		18.00		1.00	1.00	1.00				29.00	29.00	0.00
GLADWIN/	3.00		0.00		6.00								9.00	9.00	0.00
MIDLAND	8.00		3.00		12.00			1.00	1.00			1.00	26.00	26.00	0.00
GRATIOT/	3.00		0.00		9.00				1.00				13.00	13.00	0.00
SHIAWASSEE	5.00		4.00		12.00			1.00				1.00	23.00	23.00	0.00
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	18.00	0.00
ST. CLAIR/	13.00		7.00		28.00		1.00	1.00	2.00			1.00	53.00	53.00	0.00
SANILAC	6.00		0.00		10.00								16.00	16.00	0.00
TOTAL	**109.00**	**5.00**	**36.00**	**2.00**	**260.00**	**12.00**	**6.00**	**9.00**	**12.00**	**2.00**	**2.00**	**9.00**	**464.00**	**465.00**	**-1.00**

FY2021 CHILD WELFARE ROLL-UP

Run Date: 11/16/20	FY2021 Final Foster Care Workers	FY2021 BSC Flex Allocation	FY2021 Final FHL Workers	FY2021 BSC Flex Allocation	FY2021 Final CPS Workers	FY2021 BSC Flex Allocation	Off-The-Top Positions						FY2021 Total CSA Positions	FY2020 Total CSA Positions (no MIC)	Change from FY2020
							Health Liaisons	MiTeam	Funding Special (CWFS)	Ed. Plan.	Ct. Liaison URM Scholar	MYOI Staff			
BSC 3		**8.00**		2.00		16.00							26.00	27.00	-1.00
BERRIEN	20.00		3.00		34.00		1.00	1.00	2.00			1.00	62.00	62.00	0.00
CALHOUN	22.00		4.00		32.00		1.00	1.00	2.00	1.00		1.00	64.00	64.00	0.00
KALAMAZOO	27.00		3.00		69.00		2.00	1.00	4.00		2.00	1.00	109.00	109.00	0.00
KENT	0.00		0.00		0.00										
MUSKEGON	24.00		3.00		47.00		1.00	1.00	3.00	1.00		1.00	81.00	82.00	-1.00
OTTAWA	10.00		3.00		36.00		1.00	1.00	1.00			1.00	53.00	53.00	0.00
VAN BUREN	16.00		5.00		15.00		1.00	1.00	1.00			1.00	40.00	40.00	0.00
ALLEGAN/	12.00		3.00		26.00			1.00	1.00			1.00	44.00	44.00	0.00
BARRY	4.00		0.00		11.00								15.00	15.00	0.00
CASS/	8.00		3.00		9.00		1.00	1.00	1.00	1.00			24.00	24.00	0.00
ST. JOSEPH	9.00		0.00		13.00				1.00			1.00	24.00	25.00	-1.00
IONIA/	7.00		0.00		15.00			1.00	1.00			1.00	25.00	25.00	0.00
MONTCALM	7.00		3.00		18.00								28.00	28.00	0.00
LAKE/	2.00		0.00		4.00								6.00	6.00	0.00
NEWAYGO	6.00		2.00		12.00		1.00	1.00	1.00			1.00	24.00	23.00	1.00
MASON/	3.00		0.00		8.00				1.00				12.00	12.00	0.00
OCEANA	1.00		1.00		7.00							1.00	10.00	10.00	0.00
MECOSTA/	4.00		1.00		17.00			1.00	1.00			1.00	25.00	25.00	0.00
OSCEOLA	0.00		0.00		0.00										
TOTAL	**182.00**	**8.00**	**34.00**	**2.00**	**373.00**	**16.00**	**9.00**	**11.00**	**20.00**	**3.00**	**2.00**	**12.00**	**672.00**	**674.00**	**-2.00**
BSC 4		3.00		1.00		7.00							11.00	12.00	-1.00
JACKSON	18.00		2.00		43.00		1.00	1.00	2.00	1.00		1.00	69.00	70.00	-1.00
LIVINGSTON	5.00		2.00		15.00			1.00	1.00			1.00	25.00	25.00	0.00
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/	9.00		3.00		13.00			1.00	1.00			1.00	28.00	28.00	0.00
LENAWEE/	6.00				18.00			1.00	1.00				26.00	26.00	0.00
MONROE	11.00		4.00		19.00				1.00			1.00	36.00	36.00	0.00
TOTAL	**65.00**	**3.00**	**14.00**	**1.00**	**148.00**	**7.00**	**2.00**	**4.00**	**7.00**	**1.00**	**2.00**	**5.00**	**259.00**	**261.00**	**-2.00**
BSC 5		**13.00**		1.00		27.00							41.00	41.00	0.00
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	133.00	0.00
MACOMB CSA	29.00		3.00		75.00		2.00	2.00	4.00	1.00	1.00	1.00	118.00	120.00	-2.00
OAKLAND CSA	37.00		3.00		103.00		2.00	2.00	5.00	1.00	1.00	1.00	155.00	155.00	0.00
WAYNE CSA	142.00		3.00		265.00		7.00	7.00	16.00	4.00	2.00	2.00	448.00	449.00	-1.00
TOTAL	254.00	13.00	**12.00**	**1.00**	**637.00**	**27.00**	**14.00**	**15.00**	**35.00**	**7.00**	**9.00**	**6.00**	**1030.00**	**1033.00**	**-3.00**
CSA		4				5							9.00		
STATE TOTAL	**672.00**	**36.00**	**113.00**	**7.00**	**1574.00**	**75.00**	**34.00**	**50.00**	**82.00**	**15.00**	**15.00**	**42.00**	**2715.00**	**2715.00**	**-9.00**

FY2021 FOSTER CARE WORKER ALLOCATION ~ COUNTY LEVEL MVT

Run date: 11/16/20	08/18-07/19		08/18-7/19		FY 2021	County	Additional	Total	Additional	Total	Total	FY21	Final	FY 21	FY 20	
	Average Direct Services Cases	@ 13	Average Private Agency Cases	@ 90	Initial Foster Care Calculated Workers	Level MVT RATE	Positions for MVT per County	Rounded FC Worker County Allocation	Positions for BSC Flex 5.0%	Rounded FC Worker BSC Flex Allocation	Calculated FC Workers For Supe Calculation	Total Earned Foster Care Workers at 100%	Calculated FC Workers adjusted as Supportable	Supportable FC Rounded Workers Allocated	Supportable FC Rounded Workers Allocated	Change from FY 20
STATE TOTAL	**7302.00**	**561.69**	**6121.50**	**68.02**	**629.71**		**96.18**	**740.00**	**31.49**	**32.00**	**757.37**	**725.89**	**90.30%**	**704.00**	**708.00**	**-4.00**
BSC 1										3.00			3.00	3.00	3.00	0.00
ALCONA/	10.50	0.81	7.25	0.08	0.89	19.64%	0.17	1.00	0.04		1.11	1.06	0.96	1.00	1.00	0.00
IOSCO	42.17	3.24	21.50	0.24	3.48	19.64%	0.68	4.00	0.17		4.34	4.17	3.76	4.00	4.00	0.00
ALPENA/	51.00	3.92	11.75	0.13	4.05	0.00%	0.00	4.00	0.20		4.26	4.05	3.66	4.00	4.00	0.00
MONTMORENCY	11.50	0.88	7.00	0.08	0.96	0.00%	0.00	1.00	0.05		1.01	0.96	0.87	1.00	1.00	0.00
ALGER/	1.67	0.13	1.83	0.02	0.15	0.00%	0.00	0.00	0.01		0.16	0.15	0.13	0.00	0.00	0.00
MARQUETTE/	17.83	1.37	17.00	0.19	1.56	5.78%	0.09	2.00	0.08		1.73	1.65	1.49	2.00	2.00	0.00
SCHOOLCRAFT	7.50	0.58	2.17	0.02	0.60	1.48%	0.01	1.00	0.03		0.64	0.61	0.55	1.00	1.00	0.00
ANTRIM/	27.58	2.12	1.50	0.02	2.14	2.03%	0.04	2.00	0.11		2.29	2.18	1.97	2.00	2.00	0.00
CHARLEVOIX/						16.95%										
EMMET	35.50	2.73	8.83	0.10	2.83	16.95%	0.96	4.00	0.14		3.93	3.79	3.42	4.00	4.00	0.00
BARAGA/	2.92	0.22	2.00	0.02	0.25	42.20%	0.10	1.00	0.01		0.36	0.35	0.32	1.00	1.00	0.00
HOUGHTON/	7.67	0.59	2.50	0.03	0.62	0.00%	0.00	1.00	0.03		0.65	0.62	0.56	1.00	1.00	0.00
KEWEENAW																
BENZIE/	10.17	0.78	12.33	0.14	0.92	45.48%	0.42	2.00	0.05		1.38	1.34	1.21	1.00	1.00	0.00
MANISTEE	15.33	1.18	23.08	0.26	1.44	45.08%	0.65	2.00	0.07		2.16	2.08	1.88	2.00	2.00	0.00
CHEBOYGAN/	22.92	1.76	11.83	0.13	1.89	19.46%	0.37	2.00	0.09		2.36	2.26	2.04	2.00	2.00	0.00
PRESQUE ISLE	10.67	0.82	8.33	0.09	0.91	0.00%	0.00	1.00	0.05		0.96	0.91	0.82	1.00	1.00	0.00
CHIPPEWA/	21.08	1.62	35.17	0.39	2.01	11.36%	0.23	2.00	0.10		2.34	2.24	2.02	2.00	2.00	0.00
LUCE/	3.42	0.26	3.75	0.04	0.30	0.00%	0.00	1.00	0.02		0.32	0.30	0.27	0.00	0.00	0.00
MACKINAC	8.58	0.66	3.42	0.04	0.70	0.00%	0.00	1.00	0.03		0.73	0.70	0.63	1.00	1.00	0.00
CRAWFORD/	38.00	2.92	13.00	0.14	3.07	21.64%	0.66	4.00	0.15		3.88	3.73	3.37	4.00	4.00	0.00
OSCODA/	5.67	0.44	3.67	0.04	0.48	4.76%	0.02	1.00	0.02		0.52	0.50	0.45	1.00	1.00	0.00
OTSEGO	33.08	2.54	21.50	0.24	2.78	6.75%	0.19	3.00	0.14		3.11	2.97	2.68	3.00	3.00	0.00
DELTA/	10.58	0.81	57.83	0.64	1.46	3.90%	0.06	2.00	0.07		1.59	1.51	1.37	2.00	2.00	0.00
DICKINSON/	23.75	1.83	17.83	0.20	2.03	0.00%	0.00	2.00	0.10		2.13	2.03	1.83	2.00	2.00	0.00
MENOMINEE	10.08	0.78	12.83	0.14	0.92	24.10%	0.22	1.00	0.05		1.19	1.14	1.03	1.00	1.00	0.00
GOGEBIC/	25.17	1.94	21.67	0.24	2.18	5.18%	0.11	2.00	0.11		2.40	2.29	2.07	2.00	2.00	0.00
IRON/	12.25	0.94	1.25	0.01	0.96	12.95%	0.12	1.00	0.05		1.13	1.08	0.98	1.00	1.00	0.00
ONTONAGON	4.42	0.34	1.83	0.02	0.36	0.00%	0.00	1.00	0.02		0.38	0.36	0.33	1.00	1.00	0.00
GR. TRAVERSE/	44.42	3.42	53.33	0.59	4.01	5.11%	0.41	5.00	0.20		4.62	4.42	3.99	4.00	4.00	0.00
KALKASKA/	7.58	0.58	23.67	0.26	0.85	56.51%	0.48	2.00	0.04		1.37	1.32	1.20	1.00	1.00	0.00
LEELANAU						5.11%						0.00	0.00	0.00		0.00
OGEMAW/	37.92	2.92	13.58	0.15	3.07	12.35%	0.38	4.00	0.15		3.60	3.45	3.11	3.00	3.00	0.00
ROSCOMMON	19.42	1.49	2.42	0.03	1.52	14.20%	0.22	2.00	0.08		1.81	1.74	1.57	2.00	2.00	0.00
MISSAUKEE/						16.45%						0.00	0.00	0.00		0.00
WEXFORD	47.25	3.63	26.92	0.30	3.93	16.45%	1.29	5.00	0.20		5.42	5.23	4.72	5.00	5.00	0.00
TOTAL	**627.58**	**48.28**	**452.58**	**5.03**	**53.30**		**7.89**	**67.00**	**2.67**	**3.00**	**63.86**	**61.20**	**58.26**	**65.00**	**65.00**	**0.00**
BSC 2										**5.00**			**5.00**	5.00	**5.00**	**0.00**
INGHAM	274.58	21.12	282.58	3.14	24.26	8.70%	2.11	27.00	1.21		27.59	26.37	23.81	24.00	24.00	0.00
SAGINAW	117.83	9.06	68.83	0.76	9.83	5.89%	0.58	11.00	0.49		10.90	10.41	9.40	10.00	10.00	0.00
ARENAC/	24.50	1.88	2.42	0.03	1.91	9.19%	0.18	2.00	0.10		2.18	2.09	1.88	2.00	2.00	0.00
BAY/	104.33	8.03	87.67	0.97	9.00	18.58%	1.67	11.00	0.45		11.12	10.67	9.64	10.00	10.00	0.00
CLARE/	46.83	3.60	16.33	0.18	3.78	3.99%	0.15	4.00	0.19		4.12	3.94	3.55	4.00	4.00	0.00
ISABELLA/	46.83	3.60	25.33	0.28	3.88	9.33%	0.36	4.00	0.19		4.44	4.25	3.83	4.00	4.00	0.00
CLINTON/	21.50	1.65	6.17	0.07	1.72	0.00%	0.00	2.00	0.09		1.81	1.72	1.56	2.00	2.00	0.00
EATON	55.25	4.25	25.92	0.29	4.54	15.20%	0.69	5.00	0.23		5.45	5.23	4.72	5.00	5.00	0.00
GLADWIN	29.83	2.29	0.00	0.00	2.29	29.13%	0.67	3.00	0.11		3.08	2.96	2.68	3.00	3.00	0.00
MIDLAND	96.17	7.40	22.75	0.25	7.65	8.56%	0.66	9.00	0.38		8.69	8.31	7.50	8.00	8.00	0.00
GRATIOT/	28.58	2.20	4.00	0.04	2.24	37.46%	0.84	3.00	0.11		3.20	3.08	2.78	3.00	3.00	0.00
SHIAWASSEE	50.25	3.87	48.33	0.54	4.40	13.02%	0.57	5.00	0.22		5.20	4.98	4.49	5.00	5.00	0.00
HURON/	26.50	2.04	2.08	0.02	2.06	8.76%	0.18	2.00	0.10		2.35	2.24	2.02	2.00	2.00	0.00
LAPEER/	38.92	2.99	11.00	0.12	3.12	26.27%	0.82	4.00	0.16		4.09	3.93	3.55	4.00	4.00	0.00
TUSCOLA	45.08	3.47	15.33	0.17	3.64	17.71%	0.64	4.00	0.18		4.46	4.28	3.87	4.00	4.00	0.00
ST. CLAIR/	148.75	11.44	124.83	1.39	12.83	8.59%	1.10	14.00	0.64		14.57	13.93	12.58	13.00	13.00	0.00
SANILAC	66.17	5.09	16.33	0.18	5.27	27.59%	1.45	7.00	0.26		6.99	6.73	6.07	6.00	6.00	0.00
TOTAL	**1221.92**	**93.99**	**759.92**	**8.44**	**102.44**		**12.68**	**117.00**	**5.12**	**5.00**	**120.24**	**115.11**	**108.95**	**114.00**	**114.00**	**0.00**

FY2021 FOSTER CARE WORKER ALLOCATION ~ COUNTY LEVEL MVT

Run date: 11/16/20	08/18-07/19		08/18-7/19		FY 2021 Initial Foster Care Calculated Workers	County Level MVT RATE	Additional Positions for MVT per County	Total Rounded FC Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FC Worker BSC Flex Allocation	Total Calculated FC Workers For Supe Calculation	FY21 Total Earned Foster Care Workers at 100%	Final Calculated FC Workers adjusted as Supportable	FY 21 Supportable FC Rounded Workers Allocated	FY 20 Supportable FC Rounded Workers Allocated	Change from FY 20
	Average Direct Services Cases	@ 13	Average Private Agency Cases	@ 90									90.30%			
BSC 3										8.00			8.00	8.00	8.00	0.00
BERRIEN	196.58	15.12	139.25	1.55	16.67	33.55%	5.59	22.00	0.83		23.10	22.26	20.10	20.00	20.00	0.00
CALHOUN	234.50	18.04	122.92	1.37	19.40	26.35%	5.11	25.00	0.97		25.49	24.52	22.14	22.00	22.00	0.00
KALAMAZOO	297.67	22.90	254.25	2.83	25.72	14.39%	3.70	30.00	1.29		30.71	29.43	26.57	27.00	27.00	0.00
MUSKEGON	270.08	20.78	146.00	1.62	22.40	20.11%	4.50	27.00	1.12		28.02	26.90	24.29	24.00	25.00	-1.00
OTTAWA	114.83	8.83	56.58	0.63	9.46	19.72%	1.87	12.00	0.47		11.80	11.33	10.23	10.00	10.00	0.00
VAN BUREN	168.42	12.96	26.75	0.30	13.25	29.92%	3.97	17.00	0.66		17.88	17.22	15.55	16.00	16.00	0.00
ALLEGAN/	137.58	10.58	64.33	0.71	11.30	19.14%	2.16	14.00	0.56		14.03	13.46	12.16	12.00	12.00	0.00
BARRY/	42.50	3.27	7.50	0.08	3.35	15.19%	0.51	4.00	0.17		4.03	3.86	3.49	4.00	4.00	0.00
CASS/	100.67	7.74	35.00	0.39	8.13	11.42%	0.93	9.00	0.41		9.47	9.06	8.18	8.00	8.00	0.00
ST. JOSEPH	103.33	7.95	85.08	0.95	8.89	11.23%	1.00	10.00	0.44		10.34	9.89	8.93	9.00	9.00	0.00
IONIA/	63.83	4.91	15.25	0.17	5.08	47.19%	2.40	8.00	0.25		7.73	7.48	6.75	7.00	7.00	0.00
MONTCALM	75.25	5.79	28.42	0.32	6.10	23.87%	1.46	8.00	0.31		7.87	7.56	6.83	7.00	7.00	0.00
LAKE/	19.42	1.49	0.42	0.00	1.50	14.39%	0.22	2.00	0.07		1.79	1.71	1.55	2.00	2.00	0.00
NEWAYGO	81.92	6.30	7.17	0.08	6.38	4.14%	0.26	7.00	0.32		6.96	6.65	6.00	6.00	6.00	0.00
MASON/	25.42	1.96	17.67	0.20	2.15	33.05%	0.71	3.00	0.11		2.97	2.86	2.58	3.00	3.00	0.00
OCEANA	12.92	0.99	7.67	0.09	1.08	0.00%	0.00	1.00	0.05		1.13	1.08	0.97	1.00	1.00	0.00
MECOSTA/ OSCEOLA	46.17	3.55	9.67	0.11	3.66	0.00%	0.00	4.00	0.18		3.84	3.66	3.30	4.00	4.00	0.00
TOTAL	**1991.08**	**153.16**	**1023.92**	**11.38**	**164.54**		**34.39**	**203.00**	**8.23**	**8.00**	**207.15**	**198.93**	**187.63**	**190.00**	**191.00**	**-1.00**
BSC 4										3.00			3.00	3.00	4.00	-1.00
																0.00
JACKSON	222.83	17.14	115.17	1.28	18.42	9.61%	1.77	20.00	0.92		21.11	20.19	18.23	18.00	19.00	-1.00
LIVINGSTON	54.92	4.22	70.25	0.78	5.00	15.96%	0.80	6.00	0.25		6.05	5.80	5.24	5.00	5.00	0.00
WASHTENAW	88.33	6.79	43.75	0.49	7.28	20.39%	1.48	9.00	0.36		9.13	8.77	7.92	8.00	8.00	0.00
BRANCH	86.58	6.66	20.42	0.23	6.89	18.49%	1.27	8.00	0.34		8.50	8.16	7.37	8.00	8.00	0.00
HILLSDALE/	73.58	5.66	45.25	0.50	6.16	50.02%	3.08	9.00	0.31		9.55	9.25	8.35	9.00	9.00	0.00
LENAWEE/	60.42	4.65	101.92	1.13	5.78	7.69%	0.44	6.00	0.29		6.51	6.22	5.62	6.00	6.00	0.00
MONROE	124.17	9.55	87.67	0.97	10.53	16.23%	1.71	12.00	0.53		12.76	12.23	11.05	11.00	11.00	0.00
TOTAL	**710.83**	**54.68**	**484.42**	**5.38**	**60.06**		**10.56**	**70.00**	**3.00**	**3.00**	**73.63**	**70.63**	**66.77**	**68.00**	**70.00**	**-2.00**
BSC 5										13.00			13.00	13.00	13.00	0.00
GENESEE CSA	358.08	27.54	241.83	2.69	30.23	23.77%	7.19	38.00	1.51		38.93	37.42	33.79	34.00	34.00	0.00
KENT CSA	7.67	0.59	921.42	10.24	10.83	22.95%	2.48	14.00	0.54		13.85	13.31	12.02	12.00	12.00	0.00
MACOMB CSA	317.17	24.40	304.92	3.39	27.79	16.47%	4.58	33.00	1.39		33.75	32.36	29.22	29.00	30.00	-1.00
OAKLAND CSA	416.08	32.01	305.08	3.39	35.40	13.97%	4.94	41.00	1.77		42.11	40.34	36.43	37.00	37.00	0.00
WAYNE CSA	1651.58	127.04	1627.42	18.08	145.13	7.90%	11.46	157.00	7.26		163.85	156.59	141.40	142.00	142.00	0.00
TOTAL	**2750.58**	**211.58**	**3400.67**	**37.79**	**249.37**		**30.66**	**283.00**	**12.47**	**13.00**	**292.49**	**280.02**	**265.86**	**267.00**	**268.00**	**-1.00**
CSA																
STATEWIDE	**7302.00**	**561.69**	**6121.50**	**68.02**	**629.71**		**96.18**	**740.00**	**31.49**	**32.00**	**757.37**	**725.89**	**687.48**	**704.00**	**708.00**	**-4.00**

FY 2021 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION ~ COUNTY LEVEL MVT (FY2020 Data) DRAFT

Run date: 11/16/20	08/18-07/19 Average DHS Licensed Homes	@ 30	08/18-07/19 Homes Licensed During Month	@ 30	Initial Calculated FHL Worker	County Level MVT RATE	Additional Positions For MVT Rate	Initial Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FHL Wkr BSC Flex Allocation	FY21 FHL Calculated Workers for Super	FY21 FHL Rounded Workers For Super	FY 21 Total Earned FHL Workers at 100%	Final FY21 Calculated FHL Wkrs adjusted as supportable	FY 21 Supportable FHL Rounded Workers	FY 20 Final FHL Rounded Workers	Change from FY 20
	2458.33	**81.944**	**146.75**	**4.892**	**89.30**		**22.32**	**120.00**	**4.46**	**7.00**	**116.09**	**127.00**	**118.62**	**96.90%**	**120.00**	**120.00**	**0.00**
BSC 1										1.00			1.00		1.00	1.00	0.00
ALCONA/	2.17	0.07	0.17	0.01													
IOSCO	12.75	0.43	1.00	0.03	0.54	19.64%	0.11	1.00	0.03		0.67	1.00	0.64	0.62	1.00	1.00	0.00
ALPENA/	29.08	0.97	1.08	0.04	1.21	0.00%	0.00	1.00	0.06		1.27	1.00	1.21	1.17	1.00	1.00	0.00
MONTMORENCY	5.92	0.20	0.25	0.01		0.00%											
ALGER/	0.00	0.00	0.08	0.00		0.00%											
MARQUETTE/	33.25	1.11	1.25	0.04	1.16	5.78%	0.08	1.00	0.06		1.31	2.00	1.25	1.21	1.00	1.00	0.00
SCHOOLCRAFT	0.00	0.00	0.33	0.01		1.48%											
ANTRIM/	3.17	0.11	0.33	0.01		2.03%											
CHARLEVOIX/																	
EMMET	25.08	0.84	0.67	0.02	0.98	33.91%	0.35	2.00	0.05		1.37	2.00	1.33	1.28	1.00	1.00	0.00
BARAGA/	8.00	0.27	0.25	0.01		42.20%											
HOUGHTON/	0.00	0.00	0.17	0.01	0.28	0.00%	0.12	1.00	0.01		0.41	1.00	0.40	0.39	1.00	1.00	0.00
KEWEENAW																	
BENZIE/	0.08	0.00	0.00	0.00		45.48%											
MANISTEE	4.25	0.14	0.00	0.00	0.14	45.08%	0.13	0.00	0.01		0.28	0.00	0.28	0.27	0.00	0.00	0.00
CHEBOYGAN/	17.67	0.59	0.25	0.01	0.70	19.46%	0.14	1.00	0.03		0.87	1.00	0.83	0.81	1.00	1.00	0.00
PRESQUE ISLE	2.83	0.09	0.17	0.01		0.00%											
CHIPPEWA/	18.00	0.60	0.50	0.02	0.88	11.36%	0.10	1.00	0.04		1.03	1.00	0.98	0.95	1.00	1.00	0.00
LUCE/	3.33	0.11	0.00	0.00		0.00%											
MACKINAC	4.67	0.16	0.00	0.00		0.00%											
CRAWFORD/	17.42	0.58	0.58	0.02	1.55	21.64%	0.51	2.00	0.08		2.15	2.00	2.07	2.00	2.00	2.00	0.00
OSCODA/	0.25	0.01	0.50	0.02		4.76%											
OTSEGO	26.92	0.90	0.92	0.03		6.75%											
DELTA/	39.75	1.33	1.00	0.03		3.90%											
DICKINSON/	0.00	0.00	0.42	0.01	1.38	0.00%	0.39	2.00	0.07		1.84	2.00	1.77	1.72	2.00	2.00	0.00
MENOMINEE	0.00	0.00	0.33	0.01		24.10%											
GOGEBIC/	15.33	0.51	0.25	0.01	0.54	5.18%	0.10	1.00	0.03		0.67	1.00	0.64	0.62	1.00	1.00	0.00
IRON/	0.42	0.01	0.08	0.00		12.95%											
ONTONAGON	0.00	0.00	0.17	0.01		0.00%											
GR. TRAVERSE/	14.58	0.49	2.00	0.07	0.57	5.11%	0.35	1.00	0.03		0.94	1.00	0.92	0.89	1.00	1.00	0.00
KALKASKA/	0.00	0.00	0.42	0.01		56.51%											
LEELANAU																	
OGEMAW/	31.92	1.06	0.50	0.02	1.36	12.35%	0.36	2.00	0.07		1.79	2.00	1.73	1.67	2.00	2.00	0.00
ROSCOMMON	8.00	0.27	0.50	0.02		14.20%											
MISSAUKEE/																	
WEXFORD	36.58	1.22	1.17	0.04	1.26	16.45%	0.21	2.00	0.06		1.53	2.00	1.47	1.42	2.00	2.00	0.00
TOTAL	**361.42**	**12.05**	**15.33**	**0.51**	**12.56**		**2.94**	**18.00**	**0.63**	**1.00**	**16.13**	**19.00**	**16.50**	**15.02**	**18.00**	**18.00**	**0.00**
BSC 2										**2.00**			**2.00**		**2.00**	**2.00**	**0.00**
INGHAM	108.42	3.61	4.92	0.16	3.78	8.70%	0.33	4.00	0.19		4.30	5.00	4.11	3.98	4.00	4.00	0.00
SAGINAW	47.92	1.60	2.25	0.08	1.67	5.89%	0.10	2.00	0.08		1.85	2.00	1.77	1.72	2.00	2.00	0.00
ARENAC/	40.00	1.33	0.50	0.02		9.19%											
BAY/	36.00	1.20	2.83	0.09	3.47	18.58%	0.96	5.00	0.17		4.60	5.00	4.43	4.29	4.00	4.00	0.00
CLARE/	30.75	1.03	0.67	0.02		3.99%											
ISABELLA/	42.42	1.41	0.83	0.03	4.13	9.33%	0.55	5.00	0.21		4.88	5.00	4.68	4.53	5.00	5.00	0.00
CLINTON/	28.08	0.94	1.00	0.03		0.00%											
EATON	39.08	1.30	1.58	0.05	2.33	15.20%	0.35	3.00	0.12		2.79	3.00	2.68	2.60	3.00	3.00	0.00
GLADWIN	24.17	0.81	0.50	0.02		29.13%											
MIDLAND	47.33	1.58	1.83	0.06	2.46	8.56%	0.93	4.00	0.12		3.51	4.00	3.39	3.28	3.00	3.00	0.00
GRATIOT	20.17	0.67	0.25	0.01		37.46%											
SHIAWASSEE	49.58	1.65	1.33	0.04	2.38	13.02%	1.20	4.00	0.12		3.70	4.00	3.58	3.47	4.00	4.00	0.00
HURON/	15.83	0.53	0.75	0.03		8.76%											
LAPEER/	22.25	0.74	1.58	0.05		26.27%											
TUSCOLA	30.17	1.01	1.00	0.03	2.39	17.71%	1.26	4.00	0.12		3.76	4.00	3.64	3.53	4.00	4.00	0.00
ST. CLAIR/	104.50	3.48	3.08	0.10	5.03	8.59%	1.82	7.00	0.25		7.10	7.00	6.85	6.63	7.00	7.00	0.00
SANILAC	42.08	1.40	1.17	0.04		27.59%											
TOTAL	**728.75**	**24.29**	**26.08**	**0.87**	**27.622**		**7.499**	**38.000**	**1.381**	**2.00**	**36.502**	**39.00**	**37.12**	**34.03**	**38.00**	**38.00**	**0.00**

FY 2021 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION ~ COUNTY LEVEL MVT (FY2020 Data) DRAFT

Run date: 11/16/20	08/18-7/19 Average DHS Licensed Homes	@ 30	08/18-7/19 Homes Licensed During Month	@ 30	Initial Calculated FHL Worker	County Level MVT RATE	Additional Positions For MVT Rate	Initial Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FHL Wkr BSC Flex Allocation	FY21 FHL Calculated Workers for Super	FY21 FHL Rounded Workers For Super	FY 21 Total Earned FHL Workers at 100%	Final FY21 Calculated FHL Wkrs adjusted as supportable 96.90%	FY 21 Supportable FHL Rounded Workers	FY 20 Final FHL Rounded Workers	Change from FY 20
BSC 3										2.00			2.00	2.00	2.00	2.00	0.00
BERRIEN	71.33	2.378	2.58	0.086	2.46	33.55%	0.83	3.00	0.12		3.41	4.00	3.29	3.19	3.00	3.00	0.00
CALHOUN	77.58	2.586	3.17	0.106	2.69	26.35%	0.71	4.00	0.13		3.54	4.00	3.40	3.30	4.00	4.00	0.00
KALAMAZOO	81.67	2.722	3.67	0.122	2.84	14.39%	0.41	3.00	0.14		3.40	4.00	3.25	3.15	3.00	3.00	0.00
MUSKEGON	74.33	2.478	3.83	0.128	2.61	20.11%	0.52	3.00	0.13		3.26	3.00	3.13	3.03	3.00	3.00	0.00
OTTAWA	77.67	2.589	5.00	0.167	2.76	19.72%	0.54	4.00	0.14		3.44	4.00	3.30	3.20	3.00	3.00	0.00
VAN BUREN	107.25	3.575	2.58	0.086	3.66	29.92%	1.10	5.00	0.18		4.94	5.00	4.76	4.61	5.00	5.00	0.00
ALLEGAN	37.83	1.261	2.92	0.097	2.26	19.14%	0.78	3.00	0.11		3.15	3.00	3.03	2.94	3.00	3.00	0.00
BARRY/	26.08	0.869	0.92	0.031		15.19%											
CASS/	27.00	0.900	1.17	0.039	2.34	11.42%	0.53	3.00	0.12		2.99	3.00	2.87	2.78	3.00	3.00	0.00
ST. JOSEPH	40.17	1.339	1.83	0.061		11.23%											
IONIA/	16.42	0.547	1.25	0.042		47.19%											
MONTCALM	30.33	1.011	1.83	0.061	1.66	23.87%	1.18	3.00	0.08		2.92	3.00	2.84	2.75	3.00	3.00	0.00
LAKE/	0.00	0.000	0.08	0.003		14.39%											
NEWAYGO	54.75	1.825	0.67	0.022	1.85	4.14%	0.34	2.00	0.09		2.29	2.00	2.19	2.12	2.00	2.00	0.00
MASON/	7.25	0.242	0.42	0.014		33.05%											
OCEANA	9.75	0.325	0.50	0.017	0.60	0.00%	0.20	1.00	0.03		0.82	1.00	0.79	0.77	1.00	1.00	0.00
MECOSTA/ OSCEOLA	37.00	1.233	1.08	0.036	1.27	0.00%	0.00	1.00	0.06		1.33	2.00	1.27	1.23	1.00	1.00	0.00
TOTAL	**776.42**	**25.881**	**33.50**	**1.117**	**27.00**		**7.13**	**35.00**	**1.35**	**2.00**	**35.48**	**38.00**	**36.13**	**35.07**	**36.00**	**36.00**	0.00
BSC 4										1.00			1.00		1.00	1.00	0.00
																	0.00
JACKSON	58.92	1.964	3.92	0.131	2.09	9.61%	0.20	3.00	0.10		2.40	3.00	2.30	2.22	2.00	2.00	0.00
LIVINGSTON	48.92	1.631	3.33	0.111	1.74	15.96%	0.28	2.00	0.09		2.11	2.00	2.02	1.96	2.00	2.00	0.00
WASHTENAW	60.83	2.028	3.67	0.122	2.15	20.39%	0.44	3.00	0.11		2.70	3.00	2.59	2.51	3.00	3.00	0.00
BRANCH/	22.50	0.750	1.25	0.042		18.49%											0.00
HILLSDALE	35.67	1.189	1.08	0.036	2.02	50.02%	1.38	4.00	0.10		3.50	4.00	3.40	3.29	3.00	3.00	0.00
LENAWEE/	36.17	1.206	2.08	0.069		7.69%											0.00
MONROE	60.50	2.017	2.58	0.086	3.38	16.23%	0.81	4.00	0.17		4.35	5.00	4.19	4.06	4.00	4.00	0.00
																	0.00
TOTAL	**323.50**	**10.783**	**17.92**	**0.597**	**11.38**		**3.11**	**16.00**	**0.57**	**1.00**	**15.06**	**17.00**	**15.49**	**14.04**	15.00	**15.00**	0.00
BSC 5										**1.00**			**1.00**		1.00	**1.00**	**0.00**
GENESEE CSA	50.33	1.678	6.67	0.222	1.90	23.77%	0.45	3.00	0.10		2.45	3.00	2.35	2.28	2.00	2.00	**0.00**
KENT CSA	8.08	0.269	10.58	0.353	0.62	22.95%	0.14	1.00	0.03		0.80	1.00	0.77	0.74	1.00	1.00	**0.00**
MACOMB CSA	71.25	2.375	7.08	0.236	2.61	16.47%	0.43	3.00	0.13		3.17	3.00	3.04	2.95	3.00	3.00	**0.00**
OAKLAND CSA	73.42	2.447	11.50	0.383	2.83	13.97%	0.40	3.00	0.14		3.37	4.00	3.23	3.13	3.00	3.00	**0.00**
WAYNE CSA	65.17	2.172	18.08	0.603	2.78	7.90%	0.22	3.00	0.14		3.13	3.00	2.99	2.90	3.00	3.00	**0.00**
TOTAL	268.25	8.9417	53.92	1.797	10.74		1.64	13.00	0.54	1.00	12.91	14.00	13.38	11.99	**13.00**	13.00	0.00
CSA																	
STATEWIDE	**2458.33**	**81.944**	**146.75**	**4.892**	**89.30**		**22.32**	**120.00**	**4.46**	**7.00**	**116.09**	**127.00**	**118.62**	**110.16**	**120.00**	**120.00**	**0.00**

FY2021 CPS ALLOCATION ~ COUNTY LEVEL MVT

Run Date: 11/16/20	Ongoing FACT SHEET August 2018 - July 2019 Ongoing Caseload	@ 17	Assigned Investigations FACT SHEET August 2018 - July 2019 FACT SHEET Assignmts.	1.511	@ 12	FY 2021 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 21 Earned CPS Rounded Workers at 100%	Final Calculated CPS Wkrs adjusted as Supportable	FY 21 Supportable CPS Rounded Workers Allocated	FY'20 Final CPS Rounded Workers	Change from FY 20
STATE TOTAL	**3906.0**	**229.77**	**8901.7**	**13450.4**	**1120.87**	**1350.63**		**333.12**		**67.53**	**70.00**	**1756.00**	**93.700%**	**1644.00**	**1649.00**	**-5.00**
BSC1											**8.00**	**8.00**		8.00	**8.00**	0.00
ALCONA/	7.3	0.43	10.2	15.4	1.29	1.72	9.38%	0.16	2.00	0.09		2.00	1.76	2.00	2.00	0.00
IOSCO	19.0	1.12	32.8	49.5	4.13	5.24	9.38%	0.49	6.00	0.26		6.00	5.38	5.00	5.00	0.00
ALPENA/	21.6	1.27	33.8	51.0	4.25	5.53	0.00%	0.00	6.00	0.28		6.00	5.18	5.00	5.00	0.00
MONTMORENCY	3.6	0.21	9.3	14.1	1.18	1.39	0.00%	0.00	1.00	0.07		1.00	1.30	1.00	1.00	0.00
ALGER/	7.0	0.41	7.6	11.4	0.95	1.36	1.76%	0.02	1.00	0.07		1.00	1.30	1.00	1.00	0.00
MARQUETTE/	29.4	1.73	64.1	96.9	8.07	9.80	17.01%	1.67	11.00	0.49		11.00	10.75	11.00	11.00	0.00
SCHOOLCRAFT	10.4	0.61	8.8	13.3	1.11	1.72	40.17%	0.69	2.00	0.09		2.00	2.25	2.00	2.00	0.00
ANTRIM/	16.1	0.95	28.7	43.3	3.61	4.56	17.30%	0.79	5.00	0.23		5.00	5.01	5.00	5.00	0.00
CHARLEVOIX/ EMMET	41.3	2.43	62.3	94.2	7.85	10.28	26.79%	5.50	16.00	0.51		16.00	14.78	15.00	15.00	0.00
BARAGA/	3.1	0.18	6.8	10.2	0.85	1.04	10.99%	0.11	1.00	0.05		1.00	1.08	1.00	1.00	0.00
HOUGHTON/ KEWEENAW	20.3	1.19	23.4	35.4	2.95	4.15	30.89%	2.56	7.00	0.21		7.00	6.28	6.00	6.00	0.00
BENZIE/	18.1	1.07	13.9	21.0	1.75	2.82	26.60%	0.75	4.00	0.14		4.00	3.34	3.00	3.00	0.00
MANISTEE	10.3	0.60	29.7	44.8	3.74	4.34	17.64%	0.77	5.00	0.22		5.00	4.78	5.00	5.00	0.00
CHEBOYGAN/	27.0	1.59	28.1	42.5	3.54	5.13	24.76%	1.27	6.00	0.26		6.00	5.99	6.00	6.00	0.00
PRESQUE ISLE	6.4	0.38	12.7	19.1	1.59	1.97	0.00%	0.00	2.00	0.10		2.00	1.85	2.00	2.00	0.00
CHIPPEWA/	21.4	1.26	38.8	58.6	4.88	6.14	12.42%	0.76	7.00	0.31		7.00	6.47	6.00	6.00	0.00
LUCE/	5.6	0.33	7.4	11.2	0.94	1.27	5.10%	0.06	1.00	0.06		1.00	1.25	1.00	1.00	0.00
MACKINAC	5.4	0.32	8.4	12.8	1.06	1.38	20.49%	0.28	2.00	0.07		2.00	1.56	2.00	2.00	0.00
CRAWFORD/	9.1	0.54	21.3	32.2	2.69	3.22	5.77%	0.19	3.00	0.16		3.00	3.19	3.00	3.00	0.00
OSCODA/	5.0	0.29	10.1	15.3	1.27	1.57	16.51%	0.26	2.00	0.08		2.00	1.71	2.00	2.00	0.00
OTSEGO	8.6	0.50	36.0	54.4	4.53	5.04	1.01%	0.05	5.00	0.25		5.00	4.77	5.00	5.00	0.00
DELTA/	14.3	0.84	40.2	60.8	5.06	5.90	13.60%	0.80	7.00	0.30		7.00	6.28	6.00	6.00	0.00
DICKINSON/	10.5	0.62	26.1	39.5	3.29	3.91	6.86%	0.27	4.00	0.20		4.00	3.91	4.00	4.00	0.00
MENOMINEE	9.8	0.57	23.6	35.6	2.97	3.54	57.74%	2.04	6.00	0.18		6.00	5.23	5.00	5.00	0.00
GOGEBIC/	8.5	0.50	17.8	26.9	2.24	2.74	20.90%	0.57	3.00	0.14		3.00	3.10	3.00	3.00	0.00
IRON/	8.3	0.49	12.4	18.8	1.57	2.05	3.93%	0.08	2.00	0.10		2.00	2.00	1.00	2.00	-1.00
ONTONAGON	4.0	0.24	3.2	4.9	0.41	0.64	13.88%	0.09	1.00	0.03		1.00	0.68	1.00	1.00	0.00
GRAND TRAVERSE/	58.5	3.44	95.3	144.0	12.00	15.45	9.95%	3.07	19.00	0.77		19.00	17.35	17.00	17.00	0.00
KALKASKA/	15.1	0.89	26.4	40.0	3.33	4.22	7.56%	0.32	5.00	0.21		5.00	4.25	4.00	4.00	0.00
LEELANAU													0.00			
OGEMAW/	9.3	0.54	25.3	38.3	3.19	3.73	15.44%	0.58	4.00	0.19		4.00	4.04	4.00	4.00	0.00
ROSCOMMON	15.1	0.89	37.1	56.1	4.67	5.56	2.16%	0.12	6.00	0.28		6.00	5.32	5.00	5.00	0.00
MISSAUKEE/ WEXFORD	64.0	3.76	77.1	116.5	9.71	13.47	17.71%	4.77	18.00	0.67		18.00	17.10	17.00	17.00	0.00
TOTAL	**513.3**	**30.20**	**878.9**	**1328.0**	**110.67**	**140.86**		**29.10**	**170.00**	**7.04**	**8.00**	**178.00**		**164.00**	**165.00**	**-1.00**
BSC2											12.00	12.00		12.00	12.00	0.00
GENESEE																
INGHAM	129.0	7.59	328.4	496.3	41.36	48.94	19.09%	9.34	58.00	2.45		58.00	54.62	55.00	55.00	0.00
SAGINAW	76.7	4.51	193.9	293.0	24.41	28.92	21.40%	6.19	35.00	1.45		35.00	32.90	33.00	33.00	0.00
ARENAC/	9.3	0.54	13.3	20.1	1.68	2.22	19.33%	0.43	3.00	0.11		3.00	2.49	2.00	2.00	0.00
BAY	52.9	3.11	129.8	196.1	16.34	19.45	19.90%	3.87	23.00	0.97		23.00	21.85	22.00	22.00	0.00
CLARE/	21.4	1.26	49.4	74.7	6.23	7.48	20.92%	1.57	9.00	0.37		9.00	8.48	8.00	9.00	-1.00
ISABELLA	23.0	1.35	68.7	103.8	8.65	10.00	29.65%	2.96	13.00	0.50		13.00	12.15	12.00	12.00	0.00
CLINTON/	13.9	0.82	47.8	72.2	6.02	6.83	22.90%	1.56	8.00	0.34		8.00	7.87	8.00	8.00	0.00
EATON	30.8	1.81	111.6	168.6	14.05	15.86	19.62%	3.11	19.00	0.79		19.00	17.77	18.00	18.00	0.00
GLADWIN/	28.9	1.70	31.1	47.0	3.92	5.62	22.88%	1.28	7.00	0.28		7.00	6.47	6.00	6.00	0.00
MIDLAND	39.1	2.30	71.7	108.3	9.02	11.32	16.89%	1.91	13.00	0.57		13.00	12.40	12.00	12.00	0.00
GRATIOT/	31.3	1.84	50.7	76.6	6.38	8.22	19.41%	1.60	10.00	0.41		10.00	9.20	9.00	9.00	0.00
SHIAWASSEE	58.4	3.44	68.2	103.1	8.59	12.03	8.35%	1.00	13.00	0.60		13.00	12.21	12.00	12.00	0.00
HURON/	23.3	1.37	31.7	47.8	3.99	5.36	14.40%	0.77	6.00	0.27		6.00	5.74	6.00	6.00	0.00
LAPEER/	36.6	2.15	63.9	96.5	8.04	10.20	6.68%	0.68	11.00	0.51		11.00	10.19	10.00	10.00	0.00
TUSCOLA	25.3	1.49	60.6	91.5	7.62	9.11	9.29%	0.85	10.00	0.46		10.00	9.33	9.00	9.00	0.00
ST. CLAIR/	83.8	4.93	153.0	231.2	19.27	24.19	24.49%	5.93	30.00	1.21		30.00	28.22	28.00	28.00	0.00
SANILAC	28.9	1.70	48.8	73.7	6.14	7.84	36.19%	2.84	11.00	0.39		11.00	10.01	10.00	10.00	0.00
TOTAL	**712.3**	**41.90**	**1522.4**	**2300.4**	**191.70**	**233.60**		**45.90**	**279.00**	**11.68**	**12.00**	**291.00**	**261.89**	**272.00**	**273.00**	**-1.00**

FY2021 CPS ALLOCATION ~ COUNTY LEVEL MVT

Run Date: 11/16/20	Ongoing FACT SHEET August 2018 - July 2019 Ongoing Caseload	@ 17	Assigned Investigations FACT SHEET August 2018 - July 2019 FACT SHEET Assignmts.	@ 0	@ 12	FY 2021 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 21 Earned CPS Rounded Workers at 100%	Final Calculated CPS Wkrs adjusted as Supportable	FY 21 Supportable CPS Rounded Workers	FY20 Final CPS Rounded Workers	Change from FY'20
BSC 3											16.00	16.00	**93.980%**	16.00	16.00	0.00
BERRIEN	78.6	4.63	160.4	242.4	20.20	24.83	44.39%	11.02	36.00	1.24		36.00	33.59	34.00	34.00	0.00
CALHOUN	89.1	5.24	178.2	269.3	22.44	27.68	22.24%	6.16	34.00	1.38		34.00	31.71	32.00	32.00	0.00
KALAMAZOO	209.5	12.32	332.1	501.8	41.82	54.14	35.10%	19.01	73.00	2.71		73.00	68.54	69.00	69.00	0.00
KENT																
MUSKEGON	184.4	10.85	249.6	377.1	31.42	42.27	17.40%	7.36	50.00	2.11		50.00	46.50	47.00	47.00	0.00
OTTAWA	98.4	5.79	192.2	290.4	24.20	29.99	27.30%	8.19	38.00	1.50		38.00	35.77	36.00	36.00	0.00
VAN BUREN	42.5	2.50	85.6	129.3	10.77	13.27	24.12%	3.20	16.00	0.66		16.00	15.44	15.00	15.00	0.00
ALLEGAN/	80.4	4.73	135.3	204.5	17.04	21.77	26.80%	5.83	28.00	1.09		28.00	25.86	26.00	26.00	0.00
BARRY	28.6	1.68	63.0	95.2	7.93	9.62	19.91%	1.91	12.00	0.48		12.00	10.80	11.00	11.00	0.00
CASS/	14.5	0.85	55.4	83.8	6.98	7.83	28.51%	2.23	10.00	0.39		10.00	9.43	9.00	9.00	0.00
ST. JOSEPH	47.8	2.81	79.2	119.7	9.98	12.78	16.83%	2.15	15.00	0.64		15.00	14.00	13.00	14.00	-1.00
IONIA/	42.0	2.47	88.7	134.0	11.16	13.64	14.69%	2.00	16.00	0.68		16.00	14.65	15.00	15.00	0.00
MONTCALM	49.8	2.93	103.2	156.0	13.00	15.92	22.74%	3.62	20.00	0.80		20.00	18.31	18.00	18.00	0.00
LAKE/	7.3	0.43	20.6	31.1	2.59	3.01	35.10%	1.06	4.00	0.15		4.00	3.82	4.00	4.00	0.00
NEWAYGO	59.9	3.52	64.1	96.9	8.07	11.59	9.33%	1.08	13.00	0.58		13.00	11.88	12.00	12.00	0.00
MASON/	38.6	2.27	37.8	57.1	4.76	7.02	15.58%	1.09	8.00	0.35		8.00	7.61	8.00	8.00	0.00
OCEANA	23.3	1.37	34.1	51.5	4.30	5.66	30.86%	1.75	7.00	0.28		7.00	6.94	7.00	7.00	0.00
MECOSTA/	66.8	3.93	91.1	137.7	11.47	15.40	18.79%	2.89	18.00	0.77		18.00	17.14	17.00	17.00	0.00
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**	372.00	**389.00**	**390.00**	**-1.00**
BSC 4											7.00	7.00		7.00	7.00	0.00
JACKSON	90.4	5.32	242.7	366.7	30.56	35.88	27.27%	9.78	46.00	1.79		46.00	42.78	43.00	43.00	0.00
LIVINGSTON	31.6	1.86	94.9	143.4	11.95	13.81	13.09%	1.81	16.00	0.69		16.00	14.63	15.00	15.00	0.00
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	28.58	29.00	29.00	0.00
WAYNE																
BRANCH/	28.3	1.66	59.7	90.2	7.51	9.17	30.67%	2.81	12.00	0.46		12.00	11.23	11.00	11.00	0.00
HILLSDALE	34.7	2.04	59.7	90.2	7.51	9.55	39.68%	3.79	13.00	0.48		13.00	12.50	13.00	13.00	0.00
LENAWEE/	51.1	3.01	100.6	151.9	12.66	15.67	20.54%	3.22	19.00	0.78		19.00	17.70	18.00	18.00	0.00
MONROE	39.9	2.35	124.7	188.4	15.70	18.04	14.02%	2.53	21.00	0.90		21.00	19.28	19.00	19.00	0.00
													0.00			
TOTAL	**305.5**	**17.97**	**870.9**	**1315.9**	**109.66**	**127.63**		**28.94**	**158.00**	**6.38**	**7.00**	**165.00**	146.70	**155.00**	**155.00**	**0.00**
BSC 5											27.00	27.00		27.00	27.00	0.00
GENESEE CSA	171.9	10.11	487.1	736.0	61.34	71.45	31.39%	22.43	94.00	3.57		94.00	87.96	88.00	88.00	0.00
KENT CSA	208.5	12.26	587.6	887.8	73.98	86.25	30.79%	26.56	113.00	4.31		113.00	105.70	106.00	106.00	0.00
MACOMB CSA	117.8	6.93	480.9	726.6	60.55	67.48	19.14%	12.92	80.00	3.37		80.00	75.33	75.00	76.00	-1.00
OAKLAND CSA	197.9	11.64	574.2	867.6	72.30	83.94	31.12%	26.12	110.00	4.20		110.00	103.13	103.00	103.00	0.00
WAYNE CSA	517.8	30.46	1529.0	2310.3	192.53	222.98	27.17%	60.59	284.00	11.15		284.00	265.71	265.00	266.00	-1.00
TOTAL	**1213.8**	**71.40**	**3658.8**	**5528.4**	**460.70**	**532.10**		**148.62**	**681.00**	**26.60**	**27.00**	**708.00**		**664.00**	**666.00**	**-2.00**
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**		**1644.00**	**1649.00**	**-5.00**

FY2021 STAFFING ALLOCATION

Section V:

Other Workers

FY2021 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 Native American Outreach Workers

161.5 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 October 27, 2020 and is subject to change as contracts are approved and/or terminated throughout the fiscal year.

230.5 Total Positions

Note: CPCP are not shown in the Field Staffing Allocation for FY2021 but may be available to those counties receiving adequate CPCP funding with ESA and CSA approval.

FY2021 OTHER WORKER ALLOCATION

Run Date: 11.16.20	CRC	Native American Outreach	DFA's & Homemakers	FY2021 Other Workers
STATE TOTAL	**57.00**	**12.00**	**161.50**	**230.50**
BSC 1				0.00
ALCONA/	0.0			0.00
IOSCO	1.0		2.00	3.00
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	2.00
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	2.00	4.00
LUCE/	0.0			0.00
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	1.00	3.00	5.00
KALKASKA/	0.0			0.00
LEELANAU	0.0			
OGEMAW/	1.0			1.00
ROSCOMMON	0.0			0.00
MISSAUKEE/	0.0			
WEXFORD	1.0			1.00
TOTAL	**14.00**	**8.00**	**12.00**	**34.00**
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		4.00	5.00
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			
TOTAL	**10.00**	**1.00**	**39.00**	**50.00**

FY2021 OTHER WORKER ALLOCATION

Run Date: 11.16.20	CRC	Native American Outreach	DFA's & Homemakers	FY2021 Other Workers
BSC 3				0.00
BERRIEN	1.0		3.00	4.00
CALHOUN	1.0		4.00	5.00
KALAMAZOO	1.0		3.00	4.00
KENT	1.0		14.00	15.00
MUSKEGON	1.0		6.00	7.00
OTTAWA	1.0		2.00	3.00
VAN BUREN	1.0	1.00	3.00	5.00
ALLEGAN/	1.0		1.00	2.00
BARRY	0.0			0.00
CASS/	0.0			0.00
ST. JOSEPH	1.0		2.00	3.00
IONIA/	0.0		1.00	1.00
MONTCALM	1.0			1.00
LAKE/	0.0			0.00
NEWAYGO	1.0		1.00	2.00
MASON/	1.0		1.00	2.00
OCEANA	0.0			0.00
MECOSTA/	1.0			1.00
OSCEOLA	0.0			
	0.0			
TOTAL	**13.00**	**1.00**	**41.00**	**55.00**
BSC 4	0.00			
JACKSON	1.00		7.50	8.50
LIVINGSTON	1.00		2.00	3.00
MACOMB	1.00		4.00	5.00
OAKLAND	1.00		17.00	18.00
WASHTENAW	1.00		6.00	7.00
WAYNE	11.00		30.00	41.00
BRANCH/	0.00			0.00
HILLSDALE	1.00		1.00	2.00
LENAWEE/	1.00			1.00
MONROE	0.00		2.00	2.00
TOTAL	**18.00**	**0.00**	**69.50**	**87.50**
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**	**161.50**	**230.50**

FY2021 STAFFING ALLOCATION

Section VI: Administrative Support Workers

Allocation Summary:

919.0 Administrative Support Workers

91.0 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
- 56.0 Central Operations
- 1.0 HR Liaison Unit
- 4.0 Non-Career Student Assistants – OHR CCHP
- 4.0 Centralized Intake
- 5.0 Redaction and Expungement Team

1,010.00 Total Administrative Support Workers

FY2021 ADMINISTRATIVE SUPPORT WORKER ALLOCATION

General Overview:

In FY2021, a total of 1,010.0 Administrative Support worker positions are allocated which is a decrease of 3 from the FY2020 staffing level. Of the total Administrative Support Worker positions, 919.0 are allocated by formula and 91.0 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)
- 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
- 4.0 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:

Staffing Category Supported	Ratio Supported At
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 FY2021, all Administrative Support Worker positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

FY2021 ADMINISTRATIVE SUPPORT ALLOCATION

Run Date: 11.16.20	1st Line Supervisors @ 40.73	ES/FIS @ 4.82	JJ, Adult and Childrens Services @ 10.34	2nd Line/PT & Other @ 12.48	Manager/ Director @ 1.87	CRC @ 12.65	Calculated Admin Support Total Workers	Admin Support Workers at 80.38%	Rounded Admin Support Workers	*Off-the-top Positions* CW & Wayne Secretaries & Wayne Pym't Unit	BSC's	Central Ops	FY2021 Total Admin Support Allocation	Change from FY2020
STATEWIDE	**22.64**	**676.97**	**319.25**	**23.28**	**57.75**	**6.88**	**1106.76**	**889.62**	**919.00**	**13.00**	**11.00**	**56.00**	**999.00**	**-3.00**
BSC 1										0.00	1.00	0.00	1.00	0.00
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	3.00	0.00
IOSCO	0.15	2.49	1.45	0.24	0.53	0.08	4.94	3.97	4.00	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	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	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	3.00	0.00
MARQUETTE/	0.22	3.32	2.13	0.16	0.53	0.08	6.44	5.18	5.00	0.00	0.00	0.00	5.00	0.00
SCHOOLCRAFT	0.00	0.62	0.29	0.00	0.53	0.00	1.45	1.16	3.00	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	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	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	3.00	0.00
HOUGHTON/	0.12	1.87	0.87	0.16	0.53	0.08	3.63	2.92	3.00	0.00	0.00	0.00	3.00	0.00
KEWEENAW	0.00	0.00	0.00	0.00	0.53	0.00	0.53	0.43	1.00	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	3.00	0.00
MANISTEE	0.10	1.66	1.06	0.08	0.53	0.08	3.52	2.83	3.00	0.00	0.00	0.00	3.00	0.00
CHEBOYGAN/	0.12	1.87	1.35	0.16	0.53	0.08	4.12	3.31	3.00	0.00	0.00	0.00	3.00	-1.00
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	3.00	0.00
CHIPPEWA/	0.15	2.07	1.45	0.32	0.53	0.08	4.61	3.70	4.00	0.00	0.00	0.00	4.00	0.00
LUCE/	0.00	0.62	0.19	0.00	0.53	0.00	1.35	1.09	3.00	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	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	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	3.00	0.00
OTSEGO	0.17	1.87	1.45	0.16	0.53	0.08	4.26	3.43	3.00	0.00	0.00	0.00	3.00	-1.00
DELTA/	0.20	2.49	1.06	0.08	0.53	0.00	4.36	3.51	4.00	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	3.00	0.00
MENOMINEE	0.00	1.24	0.68	0.08	0.53	0.08	2.62	2.10	3.00	0.00	0.00	0.00	3.00	0.00
GOGEBIC/	0.12	1.45	0.87	0.16	0.53	0.00	3.14	2.52	3.00	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	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	3.00	0.00
GR. TRAVERSE/	0.25	4.98	3.38	0.40	0.53	0.08	9.62	7.74	8.00	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	3.00	0.00
LEELANAU														
OGEMAW/	0.15	2.07	1.84	0.08	0.53	0.08	4.75	3.82	4.00	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	3.00	0.00
MISSAUKEE/ WEXFORD	0.20	3.94	3.00	0.08	0.53	0.08	7.83	6.29	6.00	0.00	0.00	0.00	6.00	0.00
TOTAL	2.31	52.70	31.91	2.72	17.65	1.11	108.40	87.13	114.00	0.00	1.00	0.00	115.00	-2.00
BSC 2										0.00	1.00	0.00	1.00	0.00
GENESEE	0.52	41.91	2.22	0.96	1.60	0.08	47.29	38.01	38.00	0.00	0.00	0.00	38.00	-1.00
INGHAM	0.27	19.09	1.64	0.72	0.53	0.24	22.49	18.08	18.00	0.00	0.00	0.00	18.00	-1.00
INGHAM CSA	0.49	0.00	9.67	0.16	0.53	0.00	10.86	8.73	9.00	1.00	0.00	0.00	10.00	0.00
SAGINAW	0.49	16.60	6.19	0.56	0.53	0.08	24.45	19.66	20.00	0.00	0.00	0.00	20.00	0.00
ARENAC/	0.00	1.24	0.58	0.00	0.53	0.08	2.44	1.96	3.00	0.00	0.00	0.00	3.00	0.00
BAY	0.39	7.47	4.74	0.48	0.53	0.08	13.70	11.01	11.00	0.00	0.00	0.00	11.00	0.00
CLARE/	0.00	2.90	1.26	0.00	0.53	0.00	4.70	3.78	4.00	0.00	0.00	0.00	4.00	0.00
ISABELLA	0.27	3.53	3.00	0.40	0.53	0.08	7.81	6.28	6.00	0.00	0.00	0.00	6.00	0.00
CLINTON/	0.00	2.49	1.16	0.00	0.53	0.08	4.26	3.43	3.00	0.00	0.00	0.00	3.00	-1.00
EATON	0.29	4.98	3.38	0.24	0.53	0.08	9.51	7.65	8.00	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	3.00	0.00
MIDLAND	0.27	3.94	3.38	0.24	0.53	0.08	8.45	6.79	7.00	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	4.00	0.00
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	6.00	0.00
HURON/	0.00	1.87	1.16	0.00	0.53	0.00	3.56	2.86	3.00	0.00	0.00	0.00	3.00	0.00
LAPEER/	0.00	3.94	1.55	0.08	0.53	0.00	6.10	4.91	5.00	0.00	0.00	0.00	5.00	0.00
TUSCOLA	0.34	3.32	2.51	0.16	0.53	0.16	7.03	5.65	6.00	0.00	0.00	0.00	6.00	0.00
ST. CLAIR/	0.54	10.58	6.48	0.56	0.53	0.08	18.78	15.09	15.00	0.00	0.00	0.00	15.00	0.00
SANILAC	0.00	2.70	1.64	0.08	0.53	0.00	4.96	3.98	4.00	0.00	0.00	0.00	4.00	0.00
TOTAL	**4.15**	**135.48**	**55.61**	**4.89**	**11.23**	**1.19**	**212.54**	**170.84**	**173.00**	**1.00**	**1.00**	**0.00**	**175.00**	**-3.00**

FY2021 ADMINISTRATIVE SUPPORT ALLOCATION

Run Date: 11.16.20	1st Line Supervisors @ 40.73	ES/FIS @ 4.82	JJ, Adult and Childrens Services @ 10.34	2nd Line/PT & Other @ 12.48	Manager/ Director @ 1.87	CRC @ 12.65	Calculated Admin Support Total Workers	Admin Support Workers at 80.38%	Rounded Admin Support Workers	*Off-the-top* CW & Wayne Secretaries & Wayne Pym't Unit	*Off-the-top* BSC's	*Off-the-top* Central Ops	FY2021 Total Admin Support Allocation	Change from FY2020
BSC 3										0.00	1.00	0.00	1.00	0.00
BERRIEN	0.47	11.00	7.25	0.40	0.53	0.16	19.81	15.92	16.00	0.00	0.00	0.00	16.00	0.00
CALHOUN	0.49	11.41	7.35	0.48	0.53	0.16	20.43	16.42	16.00	0.00	0.00	0.00	16.00	-1.00
KALAMAZOO	0.76	16.80	12.48	0.56	0.53	0.24	31.37	25.22	25.00	0.00	0.00	0.00	25.00	-1.00
KENT	0.52	37.97	2.03	1.36	0.53	0.08	42.49	34.15	34.00	0.00	0.00	0.00	34.00	0.00
MUSKEGON	0.66	17.63	9.38	0.72	0.53	0.16	29.09	23.38	23.00	0.00	0.00	0.00	23.00	-1.00
OTTAWA	0.37	8.51	5.90	0.32	0.53	0.16	15.79	12.69	13.00	0.00	0.00	0.00	13.00	0.00
VAN BUREN	0.27	5.19	4.55	0.40	0.53	0.16	11.10	8.92	9.00	0.00	0.00	0.00	9.00	0.00
ALLEGAN/	0.44	5.39	5.13	0.24	0.53	0.08	11.82	9.50	10.00	0.00	0.00	0.00	10.00	0.00
BARRY	0.00	2.49	1.45	0.00	0.53	0.00	4.48	3.60	4.00	0.00	0.00	0.00	4.00	0.00
CASS/	0.00	3.11	2.51	0.00	0.53	0.08	6.24	5.02	5.00	0.00	0.00	0.00	5.00	0.00
ST. JOSEPH	0.34	3.94	3.19	0.32	0.53	0.08	8.41	6.76	7.00	0.00	0.00	0.00	7.00	0.00
IONIA/	0.34	3.11	2.51	0.24	0.53	0.00	6.75	5.42	5.00	0.00	0.00	0.00	5.00	-1.00
MONTCALM	0.00	3.94	3.48	0.00	0.53	0.08	8.04	6.46	6.00	0.00	0.00	0.00	6.00	-1.00
LAKE/	0.00	1.24	0.58	0.00	0.53	0.00	2.36	1.90	3.00	0.00	0.00	0.00	3.00	0.00
NEWAYGO	0.20	3.53	2.61	0.16	0.53	0.16	7.19	5.78	6.00	0.00	0.00	0.00	6.00	0.00
MASON/	0.17	2.07	1.16	0.16	0.53	0.08	4.18	3.36	3.00	0.00	0.00	0.00	3.00	0.00
OCEANA	0.00	1.87	1.26	0.00	0.53	0.00	3.66	2.94	3.00	0.00	0.00	0.00	3.00	0.00
MECOSTA/ OSCEOLA	0.20	4.15	3.09	0.08	0.53	0.08	8.13	6.54	7.00	0.00	0.00	0.00	7.00	0.00
TOTAL	**5.23**	**143.36**	**75.92**	**5.45**	**9.63**	**1.74**	**241.32**	**193.98**	**195.00**	**0.00**	**1.00**	**0.00**	**196.00**	**-5.00**
BSC 4										0.00	1.00	0.00	1.00	0.00
JACKSON	0.54	11.20	8.03	0.84	0.53	0.16	21.30	17.12	17.00	0.00	0.00	0.00	17.00	0.00
LIVINGSTON	0.22	4.98	3.00	0.24	0.53	0.08	9.05	7.28	7.00	0.00	0.00	0.00	7.00	-1.00
MACOMB	0.66	51.45	4.93	0.64	2.14	0.08	59.91	48.15	48.00	0.00	0.00	0.00	48.00	3.00
OAKLAND	0.71	50.00	5.80	1.68	2.14	0.08	60.42	48.56	49.00	0.00	0.00	0.00	49.00	2.00
WASHTENAW	0.42	14.11	5.32	0.64	0.53	0.16	21.18	17.02	17.00	0.00	0.00	0.00	17.00	0.00
WAYNE	2.48	195.64	14.22	3.13	6.95	0.87	223.29	179.48	179.00	1.00	0.00	0.00	180.00	3.00
BRANCH/	0.00	2.70	1.93	0.00	0.53	0.00	5.17	4.15	4.00	0.00	0.00	0.00	4.00	0.00
HILLSDALE	0.32	2.90	3.19	0.24	0.53	0.08	7.27	5.84	6.00	0.00	0.00	0.00	6.00	0.00
LENAWEE/	0.00	5.19	2.61	0.00	0.53	0.08	8.41	6.76	7.00	0.00	0.00	0.00	7.00	0.00
MONROE	0.47	7.26	4.74	0.32	0.53	0.00	13.32	10.71	11.00	0.00	0.00	0.00	11.00	0.00
TOTAL	**5.82**	**345.44**	**53.77**	**7.73**	**14.97**	**1.58**	**429.31**	**345.08**	**345.00**	**1.00**	**1.00**	**0.00**	**347.00**	**7.00**
BSC 5										**0.00**	**3.00**	**0.00**	**3.00**	**0.00**
GENESEE CSA	0.69		14.02	0.32	0.53	0.24	15.80	12.70	13.00	1.00	0.00	0.00	14.00	0.00
KENT CSA	0.69		13.64	0.40	0.53	0.08	15.34	12.33	12.00	1.00	0.00	0.00	13.00	0.00
MACOMB CSA	0.64		12.19	0.32	0.53	0.16	13.84	11.12	11.00	1.00	0.00	0.00	12.00	0.00
OAKLAND CSA	0.79		15.96	0.40	0.53	0.16	17.84	14.34	14.00	1.00	0.00	0.00	15.00	0.00
WAYNE CSA	2.33		46.23	1.04	2.14	0.63	52.37	42.10	42.00	6.00	0.00	0.00	48.00	0.00
TOTAL	5.13	0.00	102.03	2.48	4.28	1.26	115.19	92.59	92.00	10.00	3.00	0.00	105.00	0.00
ESA/CSA/ASC#6									0.00	1.00	4.00	56.00	61.00	0.00
STATEWIDE	**22.64**	**676.97**	**319.25**	**23.28**	**57.75**	**6.88**	**1106.76**	**889.62**	**919.00**	**13.00**	**11.00**	**56.00**	**999.00**	**-3.00**

FY2021 STAFFING ALLOCATION

Section VII: First-Line Supervisors

Allocation Summary:

929.00 First-Line Supervisors

51.00 Off-the-Top positions:

7.0 Central Operations
3.0 Recoupment Supervisors
1.0 BSC's
1.0 Regional Placement Unit
2.0 Placement Collaboration Unit
28.0 Centralized Intake
9.0 MIC

980.00 Total First-Line Supervisors

FY2021 FIRST-LINE SUPERVISOR ALLOCATION

General Overview:

For FY2021, a total of 980.0 first-line supervisors was allocated which is a decrease of 1 from FY2020 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 the individual MVT Rate positions are in the county where they are earned.

Of the 980.0 first-line supervisor positions, 929.0 are allocated by formula and 51.0 are allocated for specific purposes described below:

- 7.0 Central Operations
- 3.0 Supervisory positions for Recoupment
- 1.0 BSC's
- 1.0 Regional Placement Unit
- 2.0 Placement Collaboration Unit
- 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 FY2021, 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 Central Operations 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 FY2021, 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.

FY2021 FIRST-LINE SUPERVISOR ALLOCATION

Run Date: 11.16.20	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 @93.02%	Rounded 1st-Line Non-CSA Supervisors	Child Welfare Worker Rounded Supes	Child Welfare Admin Supp Supes	Adult Wkrs.	Adult Supervisor Ratio 12:1	Off-The-Top Positions: Adult Services 1st Line	Central Ops	Recoup	BSC's	FY2021 Total 1st-Line Supervisor Allocation	Change from FY'20
STATEWIDE	**163.50**	**931.00**	**91.21**	**3227.00**	**268.92**	**350.62**	**326.15**	**330.00**	**546.00**	**9.00**	**530.00**	**44.17**	**44.00**	**7.00**	**3.00**	**1.00**	**940.00**	**-1.00**
BSC 1											2.00	0.17		0.00	0.00	0.00	0.00	0.00
ALCONA/	0.00	3.00	0.25	1.00	0.08	0.33	0.31				0.00							
IOSCO	2.00	4.00	0.50	12.00	1.00	1.50	1.40	2.00	4.00		2.00	0.17					6.00	0.00
ALPENA/	0.00	4.00	0.33	11.00	0.92	1.25	1.16	2.00	3.00		2.00	0.17					5.00	0.00
MONTMORENCY	0.00	3.00	0.25	4.00	0.33	0.58	0.54				0.00							
ALGER/	0.00	3.00	0.25	3.00	0.25	0.50	0.47				0.00							
MARQUETTE/	1.00	5.00	0.50	16.00	1.33	1.83	1.71	3.00	5.00		3.00	0.25	1.00				9.00	0.00
SCHOOLCRAFT	0.00	3.00	0.25	3.00	0.25	0.50	0.47				0.00							
ANTRIM/	1.00	3.00	0.33	7.00	0.58	0.92	0.85				0.00							
CHARLEVOIX/											0.00							
EMMET	1.00	5.00	0.50	13.00	1.08	1.58	1.47	2.00	6.00		3.00	0.25					8.00	0.00
BARAGA/	1.00	3.00	0.33	3.00	0.25	0.58	0.54				0.00							
HOUGHTON/	1.00	3.00	0.33	9.00	0.75	1.08	1.01	2.00	3.00		1.00	0.08					5.00	0.00
KEWEENAW	0.00	1.00	0.08	0.00	0.00	0.08	0.08				0.00							
BENZIE/	0.00	3.00	0.25	5.00	0.42	0.67	0.62				0.00							
MANISTEE	0.00	3.00	0.25	8.00	0.67	0.92	0.85	1.00	3.00		3.00	0.25					4.00	0.00
CHEBOYGAN/	1.00	3.00	0.33	8.00	0.67	1.00	0.93	1.00	3.00		2.00	0.17	1.00				5.00	-1.00
PRESQUE ISLE	0.00	3.00	0.25	4.00	0.33	0.58	0.54				0.00							
CHIPPEWA/	3.00	4.00	0.58	10.00	0.83	1.42	1.32	2.00	4.00		2.00	0.17					6.00	0.00
LUCE/	0.00	3.00	0.25	3.00	0.25	0.50	0.47				0.00							
MACKINAC	1.00	3.00	0.33	3.00	0.25	0.58	0.54				0.00							
CRAWFORD/	0.00	3.00	0.25	6.00	0.50	0.75	0.70				0.00							
OSCODA/	0.00	3.00	0.25	4.00	0.33	0.58	0.54				0.00		1.00				1.00	0.00
OTSEGO	1.00	3.00	0.33	9.00	0.75	1.08	1.01	2.00	5.00		4.00	0.33					7.00	0.00
DELTA/	0.00	4.00	0.33	12.00	1.00	1.33	1.24	3.00	5.00		2.00	0.17					8.00	0.00
DICKINSON/	1.00	3.00	0.33	8.00	0.67	1.00	0.93				0.00							
MENOMINEE	1.00	3.00	0.33	6.00	0.50	0.83	0.78				0.00							
GOGEBIC/	1.00	3.00	0.33	7.00	0.58	0.92	0.85	2.00	3.00		0.00						5.00	0.00
IRON/	0.00	3.00	0.25	5.00	0.42	0.67	0.62				2.00	0.17						
ONTONAGON	0.00	3.00	0.25	3.00	0.25	0.50	0.47				0.00							
GR. TRAVERSE/	4.00	8.00	1.00	23.00	1.92	2.92	2.71	3.00	7.00		6.00	0.50					10.00	0.00
KALKASKA/	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							
OGEMAW/	0.00	4.00	0.33	10.00	0.83	1.17	1.09	2.00	4.00		5.00	0.42					6.00	0.00
ROSCOMMON	0.00	3.00	0.25	10.00	0.83	1.08	1.01				0.00							
MISSAUKEE/											0.00							
WEXFORD	0.00	6.00	0.50	19.00	1.58	2.08	1.94	2.00	6.00		3.00	0.25					8.00	0.00
TOTAL	**20.00**	**114.00**	**11.17**	**252.00**	**21.00**	**32.17**	**29.92**	**29.00**	**61.00**	**0.00**	**42.00**	**3.50**	**4.00**	**0.00**	**0.00**	**0.00**	**94.00**	**-1.00**
BSC 2											2.00	0.17		0.00	0.00	**0.00**	0.00	0.00
GENESEE	9.00	38.00	3.92	200.00	16.67	20.58	19.15	19.00			23.00	1.92	2.00				21.00	-1.00
INGHAM	7.00	18.00	2.08	91.00	7.58	9.67	8.99	9.00			17.00	1.42	2.00				11.00	0.00
INGHAM CSA	0.00	10.00	0.83						19.00	1.00	0.00						20.00	0.00
SAGINAW	5.00	20.00	2.08	79.00	6.58	8.67	8.06	8.00	10.00		12.00	1.00	2.00				20.00	0.00
ARENAC/	0.00	3.00	0.25	6.00	0.50	0.75	0.70				0.00							
BAY	4.00	11.00	1.25	35.00	2.92	4.17	3.88	5.00	10.00		7.00	0.58	1.00				16.00	0.00
CLARE/	0.00	4.00	0.33	14.00	1.17	1.50	1.40				0.00							
ISABELLA	4.00	6.00	0.83	17.00	1.42	2.25	2.09	4.00	8.00		5.00	0.42					12.00	-2.00
CLINTON/	0.00	3.00	0.25	12.00	1.00	1.25	1.16				0.00							
EATON	1.00	8.00	0.75	24.00	2.00	2.75	2.56	4.00	8.00		6.00	0.50					12.00	0.00
GLADWIN/	0.00	3.00	0.25	10.00	0.83	1.08	1.01				0.00							
MIDLAND	2.00	7.00	0.75	19.00	1.58	2.33	2.17	3.00	8.00		6.00	0.50					11.00	0.00
GRATIOT/	1.00	4.00	0.42	12.00	1.00	1.42	1.32				0.00							
SHIAWASSEE	1.00	6.00	0.58	20.00	1.67	2.25	2.09	3.00	8.00		5.00	0.42					11.00	0.00
HURON/	0.00	3.00	0.25	9.00	0.75	1.00	0.93				0.00							
LAPEER/	1.00	5.00	0.50	18.00	1.50	2.00	1.86				0.00							
TUSCOLA	0.00	6.00	0.50	16.00	1.33	1.83	1.71	5.00	9.00		6.00	0.50					14.00	0.00
ST. CLAIR/	4.00	15.00	1.58	50.00	4.17	5.75	5.35	7.00	14.00		10.00	0.83	1.00				22.00	0.00
SANILAC	1.00	4.00	0.42	13.00	1.08	1.50	1.40				0.00							
TOTAL	**40.00**	**174.00**	**17.83**	**645.00**	**53.75**	**70.75**	**65.81**	**67.00**	**94.00**	**1.00**	**99.00**	**8.25**	**8.00**	**0.00**	**0.00**	**0.00**	**170.00**	**-3.00**

FY2021 FIRST-LINE SUPERVISOR ALLOCATION

Run Date: 11.16.20	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 @93.02%	Rounded 1st-Line Non-CSA Supervisors	Child Welfare Worker Rounded Supes	Child Welfare Admin Supp Supes	Adult Wkrs.	Adult Supervisor Ratio 12:1	Off-The-Top Positions: Adult Services 1st Line	Central Ops	Recoup	BSC's	FY2021 Total 1st-Line Supervisor Allocation	Change from FY'20
BSC 3											2.00	0.17					0.00	0.00
BERRIEN	3.00	16.00	1.58	52.00	4.33	5.92	5.50	6.00	12.00		8.00	0.67	1.00				19.00	0.00
CALHOUN	4.00	16.00	1.67	54.00	4.50	6.17	5.74	6.00	13.00		7.00	0.58	1.00				20.00	0.00
KALAMAZOO	3.00	25.00	2.33	80.00	6.67	9.00	8.37	8.00	22.00		13.00	1.08	1.00				31.00	-1.00
KENT	14.00	34.00	4.00	181.00	15.08	19.08	17.75	19.00			21	1.75	3.00				22.00	0.00
MUSKEGON	6.00	23.00	2.42	84.00	7.00	9.42	8.76	9.00	17.00		10.00	0.83	1.00				27.00	0.00
OTTAWA	2.00	13.00	1.25	41.00	3.42	4.67	4.34	4.00	11.00		5.00	0.42					15.00	0.00
VAN BUREN	4.00	9.00	1.08	24.00	2.00	3.08	2.87	3.00	8.00		3.00	0.25					11.00	0.00
ALLEGAN/	1.00	10.00	0.92	26.00	2.17	3.08	2.87	4.00	13.00		6.00	0.50	1.00				18.00	0.00
BARRY	0.00	4.00	0.33	12.00	1.00	1.33	1.24				0.00							
CASS/	0.00	5.00	0.42	15.00	1.25	1.67	1.55				0.00							
ST. JOSEPH	2.00	7.00	0.75	19.00	1.58	2.33	2.17	4.00	10.00		5.00	0.42					14.00	0.00
IONIA/	1.00	5.00	0.50	15.00	1.25	1.75	1.63	3.00	11.00		0.00						14.00	-1.00
MONTCALM	0.00	6.00	0.50	18.00	1.50	2.00	1.86				5.00	0.42						
LAKE/	0.00	3.00	0.25	6.00	0.50	0.75	0.70				0.00							
NEWAYGO	1.00	6.00	0.58	16.00	1.33	1.92	1.78	2.00	6.00		3.00	0.25					8.00	-1.00
MASON/	1.00	3.00	0.33	10.00	0.83	1.17	1.09	2.00	5.00		0.00						7.00	0.00
OCEANA	0.00	3.00	0.25	9.00	0.75	1.00	0.93	0.00			3.00	0.25						
MECOSTA/	0.00	7.00	0.58	20.00	1.67	2.25	2.09	2.00	6.00		5.00	0.42					8.00	0.00
OSCEOLA											0.00							
TOTAL	**42.00**	**195.00**	**19.75**	**682.00**	**56.83**	**76.58**	**71.24**	**72.00**	**134.00**	**0.00**	**96.00**	**8.00**	**8.00**	**0.00**	**0.00**	**0.00**	**214.00**	**-3.00**
BSC 4											2.00	0.17	0.00				0.00	0.00
JACKSON	7.50	17.00	2.04	53.00	4.42	6.46	6.01	7.00	15.00		9.00	0.75	1.00				23.00	0.00
LIVINGSTON	2.00	7.00	0.75	24.00	2.00	2.75	2.56	3.00	6.00		3.00	0.25					9.00	0.00
MACOMB	4.00	48.00	4.33	246.00	20.50	24.83	23.10	23.00			51	4.25	4.00				27.00	2.00
OAKLAND	17.00	49.00	5.50	239.00	19.92	25.42	23.64	24.00			60	5.00	5.00				29.00	1.00
WASHTENAW	6.00	17.00	1.92	67.00	5.58	7.50	6.98	7.00	9.00		10.00	0.83	1.00				17.00	0.00
WAYNE	20.00	180.00	16.67	933.00	77.75	94.42	87.83	89.00			147	12.25	13.00				102.00	3.00
BRANCH/	0.00	4.00	0.33	13.00	1.08	1.42	1.32	0.00	0.00		0.00						0.00	0.00
HILLSDALE	1.00	6.00	0.58	14.00	1.17	1.75	1.63	3.00	10.00		3.00	0.25					13.00	0.00
LENAWEE/	0.00	7.00	0.58	25.00	2.08	2.67	2.48				0.00							
MONROE	2.00	11.00	1.08	34.00	2.83	3.92	3.64	6.00	13.00		8.00	0.67					19.00	0.00
TOTAL	**59.50**	**346.00**	**33.79**	**1648.00**	**137.33**	**171.12**	**159.18**	**162.00**	**53.00**	**0.00**	**293.00**	**24.42**	**24.00**	**0.00**	**0.00**	**0.00**	**239.00**	**6.00**
BSC 5																1.00	**1.00**	**0.00**
GENESEE CSA	0.00	14.00	1.17						27.00	1.00							28.00	0.00
KENT CSA	1.00	13.00	1.17						27.00	1.00							28.00	0.00
MACOMB CSA	0.00	12.00	1.00						25.00	1.00							26.00	0.00
OAKLAND CSA	0.00	15.00	1.25						31.00	1.00							32.00	0.00
WAYNE CSA	1.00	48.00	4.08						91.00	4.00							95.00	0.00
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	**1.00**	210.00	0.00
ESA/CSA									3.00				0.00	7.00	3.00	0.00	13.00	0.00
STATEWIDE	**163.50**	**931.00**	**91.21**	**3227.00**	**268.92**	**350.62**	**326.15**	**330.00**	**546.00**	**9.00**	**530.00**	**44.17**	**44.00**	**7.00**	**3.00**	**1.00**	**940.00**	**-1.00**

FY2021 STAFFING ALLOCATION

Section VIII: Second-Line Supervisors and Program Technical

Allocation Summary

118.0 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

217.0 Total

FY2021 SECOND-LINE SUPERVISOR & PROGRAM TECHNICAL ALLOCATION

General Overview:

For FY2021, 217.0 positions are allocated for second-line supervisors and program technical staff which is a decrease of 1 position from FY2020.

Of the 217.0 Second-Line/Program Technical positions, 118.0 are allocated by formula and 99.0 are assigned as *off-the-top*s 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 FY2020 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.

FY2021 SECOND-LINE SUPERVISORS AND PROGRAM TECHNICAL ALLOCATION

Run Date: 11.16.20	Total Staff Allocated	Program Tech Ratio 150:1	Total First-Line Supervisor Allocation	2nd-Line Supervisors @ 14:1	Total Allocated 2nd Line /PT	FY2021 Total 2nd / PT Rounded	Adult Services 2nd Line	BSC Program Techs	CW Admin Assistants	Wayne Co Admin Assistant	HR Liaisons	Central Ops	FY2021 Total 2nd/PT	Change from FY'20
STATEWIDE	**8103.50**	**54.02**	**878.00**	**62.71**	**116.74**	**118.00**	**5.00**	**67.00**	**6.00**	**4.00**	**2.00**	**4.00**	**206.00**	**-1.00**
BSC 1							1.00	15.00					16.00	0.00
ALCONA/	7.00	0.05	0.00	0.00	0.05									
IOSCO	38.00	0.25	6.00	0.43	0.68	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/	50.00	0.33	8.00	0.57	0.90	1.00							1.00	0.00
SCHOOLCRAFT	9.00	0.06	0.00	0.00	0.06									
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/	27.00	0.18	5.00	0.36	0.54	1.00							1.00	0.00
KEWEENAW	1.00	0.01	0.00	0.00	0.01									
BENZIE/	13.00	0.09	0.00	0.00	0.09									
MANISTEE	24.00	0.16	4.00	0.29	0.45	1.00							1.00	0.00
CHEBOYGAN/	30.00	0.20	4.00	0.29	0.49	1.00							1.00	0.00
PRESQUE ISLE	10.00	0.07	0.00	0.00	0.07									
CHIPPEWA/	37.00	0.25	6.00	0.43	0.68	1.00							1.00	0.00
LUCE/	8.00	0.05	0.00	0.00	0.05									
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	32.00	0.21	7.00	0.50	0.71	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	18.00	0.12	0.00	0.00	0.12									
GOGEBIC/	25.00	0.17	5.00	0.36	0.52	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/	35.00	0.23	6.00	0.43	0.66	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	782.00	5.21	90.00	6.43	11.64	14.00	1.00	15.00	0.00	0.00	0.00	0.00	30.00	0.00
BSC 2							1.00	11.00					12.00	0.00
GENESEE	269.00	1.79	19.00	1.36	3.15	3.00							3.00	0.00
INGHAM	129.00	0.86	9.00	0.64	1.50	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	176.00	1.17	18.00	1.29	2.46	2.00							2.00	0.00
ARENAC/	16.00	0.11	0.00	0.00	0.11									
BAY	109.00	0.73	15.00	1.07	1.80	2.00							2.00	0.00
CLARE/	31.00	0.21	0.00	0.00	0.21									
ISABELLA	67.00	0.45	11.00	0.79	1.23	1.00							1.00	-1.00
CLINTON/	28.00	0.19	0.00	0.00	0.19									
EATON	75.00	0.50	12.00	0.86	1.36	2.00							2.00	0.00
GLADWIN/	24.00	0.16	0.00	0.00	0.16									
MIDLAND	69.00	0.46	11.00	0.79	1.25	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/	24.00	0.16	0.00	0.00	0.16									
LAPEER/	41.00	0.27	0.00	0.00	0.27									
TUSCOLA	57.00	0.38	14.00	1.00	1.38	2.00							2.00	0.00
ST. CLAIR/	149.00	0.99	21.00	1.50	2.49	3.00							3.00	0.00
SANILAC	35.00	0.23	0.00	0.00	0.23									
TOTAL	**1523.00**	**10.15**	**161.00**	**11.50**	**21.65**	**21.00**	**1.00**	**11.00**	**1.00**	**0.00**	**0.00**	**0.00**	**34.00**	**-1.00**

FY2021 SECOND-LINE SUPERVISORS AND PROGRAM TECHNICAL ALLOCATION

Run Date: 11.16.20	Total Staff Allocated	Program Tech Ratio 150:1	Total First-Line Supervisor Allocation	2nd-Line Supervisors @ 14:1	Total Allocated 2nd Line /PT	FY2021 Total 2nd / PT Rounded	Adult Services 2nd Line	BSC Program Techs	CW Admin Assistants	Wayne Co Director's Office	HR Liaisons	Central Ops	FY2021 Total 2nd/PT	Change from FY'20
BSC 3							1.00	11.00					12.00	0.00
BERRIEN	159.00	1.06	18.00	1.29	2.35	2.00							2.00	0.00
CALHOUN	165.00	1.10	19.00	1.36	2.46	2.00							2.00	0.00
KALAMAZOO	258.00	1.72	30.00	2.14	3.86	4.00							4.00	0.00
KENT	251.00	1.67	18.00	1.29	2.96	3.00							3.00	0.00
MUSKEGON	229.00	1.53	26.00	1.86	3.38	3.00							3.00	0.00
OTTAWA	129.00	0.86	15.00	1.07	1.93	2.00							2.00	0.00
VAN BUREN	95.00	0.63	11.00	0.79	1.42	1.00							1.00	0.00
ALLEGAN/	102.00	0.68	17.00	1.21	1.89	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/	61.00	0.41	14.00	1.00	1.41	2.00							2.00	0.00
MONTCALM	57.00	0.38	0.00	0.00	0.38									
LAKE/	15.00	0.10	0.00	0.00	0.10									
NEWAYGO	58.00	0.39	8.00	0.57	0.96	1.00							1.00	0.00
MASON/	34.00	0.23	7.00	0.50	0.73	1.00							1.00	0.00
OCEANA	22.00	0.15	0.00	0.00	0.15									
MECOSTA/ OSCEOLA	63.00	0.42	8.00	0.57	0.99	1.00							1.00	0.00
TOTAL	**1847.00**	**12.31**	**205.00**	**14.64**	**26.96**	**26.00**	**1.00**	**11.00**	**0.00**	**0.00**	**0.00**	**0.00**	**38.00**	**0.00**
BSC 4							1.00	13.00					14.00	0.00
JACKSON	176.50	1.18	21.00	1.50	2.68	3.00							3.00	0.00
LIVINGSTON	71.00	0.47	9.00	0.64	1.12	1.00							1.00	0.00
MACOMB	324.00	2.16	23.00	1.64	3.80	4.00							4.00	0.00
OAKLAND	332.00	2.21	24.00	1.71	3.93	4.00							4.00	0.00
WASHTENAW	154.00	1.03	16.00	1.14	2.17	2.00							2.00	0.00
WAYNE	1240.00	8.27	88.00	6.29	14.55	15.00	1.00			1.00			17.00	1.00
BRANCH/	37.00	0.25	0.00	0.00	0.25	0.00								
HILLSDALE	65.00	0.43	13.00	0.93	1.36	2.00							2.00	0.00
LENAWEE/	60.00	0.40	0.00	0.00	0.40									
MONROE	108.00	0.72	19.00	1.36	2.08	2.00							2.00	-1.00
TOTAL	**2567.50**	**17.12**	**213.00**	**15.21**	**32.33**	**33.00**	**2.00**	**13.00**	**0.00**	**1.00**	**0.00**	**0.00**	**49.00**	**0.00**
BSC 5								**17.00**					**17.00**	**0.00**
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	214.00	1.43	32.00	2.29	3.71	4.00			1.00				5.00	0.00
WAYNE CSA	630.00	4.20	95.00	6.79	10.99	11.00			1.00	3.00			15.00	0.00
TOTAL	**1384.00**	**9.23**	**209.00**	**14.93**	**24.16**	**24.00**	**0.00**	**17.00**	**5.00**	**3.00**	**0.00**	**0.00**	**49.00**	**0.00**
ESA											2.00	4.00	6.00	0.00
STATEWIDE	**8103.50**	**54.02**	**878.00**	**62.71**	**116.74**	**118.00**	**5.00**	**67.00**	**6.00**	**4.00**	**2.00**	**4.00**	**206.00**	**-1.00**

FY2021 STAFFING ALLOCATION

Section IX: Management & Administration

FY2021 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					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					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
BSC 5 **TOTAL**	**1**	**1**	**8**	**18**	**0**	**0**	**27**
		2					
Genesee					1	1	2
Kent					1	1	2
Macomb					1	1	2
Oakland					1	1	2
Wayne					1	4	5
TOTAL	**0**	**2**	**0**	**0**	**5**	**8**	**15**
Centralized Intake					1		
TOTAL					1		
MANAGEMENT & ADMINISTRATION TOTAL	**1**	**6**	**45**	**21**	**7**	**8**	**88**

FY2021 STAFFING ALLOCATION

Section X: Migrant Services Program Allocation

CY 2021 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 CY2021, a total of 2212 weeks are allocated. This equates to a total of 42.54 Migrant Program field FTE's, including 32.92 Migrant Program Specialist (MPS) FTE's, 1.0 Migrant Family Independence Specialist (MFIS) FTE's, 4.62 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 ten 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: Prior approval from the Office of Migrant Affairs is required to fill any vacancies.

Calculation:

The formula for Migrant Services staff applied caseload ratios to the 12-month average of four migrant caseloads through June 2020. 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 2020 allocation was year-round or ended on 12/25/20 and are scheduled to be year-round in 2021 or to begin on 12/28/20 have no break in service.

Formula Components:

Caseload	Data Source	Ratio
FAP	MH-473	64.45:1
CDC	MH-473	112.05:1
MA	MH-473	304.63:1
Registrations	MH-532	23.61:1

Michigan Department of Health and Human Services
2021 MIGRANT PROGRAM STAFF ALLOCATION

County/Classification	Beginning and Ending Dates	No. of Weeks
ALLEGAN (Including Barry County)		
GOA	January 25 – December 24	48
MPS	Year-Round	52
MPS	January 11 – December 24	50
		150
BERRIEN		
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
Supervisor	Year-Round	52
		208
GRAND TRAVERSE (Including Kalkaska and Leelanau Counties)		
MPS	Year-Round	52
MPS	February 8 – November 12	40
		92

Outreach and services to be provided to Antrim, Charlevoix, Emmet, Cheboygan, & Presque Isle Counties.

INGHAM		
MPS	Year Round	52

Outreach and services to be provided to Clinton, Eaton, Jackson, Livingston, and Shiawassee Counties.

Michigan Department of Health and Human Services
2021 MIGRANT PROGRAM STAFF ALLOCATION

County/Classification	Beginning and Ending Dates	No. of Weeks
KENT		
GOA	Year-Round	52
GOA	December 30 – November 27	48
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
MPS	March 8 – November 26	38
MPS	March 8 – November 26	38
MPS	March 8 – November 26	38
Supervisor	Year-Round	52
		474

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

Outreach and services to be provided to Bay, Genesee, Macomb, Saginaw, St. Clair, and Sanilac Counties.

LENAWEE (Including Monroe County)

MPS	Year-Round	52

Outreach and services to be provided to Hillsdale, Washtenaw, and Wayne Counties.

OCEANA (Including Mason County)

Michigan Department of Health and Human Services
2021 MIGRANT PROGRAM STAFF ALLOCATION

County/Classification	Beginning and Ending Dates	No. of Weeks
GOA	Year-Round	52
MFIS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round*	52
MPS	January 11 – December 10	48
Supervisor	Year-Round	52
		464

* 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	52
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
		260

Outreach and services to be provided to parts of Muskegon County.

Michigan Department of Health and Human Services
2021 MIGRANT PROGRAM STAFF ALLOCATION

County/Classification	Beginning and Ending Dates	No. of Weeks
ST JOSEPH (Including Cass County)		
MPS	Year-Round	52

Outreach and services to be provided to Branch and Calhoun Counties.

VAN BUREN		
GOA	March 8 – December 10	40
MPS	Year-Round	52
MPS	Year-Round	52
MPS	February 22 – November 26	40
MPS	February 22 – November 26	40
MPS	February 22 – November 26	40
MPS	February 22 – November 26	40
Supervisor	Year-Round	52
		356

Outreach and services to be provided to Kalamazoo County.

KEY: .... **MPS** - Migrant Program Specialist 35
MFIS - Migrant Family Independence Specialist 1
Supervisor - Migrant Program Supervisor 4
GOA - General Office Assistant 5
45 Migrant Program Field Staff

2021 MIGRANT PROGRAM STAFF ALLOCATION IN WEEKS AND FTE'S

County	Migrant Admin. Support	Migrant Program Specialists	Migrant Family Independence Specialists	Migrant Program Supervisors	Total Weeks	Total FTE's
Allegan	48	102			150	2.88
Berrien		156		52	208	4
Grand Traverse		92			92	1.77
Ingham		52			52	1.00
Kent	100	322		52	474	9.12
Lapeer		52			52	1.00
Lenawee		52			52	1.00
Oceana	52	308	52	52	464	8.92
Ottawa		260			260	5.00
St Joseph		52			52	1.00
Van Buren	40	264		52	354	6.85
Total No. of Weeks	**240**	**1712**	**52**	**208**	**2212**	**42.54**

240	1712	52	208	2212
÷ 52	÷ 52	÷ 52	÷ 52	÷ 52
4.62 FTE's	32.92 FTE's	1.0 FTE's	4.0 FTE's	42.54 FTE's

TOTAL FTE'S: 42.54

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

Job Code	Job Code Description
SOCSERSPL	SERVICES SPECIALIST

Position Title	Position Code	Pay Schedule
Services Specialist-E	SOCSSPLE	W22-079
Services Specialist-A	SOCSSPLA	W22-080

KB

06/30/2019

Michigan Citizen Review Panels
2020 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 2020 activities, findings, and complete recommendations for each of the panels.

Michigan Department of Health and Human Services/MI Children's Trust Fund
Citizen Review Panel for Prevention
2020-2021 Annual Report

Purpose: The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to *prevention, children receiving care in the system, and child fatalities.*

Committee Members

Michele Corey, Michigan's Children, Vice President for Programs
Robert Dorigo–Jones, Michigan's Children, Director of Public Policy
Suzanne Greenberg, Children's Trust Fund, Executive Director
Rita McPhail, Evaluation & Organizational Insights, CRP Coordinator
Emily Schuster-Wachsberger, Children's Trust Fund, Local Council Coordinator

2020 Activities and 2021 Plans: During 2020, due to the COVID 19 pandemic, the team was only able to meet early in the year to discuss the best way(s) to gather citizens' input, to assist CTF/PCA Michigan with future child abuse and neglect prevention programming planning. There were discussions of what data was needed, where the survey should be distributed and how the data would be collected, analyzed, and distributed. By the fourth quarter of 2020, the following challenges had presented themselves, and the CRPP's work was placed on-hold:

- CTF/PCA MI's Executive Director had decided to manage this project internally and transfer the responsibility from the contractor (E&OI) to a CTF analyst. Within 60 days, this analyst moved to another job position. With the State of Michigan hiring freeze, we were unable to hire for four months and could not gather/analyze the results.
- The draft survey was to be reviewed by one of our Michigan Department of Health and Human Services divisions' experts. With the many changes in the staff in the Children's Services Administration of Michigan Department of Health and Human Services, this connection was not made. This will now happen in 2021.
- We recently were able to hire a data coordinator who will, as part of their position, manage the entire survey process including the collection, analysis and distribution of survey results during the current fiscal year (2021).
- Our partner in the CRPP work is Michigan's Children and the main contact was Michele Corey. Throughout 2020, Michele was out of the office for long periods of time due to an illness, from which she passed away, on March 30, 2021. We have a CRPP meeting scheduled for Monday, May 3, 2021 to reconvene the committee and move forward with 2021 endeavors.
- Moving forward as a part of the CRPP planning process (and with a continuing quality improvement mindset) for CTF/PCA MI, we will continue to evaluate the best way(s) to gather critical information so that we can positively impact our program design, implementation, and evaluation in 2021-2022.

Citizen Review Panel for
Children's Protective Services, Foster Care and Adoption

Purpose:

The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels (CRP) to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to prevention, children receiving care in the system, and child fatalities. 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 (GTFCAN), and the State Child Death Review Team.

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

Panel Members include:

1. *Alane Laws-Barker*, MD – Chairperson; GTF Statewide Task Force member; Sparrow Health System – Ingham County Health Department – Lead OB-GYN
2. *Joshua Bissell*, MSW – Children's Advocacy Centers of Michigan – Program Director
3. *Nicole DeWitt*, MM – Michigan Public Health Institute – Program Specialist for the Child Death Review Program
4. *Alex Brace*, MA LPC – GTF Statewide Task Force Member; Small Talk Children's Advocacy Center Executive Director, Crisis Counselor
5. *Bethanie De La Ossa*, RN – Sparrow Hospital Nurse Examiner

6. J*ohn Gold*, MD – MSU College of Human Medicine Pediatric Department Chair, Director of Learning Societies
7. *Jackie Igafo-Te'o* – GTF Statewide Task Force Member, Michigan Alliance for Families Data Manager/Accessibility Coordinator
8. *Andrea Martineau*, MSW – Michigan State University School of Social Work FAME Program Coordinator
9. *Fareeha Naz*, MD – Sparrow Health System Pediatric Hospitalist Chair
10. *Mattie Scott*, MD – Grand Blanc OB-GYN Founder and CEO
11. *Portia Watkins*, EdD – New Student Orientation at Michigan State University Director; Foster and Adoptive parent.
12. *Erin House*, JD – State Court Administrative Office Child Welfare Services Court Analyst

Contributors

1. *Julie A. Knop* – Prosecuting Attorneys Association of Michigan, Director of Child Abuse Training Unit
2. *Michael Christy* – Children's Advocacy Centers of Michigan Executive Director
3. *Kevin Bryan* – MDHHS In-Home Services Bureau – Program Analyst

Activities:

The Panel has a standing meeting every third Thursday of the month which occurs electronically. 2020 - 2021 dates include 8/20/2020, 9/17/2020, 10/15/2020, 11/19/2020, 12/17/2020, 1/21/2021, and 2/18/2021.

Panel members attended virtual trainings including, but not limited to: Virtual Reality Technology for child welfare training, the GTFCAN 24th Annual Summit, and quarterly GTFCAN Meetings.

Dr. Laws-Barker initiated a workgroup consisting of the Chairs for Michigan's three CRP Panels which includes Fatality, Prevention, and Protective Services. With Department restructuring, the three CRP Chairs saw the need for more collaboration to enhance each Panel while partnering together to offer collective improvements to the child welfare system. This coordination of efforts between the three CRP Chairs will allow open communication to potentially work together to develop projects in the future.

Objectives:

The Panel engaged Michigan's Multi-Disciplinary Teams (MDTs) to explore best practices, effectiveness, equity, process, team health, and crisis planning. MDTs serve Michigan's most vulnerable citizens and their families. The Covid-19 crisis has intensified the need for those services.

MDTs are provided for in MCL 722.628(6) which requires each county to, under the leadership of the prosecuting attorney and the department, develop and establish procedures for involving law enforcement officials and children's advocacy centers, as appropriate. These county teams are charged with adoption and implementing standard child abuse and child neglect investigation and interview protocols using as a model the protocols developed by the GTFCAN. In Michigan, each county is required to have a coordinated an MDT comprised of the prosecuting attorney (team leader), a law enforcement investigator, and a children's protective services investigator. MDTs may also include child

advocacy center (CAC) personnel, medical personnel, mental health personnel, school personnel, Friend of the Court personnel, or other professionals as deemed relevant on a case-by-case basis.

The Panel focused on a variety of features of MDT health, including child-centered decision making, communication, innovation, and resilience of teams. The intention of the Panel was to better understand what is happening across the state, observe teams in action, and create content to support MDTs statewide.

The Panel developed a three phase plan to work with the MDTs to identify gaps and create recommendations to improve the quality of the MDTs; Phase 1: Dissemination of an MDT self-reflective survey; Phase 2: Observation of MDTs in action, mainly during case review (cancelled due to pandemic); and Phase 3: Creation of recommendations.

Phase 1 was completed in January 22, 2021. The survey received 380 responses from 71 counties and one tribe. The survey generated important information regarding what is happening right now across the state.

The survey was developed to gather information from MDT members to better understand their practice in the State of Michigan. The survey comprised of the following questions:

1. Please select your professional discipline.
2. How do you identify yourself?
3. Which race/ethnicity best describes you?
4. How many years of experience do you have participating on an MDT?
5. What is the highest level of education you have completed?
6. What county MDT do you participate on? Select all that apply.
7. Who/what disciplines participate in your MDT? Select all that apply.
8. Are the right people participating in the MDT?
9. Does your MDT have a set of written rules or procedures that it follows?
10. Who/which discipline leads case review discussions at your MDT? Select all that apply.
11. Using the following scale, please rate the following statements regarding your MDT.
12. Our MDT has a new member orientation process. Select Yes or No.
13. Please describe the orientation process.
14. The new member orientation process appropriately prepared me to participate on an MDT.
15. Please briefly indicate how cases are chosen for your MDT's case review.
16. Please briefly indicate what your MDT excels at.
17. How would you improve the functioning of your MDT?
18. What trainings would you be interested in?
19. Using the following scale, how prepared is/was your MDT to respond to the Covid-19 pandemic?
20. Prior to the Covid-19 pandemic, how frequently did your MDT meet?
21. During the Covid-19 pandemic, how frequently does your MDT meet?
22. How has your MDT utilized technology to work collaboratively with clients and families?
23. How has your MDT utilized technology to work collaboratively with each other?

24. Does your MDT have access to equipment, knowledge and training resources to conduct business during the Covid-19 pandemic?
25. What other ways has the Covid-19 pandemic impacted your MDT?
26. Please share any additional information you would like us to know about your MDT.

Key MDT Survey Finding 1:

The MDT survey received responses from multiple professional disciplines. Of those responding, 29% were law enforcement, 25% Michigan Department of Health and Human Services (MDHHS) employees, 19% were from CACs, 13% were from the prosecuting attorney's office[1]. The survey also received responses from medical professionals, mental health professionals, and victim advocates.

The survey showed that MDTs are comprised of a variety of disciplines, including: prosecutors, MDHHS, law enforcement, CACs, Friend of the Court personnel, medical and mental health professionals, school personnel, victim advocates, judges, court administration, tribal partners, and Court Appointed Special Advocate (CASA) directors.

Overall, 89%[2] of those who participated believe that MDTs include individuals from appropriate disciplines in the MDT process. The survey asked "who/which discipline leads case review discussions at your MDT? Select all that apply". According to the responses, MDTs are led by the prosecuting attorney's office in 41% of the counties and by CAC personnel in 68% of the counties.

As a committee we noted that there was no centralized database or contact person to connect with MDTs. When The Panel began the process to disseminate the survey, it was difficult to determine who in each county was involved with or leading the local MDT. Based on this difficulty, the Panel concluded that there is a need for a centralized location to hold and maintain this important MDT contact information. Ideas discussed include recommending that MDHHS establish and maintain a centralized database to maintain statewide MDT contact information, including MDT Leadership and MDT coordinators for each county. The committee recommends that MDHHS designates this responsibility by adding a MDT coordinator within a current fulltime employee position. The MDT coordinator would maintain the statewide database of MDTs. The MDT coordinator would also disseminate the statewide MDT contact information database, training information, and resources to the MDT teams. Options for the Statewide Coordinator would include a part-time or full-time position at MDHHS that would allow the coordinator to maintain the database, review the toolkit every two years, provide yearly evaluations of MDTs to assess the health and development of MDTs statewide, and assist with coordination of trainings.

[1] On December 18, 2020, the original MDT survey was officially closed. On January 13, 2021, committee members requested opening a second, identical survey, to give additional MDTs additional time to respond. Percentages used in this document reflect percentages from the first survey only. The first survey received 336 responses, the second survey received 44 responses.
[2] Ibid.

CRP Committee Recommendation #1: The committee recommends that MDHHS identifies a division or an area where MDT information can be housed and maintained, up to and including the option of creating a MDT Statewide Coordinator within a current department FTE position. The process of housing and maintaining MDT databases can be a coordinated effort between Prosecuting Attorneys Association of Michigan (PAAM) and MDHHS, and MDHHS should take the lead for holding and maintaining the MDT contact information. MDHHS is encouraged to update the information within the database annually and as needed.

Key MDT Survey Finding 2:

The Model Child Abuse and Neglect Protocol With an Approach Using a Coordinated Investigative Team ("Model Protocol") requires each county to have a Coordinated Investigative Team, or MDT, whose primary purpose "is to ensure coordination of the procedures and practices of the various agencies, organizations and personnel involved in the detection, investigation and prosecution of child abuse and neglect cases". Survey results suggest potential concerns within MDTs regarding issues such as diversity of membership, inconsistency in team meetings, conflict in the decision-making process, team leadership, or lack thereof, lack of consistent training options and more. The Panel believes that MDHHS could offer pathways to success in addressing these issues if they create a Toolkit for MDTs to use as a supplement to the State of Michigan GTF Model Child Abuse and Neglect Protocol.

Survey responses were primarily comprised of women (65%)[3]. In addition, 82%[4] of responders indicated they are white/Caucasian. Although there has been no statistical research completed on the survey, this data suggests that MDT membership is likely not representative of the communities they serve. The toolkit should include a best practice recommendation for developing a more inclusive selection process of MDT members, considering local demographics.

Throughout the survey, the Panel saw several instances where industry terms were being used differently among those who responded to the survey. Creating a common MDT language so that when speaking to a statewide MDT audience, everyone shares common definitions for industry terms such as MDT, victim advocate, case review, etc., would be a helpful section to add to the toolkit.

When asked about the MDT's preparation and response to Covid-19, many indicated that although nobody could prepare for a pandemic, the MDTs quickly pulled together a plan for virtual meetings and were able to continue their work without missing a beat. Although not everyone responding had a Covid-19 response success story, those who did have shown the Panel the importance of including a section in the Toolkit for how to creatively and successfully allow for MDT members to participate with the MDT in various ways, including in person, virtual platform, via telephone, or by using a hybrid approach.

Local coordination between agencies and stakeholders is another area that would benefit from clear guidelines that a toolkit could provide. Some counties have incredibly successful MDTs. However, there

[3] Ibid.
[4] Ibid.

appear to be counties who still do not have consistent MDTs that operate under the guidelines established in the Model Protocol, and counties who have communication and coordination issues within their MDTs. Some issues include: lack of follow up on promises made in the MDT meetings, cases piling up on desks and not being reviewed, lack of a victim service focus, sending alternate team members without personal knowledge of the case to meetings, and others. One response mentioned that providing stronger communication within the team allows a child to benefit mentally and physically.

The survey responses showed that some counties are benefitting from improved coordination with the implementation of a virtual platform because it allows for an increased number of people at the table without the requirement that everyone be physically present. Another said that meeting attendance is better with the virtual option. The Panel suggests that the toolkit provide a best practice tip to encourage regular communication among members of MDT, even if there are no cases to review, in hopes of keeping team members engaged. If there are no cases to review, the MDT could take the opportunity to provide a training, to discuss the membership of the MDT to ensure that all appropriate parties are included on the team, and/or review policies.

The toolkit should include documents that outline essential considerations as well as reflect the core principals outlined in the Model Protocol. Essential considerations should include, but are not limited to:

1. Frequency of meetings: monthly case reviews and quarterly stakeholder meetings.
2. Designated facilitator or coordinator who is responsible for the mechanism for distribution of agenda, notification of cases to be discussed, and setting consistent meeting times, dates and locations each month/quarter.
3. Designated attendees who are committed to being a regular attendee at all MDT meetings.
4. Case Selection Criteria should include: what category of cases will the MDT review, for example sexual abuse/physical abuse; and how the MDT selects cases in a way that is equitable to families and aware of local resources. Cases can be reviewed if they fall outside the scope of the determined case selection criteria, if there are other strong concerns by an MDT partner.
5. Procedures to bring up cases or discussions that were tabled at previous meeting so that follow up recommendations to be addressed.

CRP Committee Recommendation #2: The Committee recommends that MDHHS develops a toolkit to clarify operational goals and procedures of MDTs as outlined in Finding 2. The Toolkit should provide creative ways for all MDT members to successfully perform essential functions required by the Model Protocol. The committee recommends that MDHHS, in partnership with PAAM as needed, review and update this Toolkit at least every two years.

Key MDT Survey Finding 3:

When asked what trainings the MDTs are interested in attending, 67% of the responses indicated a need for annual updates, 51% indicated a need for new member orientation, and 19% indicated a need for training on special topics. Responses include, but are not limited to: assault by strangulation; pediatric sexual assault; best practices; when medical attention should be completed; bias and trauma training;

how law enforcement professionals conduct difficult investigations; training on the Protocol; and trends, statistics and new research.

MDHHS should coordinate with appropriate providers, including but not limited to the GTFCAN or PAAM to conduct regular trainings for MDTs to promote the development and future growth of the MDTs. New orientation training should topics such as Understanding the Common MDT Language (see recommendation 2 above) as well as an Introduction to the Child Abuse Protocol. MDHHS should provide annual trainings that include updates to law, policy, and other relevant topics. Additional trainings could focus on health and wellness of individual MDTs. Trainings are encouraged to bring in experts with an outside perspective to help provide guidance to the MDTs.

CRP Committee Recommendation #3: The Panel recommends that MDHHS works with its constituents to develop and implement trainings specific to the needs of the MDTs. Specifically, MDHHS should develop a New Member Orientation that can be recorded and shared with statewide MDTs. The new member training would establish minimum standards for how MDTs should operate. MDHHS should also develop an annual MDT conference or summit, virtually or in person, to cover best practices, the Model Protocol, and legislative or policy changes. MDHHS can work with the GTFCAN or other stakeholders to coordinate the trainings and improvements for MDTs.

Available upon request:

1. Citizen Review Panel Mission Statement
2. Governor's Task Force on Child Abuse and Neglect Executive Order
3. Citizen Review Panel MDT Survey, summary of results.

Schedule of 2021 Citizen Review Panel meetings:

The Citizen Review Panel on Children's Protective Services, Foster Care and Adoption has a standing meeting every third Thursday of the month which occurs electronically. 2021 dates include: 3/18/2021, 4/15/2021, 5/21/2021, 6/17/2021, 7/15/2021, 8/19/2021, 9/16/2021, 10/21/2021, 11/18/2021, and 12/16/2021.

Conclusion:

The recommendations presented in this report are the product of expert opinions that are based on actual survey findings and thoughtful multidisciplinary discussions. The voice of MDT members themselves were heard by the panel to provide feedback and address concerns. Engaging the stakeholders greatly strengthens the recommendations made and our panel is hopeful that they will be seriously considered for implementation in the upcoming year. The panel members are willing to work with MDHHS administration in the implementation of these recommendations. The panel looks forward to the Department's response to this report.

ATTACHMENT A

SUMMARY OF CASE FINDINGS 2020

*Please note: The number beside each finding only indicates the number of cases in which it was found. These findings may have been present multiple times within a specific case.

Investigation and Assessment of Potential Child Abuse and Neglect

	Case Finding	#
1.	Lack of collateral contacts made by CPS	3
2.	Lack of thorough investigation by CPS	2
3.	Workers demonstrated a lack of understanding of how to create an effective/appropriate safety plan with a family	1
4.	Inability by CPS to identify the entire needs of the family (eg, substance abuse, domestic violence, mental health issues)	1
5.	Family patterns/trends not recognized and addressed during CPS investigation	1
6.	Medically Fragile policy was not followed	1
7.	Sentinel injury was present and not explored further	1

Provision of Services to Children and Families

	Case Finding	#
7.	CPS/FC Treatment Plan/services/referrals were inadequate to address entire needs of the family (eg, substance abuse, domestic violence, mental health issues)	1

ATTACHMENT B

SUMMARY OF RECOMMENDATIONS 2020

Training/Professional Development

1.	Sentinel injury training should be made widely available for all mandated reporters.

CPS Investigation and Assessment

2.	The Department should create an internal position of Child Abuse Pediatrician
3.	High-risk, complex medical cases should receive enhanced engagement, with more frequent contact between worker, caregiver and medical providers to ensure that all medical advice is being followed in an appropriate and timely manner.

Provision of Services to Children and Families

4.	Safety plans should be unique and tailored to the needs of the family/caregiver.

Other

5.	A pediatric radiologist should be consulted when a child under the age of one is suspected of having received an abusive injury.

Michigan Citizen Review Panel for Child Fatalities
(Child Death State Advisory Team)
Annual Report 2020

Purpose:

The United States Congress mandated that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding establish a minimum of three Citizen Review Panels (CRPs) to assess and develop recommendations for the improvement of a state's child protection system. The Michigan Child Death State Advisory Team (SAT) serves as the CRP for Child Fatalities. The SAT has formed a sub-committee that looks at these cases more closely. The activities of the SAT and the CRP on Child Fatalities are managed through a Michigan Department of Health and Human Services (MDHHS) contract with the Michigan Public Health Institute (MPHI). MPHI houses the Michigan Child Death Review Program, which provides the facilitation and staff support to fulfill this requirement.

The CRP on Child Fatalities is charged with examining cases of child fatalities where the family had previous interaction with the child protection system. The panel is made up of experts representing law enforcement, child welfare, medical examiners, hospitals, the courts, and other children's advocates. The goal is to use the information found through the panel's work to improve the child protection system and prevent future child fatalities.

It should be noted that the Project Coordinator of the National Citizen Review Panels has recognized this team as a model for other states' CRPs. Michigan's process of in-depth case review with a multidisciplinary team of experts has proven an effective way to gain insight into the state's child protection system and to make meaningful and data-driven recommendations.

Members:

Brooke Brantley-Gilbert, Office of Children's Ombudsman
Debi Cain, Domestic Violence Prevention and Treatment Board
Amy Hicok, Detective, Kalamazoo Department of Public Safety (Ret.)
Joe Kozakiewicz, JD, LMSW, Michigan State University Chance at Childhood Program
Colin Parks, Michigan Department of Health and Human Services, Chair of Child Death State Advisory Team
Seth Persky, Michigan Department of Health and Human Services, Office of Family Advocate

N. Debra Simms, MD, Child Abuse Pediatrician, Helen DeVos Children's Hospital
Kelly Wagner, State Court Administrative Office
Allecia Wilson, MD, University of Michigan Health System, Chair of CRP for Child Fatalities

MPHI provided staff support through Nicole DeWitt and Heidi Hilliard.

2020 Activities:

The COVID-19 Pandemic impacted the usual process of this panel. As both MPHI and MDHHS staff have been working almost entirely remotely over the past year, it was necessary to alter the case selection process, which reduced the number of cases that were requested and reviewed.

Six months prior to the pandemic shutdown, MDHHS was awarded a cooperative agreement funded by the Department of Justice entitled Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization. MPHI serves as the subgrantee for this work. Work on this project, called Child Safety Forward Michigan (CSFMI), continued through the shutdown. One of the activities included the exploration of MDHHS child fatality data on cases occurring between 2016-2019 where the death was substantiated as related to abuse or neglect. In order to streamline this project work into other existing child welfare process redesign already occurring in Michigan, this subset of cases was used as the pool from which the cases were selected for 2020. The first three years of cases were suppressed; complete information was available for four of the 2019 cases, which allowed for full review by the panel.

The CSFMI activities were informed by and aligned with the focus of some of the existing child welfare workgroups already active in the state. As CSFMI required a diverse body of stakeholders to serve as their advisory panel, the SAT was supplemented with additional stakeholders to fulfill this mandate. In addition, the original SAT met three times in 2020: June 18, September 27 and December 20. The CRP on Child Fatalities met on March 5, 2021 to review the four case files from the 2019 calendar year. The panel reviews retrospective cases each year, in order to ensure that the most complete information is available at the time of review. Cases are eligible for review if:

1. The child died while in foster care;
2. There was an open Children's Protective Services (CPS) case at the time of death; and/or
3. There was extensive CPS or foster care history prior to the death.

Each panel member receives full case files ahead of time to allow them to prepare for the in-depth discussion that occurs at the CRP on Child Fatalities workgroup meetings each year. Autopsy reports, CPS and foster care investigations, medical, court, and law enforcement records are among those included in these case files. On average, panel members report spending two to four hours reviewing each case. The panel members' participation is voluntary, and many review the case files on their personal time in order to be able to provide their full expertise at the meeting. Their continued service on this panel is greatly appreciated, as this effort could not exist without it.

Findings and recommendations are made based on the cases reviewed. The goal of the in-depth review process is not to take action on any specific case, but rather to develop recommendations based on patterns or trends that are identified. Because only a small set of cases were available for full review this year, the findings and recommendations are based upon those cases only.

This year, a total of 11 findings were made, many of which were applicable on more than one case. The most significant findings involved:

1. Workers demonstrating a lack of understanding of how to create an effective/appropriate safety plan with a family
2. Workers demonstrating a lack of medical knowledge

The full list of findings can be found in Attachment A.

Key Recommendations:

Highlighted below are recommendations made to address the most significant findings that the panel felt MDHHS should prioritize. Rationales are included in order to illuminate why the panel chose these specific recommendations for MDHHS focus. The entire list of recommendations can be found in Attachment B.

Recommendations for the Michigan Department of Health and Human Service:

1. Safety planning should be unique and tailored to the needs of the family/caregiver.

- Rationale: This recommendation addresses the first finding. Over the years, this panel has reviewed many cases that included "generic" safety plans that were either not realistic or did not address the specific needs of the family. Even if similar past safety plans were not successful, subsequent plans often mimicked them. In order to create an effective, realistic safety plan for each family, engagement is necessary to fully assess the individual, family and community-level factors impacting the abuse or neglect. A safety planning guide should be developed to assist CPS workers to create effective safety plans. The panel would support any training that could be put in place to increase effective safety.

2. The Department should create an internal position of Child Abuse Pediatrician.

- Rationale: This recommendation focuses on the second finding. This recommendation was also noted in 2015 and 2018, but the panel felt that it should be considered a third time. With the complex nature of medical issues that can affect children, especially medically fragile children who are already at increased risk of abuse and neglect, MDHHS should create a position of Child Abuse Pediatrician (CAP) and other medical staff support (structured to be determined) who, with immunity and universal privilege, could evaluate these types of cases. This is based on many years of findings regarding the lack of medical knowledge on the part of workers, who either fail to consult with physicians on a case, or who rely on the opinion of a single medical care provider who may not be experienced in child abuse and neglect. This position should be created thoughtfully, with legislative permission to have the CAP operate in this capacity.

Recommendations for Hospitals:

1. A pediatric radiologist should be consulted when a child under the age of one is suspected of having received an abusive injury.

- Rationale: The panel felt this recommendation was necessary after reviewing many cases over the years that were similar to one reviewed this year. These cases involve suspicious injuries to infants just prior to death that medical professionals failed to notice. Specifically, fractures were not identified by a general radiologist when the decedent received a medical evaluation shortly before the death. Infants' bone structure is unique and requires the trained observation of a pediatric radiologist to help identify these often very subtle fractures.

Planned 2021 Activities:

In early 2021, the chairs/coordinators of the three established CRPs in Michigan convened virtually to discuss greater collaboration efforts among the panels. The chair from the CRP for Prevention and the chair and coordinator from the CRP on CPS, Foster Care and Adoption attended the case review meeting on March 5, 2021 to observe. The feedback from this observation was a desire to dovetail some of the three panels' efforts in 2021. This idea will continue to be explored and communication fostered through the bi-monthly virtual meetings of the three panels.

In the upcoming year, the CRP on Child Fatalities will review the deaths of children that occurred in the 2020 calendar year. The coordinator of the CRP on Child Fatalities continues to be a member of the National CRP Advisory and has attended its bi-monthly virtual convenings. One of the functions of the NCRP is to help support the National CRP conference, which will be held virtually by the state of Ohio this year.

Conclusion:

The recommendations presented in this report are the product of expert opinions that are based on actual case findings from in-depth review and thoughtful multidisciplinary discussion. The panel believes this resource commitment greatly strengthens the recommendations made and is hopeful that they will be seriously considered for implementation in the upcoming year. Over the years, similar recommendations have been made, which highlights their importance and the continual need for improvement. The panel members are willing to work with MDHHS administration in the implementation of these recommendations. Continued positive collaboration between the CRP for Child Fatalities and MDHHS is anticipated. The panel looks forward to the Department's response to this report.

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

The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to *prevention, children receiving care in the system, and child fatalities.*

Recommendation #1: This Citizen Review Panel (CRP) did not submit any recommendations.

MDHHS Response: The Michigan Department of Health and Human Services (MDHHS) looks forward to working collaboratively with this panel in the future.

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

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

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

Recommendation #1: The committee recommends that MDHHS identifies a division or an area where MDT information can be housed and maintained, up to and including the option of creating a MDT Statewide Coordinator within a current department FTE position. The process of housing and maintaining MDT databases can be a coordinated effort between Prosecuting Attorneys Association of Michigan (PAAM) and MDHHS, and MDHHS should take the lead for holding and maintaining the MDT contact information. MDHHS is encouraged to update the information within the database annually and as needed.

MDHHS Response:

MDHHS acknowledges there are multiple multidisciplinary teams (MDTs) at the state and county level, including Fetal Infant Mortality Review (FIMR) and Child Death Review (CDR); however, MDTs are not required within MCL 722.628(6).

The panel cited MCL 722.628(6) in their annual report and indicated MDTs were required. Statutory language does not indicate MDTs are required by law, nor are they mentioned within MCL 722.628. Based on the language contained within the annual report, MDHHS determined the panel is referencing either the procedures for involving law enforcement and children's advocacy centers, as appropriate, or the county child abuse and neglect investigation protocol.

Although MDHHS does not agree MDTs are required under MCL 722.628(6), MDHHS acknowledges the value of utilizing a MDT approach to investigating child abuse and neglect when appropriate. Further, MDHHS acknowledges the need for county specific child abuse and neglect investigation protocols based on statutory language, and believes a MDT should be used when creating and revising the local protocols. MCL 722.628(6) states:

> (6) In each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials

> and children's advocacy centers, as appropriate, as provided in this section. In each county, the prosecuting attorney and the department shall adopt and implement standard child abuse and child neglect investigation and interview protocols using as a model the protocols developed by the governor's task force on children's justice as published in FIA Publication 794 (revised 8-98) and FIA Publication 779 (8-98), or an updated version of those publications.

MDHHS acknowledges the value of having an area in the department identified as the MDT liaison to support counties with an established MDT. Historically, this has been done between the In-Home Services Bureau (formerly Children's Protective Services Program Office) in coordination with the Prosecuting Attorneys Association of Michigan (PAAM). Guidance has been provided through MDHHS regarding protocol revisions, best practices, and answering questions pertaining to policy or law. MDHHS will work collaboratively with PAAM to continue to provide this support to MDTs as needed. MDHHS will continue to utilize current staffing to provide this guidance; however, will continue to evaluate the need for additional staffing.

MDHHS agrees to the recommendation to keep a contact list of child abuse and neglect MDT contact persons. MDHHS will work collaboratively with PAAM and other stakeholders to determine the best way to provide contact information to those involved with MDTs as well as ensure timely updates.

Recommendation #2: The Committee recommends that MDHHS develops a toolkit to clarify operational goals and procedures of MDTs as outlined in Finding 2. The Toolkit should provide creative ways for all MDT members to successfully perform essential functions required by the Model Protocol. The committee recommends that MDHHS, in partnership with PAAM as needed, review and update this Toolkit at least every two years.

MDHHS Response: The MDHHS, in coordination with PAAM, has provided training which includes enhanced guidance for counties who do not have a local child abuse and neglect protocol, or have one which does not meet statutory requirements. MDHHS and PAAM also provide technical assistance to counties regarding updating their local protocols. Further, the Model Child Abuse and Neglect Protocol Utilizing a Multidisciplinary Approach (DHS-Pub 794), authored by the Governor's Task Force on Child Abuse and Neglect (GTFCAN), is a statewide guide on investigating child abuse and neglect. It also contains high-level information on utilizing a MDT approach to address child abuse and neglect.

MDHHS recently partnered with the GTFCAN, as well as PAAM, to provide additional training on MDT functioning and the Model Child Abuse and Neglect Protocol Utilizing a Multidisciplinary Approach (DHS-Pub 794). PAAM will conduct virtual (or in-person if allowed by Executive Order) trainings regarding

the Model Child Abuse and Neglect Protocol Utilizing a Multidisciplinary Approach (DHS-Pub 794) throughout the state. MDHHS will continue to partner with this panel, the GTFCAN, and other child welfare stakeholders to address MDT procedures and take into consideration the recommendations being made related to a toolkit.

While MDHHS understands the need for best practice information to be available, MDHHS disagrees with the need to clarify operational goals and procedures. Each MDT should be allowed to function in a manner to continually address their needs and a one size fits all model may not allow this to occur. MDHHS does not agree that the Model Child Abuse and Neglect Protocol Utilizing a Multidisciplinary Approach (DHS-Pub 794) provides requirements for MDT functioning as indicated by this panel.

Recommendation #3: The Panel recommends that MDHHS works with its constituents to develop and implement trainings specific to the needs of the MDTs. Specifically, MDHHS should develop a New Member Orientation that can be recorded and shared with statewide MDTs. The new member training would establish minimum standards for how MDTs should operate. MDHHS should also develop an annual MDT conference or summit, virtually or in person, to cover best practices, the Model Protocol, and legislative or policy changes. MDHHS can work with the GTFCAN or other stakeholders to coordinate the trainings and improvements for MDTs.

MDHHS Response: As indicated above, the MDHHS already provides guidance and training on local child abuse and neglect protocols. MDHHS values the ability of each county to determine if a MDT is needed, as well as how a MDT should function to meet their unique needs. Due to this, MDHHS does not believe a training regarding MDT functioning is beneficial. Per statute, local MDTs are not required under MCL 722.628, nor are they required statewide.

Due to the unique needs of each MDT, MDHHS will not create an annual conference regarding MDTs. MDHHS will utilize the previously mentioned MDT liaison to provide guidance to MDT contacts as needed. MDHHS believes the material agreed to in the response for recommendation #2 is sufficient to provide as guidance to MDT contacts. MDHHS will continue to address the need for larger scale training.

MDHHS agrees with the need for additional training regarding MDTs. To address this need, MDHHS amended a contract with PAAM to allow for online webinars. This enabled PAAM to continue to provide training to child welfare stakeholders during the COVID-19 pandemic. The trainings are geared towards providing potential MDT members with pertinent information on addressing child abuse and neglect. Although the trainings are not specific to MDT functioning, potential members of a MDT who attend the trainings may utilize the information learned while interacting with a MDT.

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

The CRP on Child Fatalities is charged with examining cases of child fatalities where the family had previous interaction with the child protection system. The panel is made up of experts representing law enforcement, child welfare, medical examiners, hospitals, the courts, and other children's advocates. The goal is to use the information found through the panel's work to improve the child protection system and prevent future child fatalities.

It should be noted that the Project Coordinator of the National Citizen Review Panels has recognized this team as a model for other states' CRPs. Michigan's process of in-depth case review with a multidisciplinary team of experts has proven an effective way to gain insight into the state's child protection system and to make meaningful and data-driven recommendations.

Recommendations for the Michigan Department of Health and Human Services:

Recommendation #1: Safety planning should be unique and tailored to the needs of the family/caregiver.

MDHHS Response: MDHHS agrees with this recommendation and has numerous initiatives and workgroups focused on enhancing safety planning as part of its overall redesign of Michigan's child welfare system. Currently, CPS policy outlines the elements workers must include in safety plans and the MiTEAM Practice Model Manual provides guidance on how to develop, write, and monitor safety plans. Additionally, all child welfare staff receive safety planning instruction during their initial core training and additional training is available through a variety of stakeholders. All training is updated periodically and addresses how to create unique safety plans which are tailored to meet the needs of the family or caregivers and are also both proactive and reactive in nature.

Child Safety Forward (CSF), a grant awarded to Michigan in 2019 from the U.S. Department of Justice Office for Victims of Crime, focuses on developing multidisciplinary strategies to reduce fatalities and near-death injuries that result from child abuse and neglect. Michigan is one of five states to receive the prestigious grant. Led by the Michigan Public Health Institute (MPHI) and MDHHS, in 2020, the CSF Advisory Group identified safety planning as a priority in fatality reduction. Members of the team have begun to interview parents and youth with lived experience in the child welfare system about their safety plan and how it impacted their case. The information gathered from the interviews will be used to help better develop training, policy, and practice related to safety planning.

In early 2021, MDHHS received recommendations from Casey Family Programs, the nation's largest operating foundation focused on safely reducing the need for foster care in the United States, regarding safety planning. The recommendations included suggestions to clarify current safety planning policy, enhance safety planning training, evaluate community services, and support available to families, and provide concrete examples of how service providers can help in the development of safety plans. A workgroup examined and prioritized the recommendations and developed a document for CSA leadership which outlines steps for safety planning enhancement.

Lastly, the GTFCAN is developing several trainings for those involved in sexual abuse investigations, such as child welfare and law enforcement. One of the trainings will specifically focus on safety plans developed during the investigations. Implementation is expected in 2022.

Recommendation #2: The Department should create an internal position of Child Abuse Pediatrician.

MDHHS Response: The MDHHS agrees with the intent of this recommendation, which is to ensure:

- Child welfare personnel, both CPS and foster care, can access medical professionals with expertise in child abuse and neglect to assist with individual investigations and care planning.
- MDHHS policy and practice is informed by up-to-date evidence and knowledge.
- Children's Services Agency (CSA) partners effectively with departments and divisions across MDHHS to meet the safety, permanency, and well-being needs of children in Michigan.

MDHHS has, and continues to develop, resources to meet these needs. This includes the following areas:

- Access to:
    - Statewide Child Abuse Medical Expert contact list (attached).
    - Child welfare policy which guides workers about when and how to access medical experts during child abuse investigations.
    - Child welfare policy guidance regarding when and how to access medical, dental, specialty and behavioral health services during active MDHHS involvement with children and families.
- Policy and practice Development in collaboration with:
    - Medical Advisory Committee
    - Child Welfare Medical Consultant
    - GTFCAN
    - State Child Death Advisory Team
    - Fetal Infant Mortality Review

- Interdepartmental collaboration within MDHHS, including the following units:
    - Child Welfare Medical and Behavioral Health and In Home Services Bureau
    - Child Welfare and Mental Health Core Team
    - Project-specific collaboration with Medical Services Administration
    - Project-specific collaboration with Behavioral Health and Developmental Disabilities Administration
- External collaboration between MDHHS and:
    - Michigan Chapter, American Academy of Pediatrics
    - Michigan Federation for Children and Families
    - Association of Accredited Child and Family Agencies
    - Association for Children's Mental Health

Given the above resources, MDHHS does not support the specific recommendation to create the position of Child Abuse Pediatrician within the department.

Recommendations for medical professionals:

Recommendation #3: A pediatric radiologist should be consulted when a child under the age of one is suspected of having received an abusive injury.

MDHHS Response: The MDHHS acknowledges this recommendation, but this was made to and is best addressed by medical professionals.

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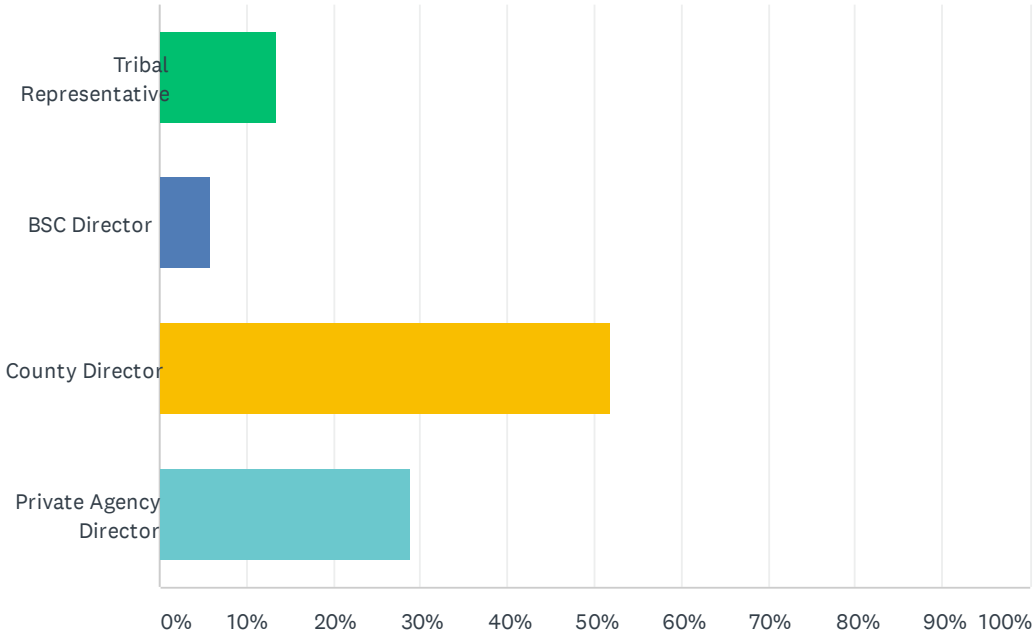
MDHHS Native American Affairs Collaborator Survey 2021

Q1 What is your professional role in child welfare?

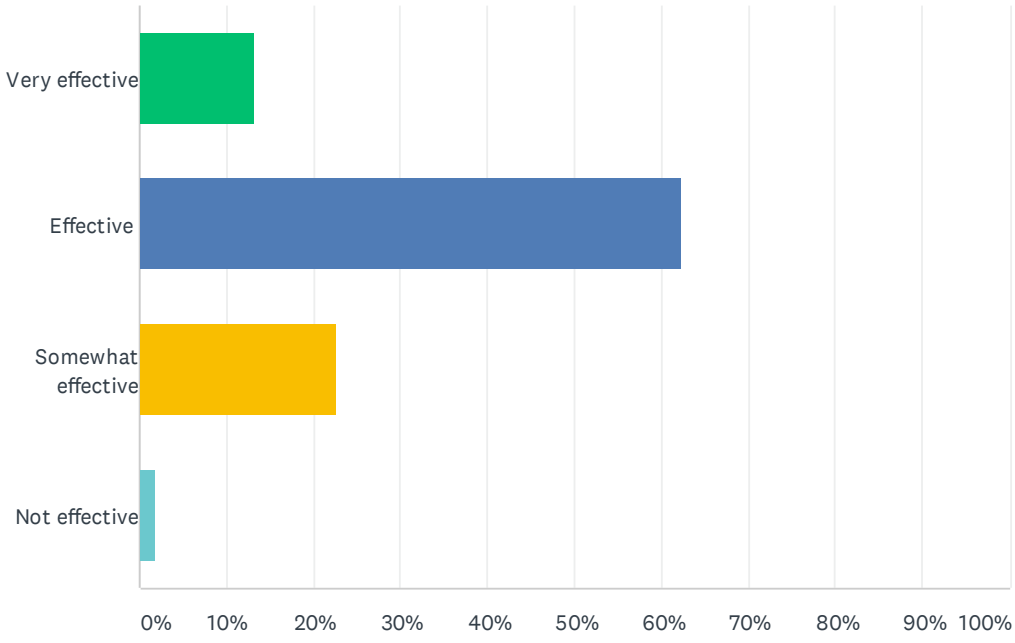
Answered: 52 Skipped: 1



ANSWER CHOICES	RESPONSES	
Tribal Representative	13.46%	7
BSC Director	5.77%	3
County Director	51.92%	27
Private Agency Director	28.85%	15
TOTAL		52

Q2 How effective are the policies and practices that your staff have implemented when handling foster care cases involving Indian children?

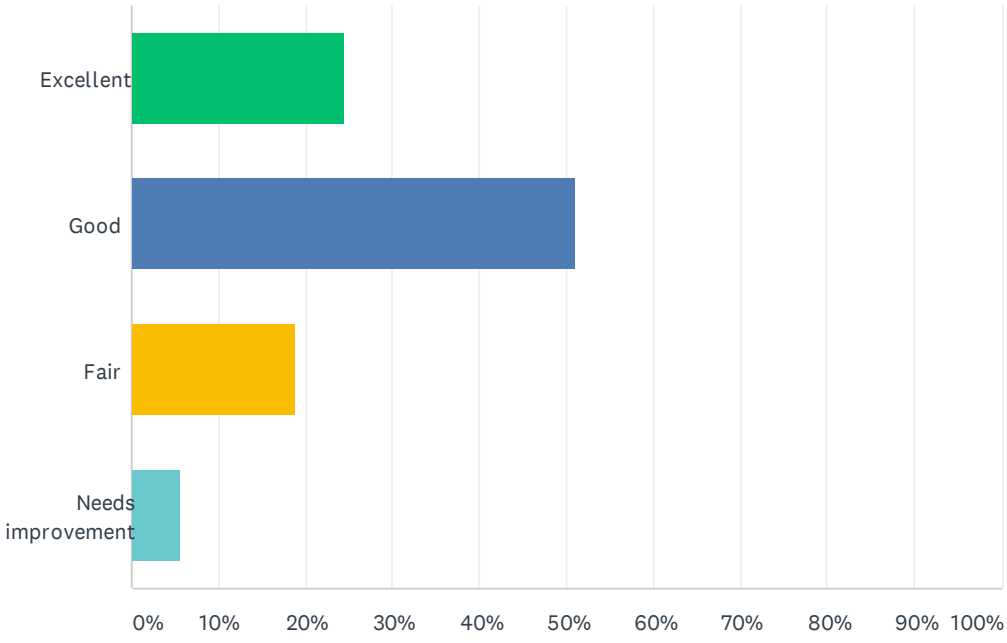
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very effective	13.21%	7
Effective	62.26%	33
Somewhat effective	22.64%	12
Not effective	1.89%	1
TOTAL		53

Q3 How would you rate your agency/office's effectiveness in serving Indian children and their families who encounter the child welfare system?

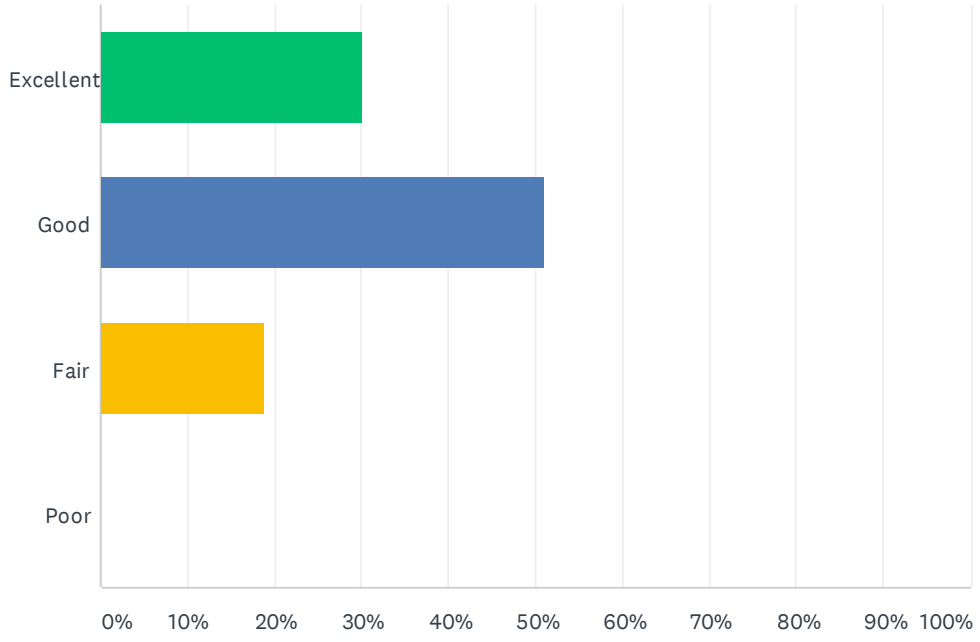
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	24.53%	13
Good	50.94%	27
Fair	18.87%	10
Needs improvement	5.66%	3
TOTAL		53

Q4 Please rate your working relationships among tribal representatives.

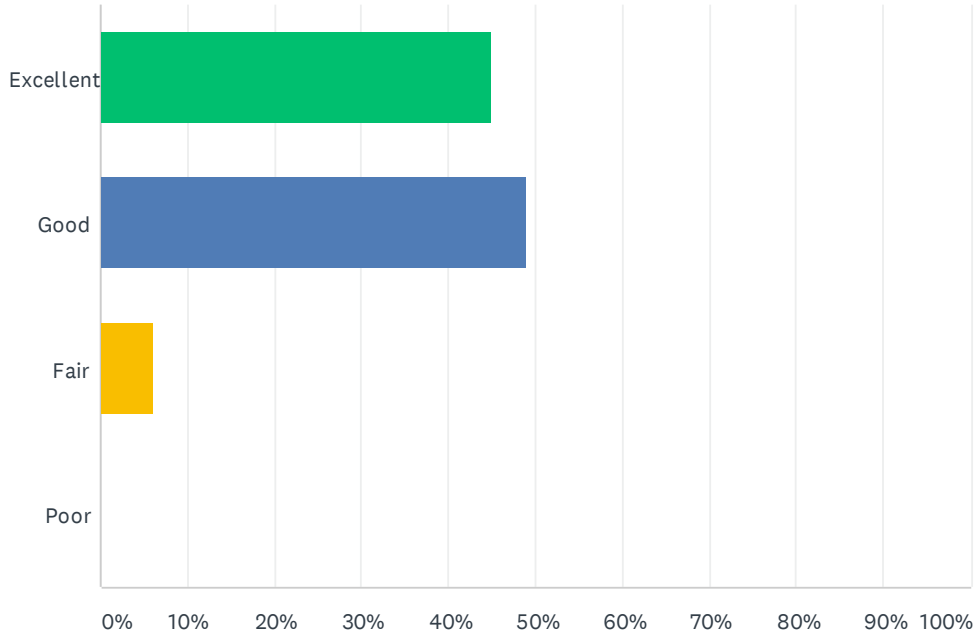
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	30.19%	16
Good	50.94%	27
Fair	18.87%	10
Poor	0.00%	0
TOTAL		53

Q5 Please rate your working relationships with local MDHHS.

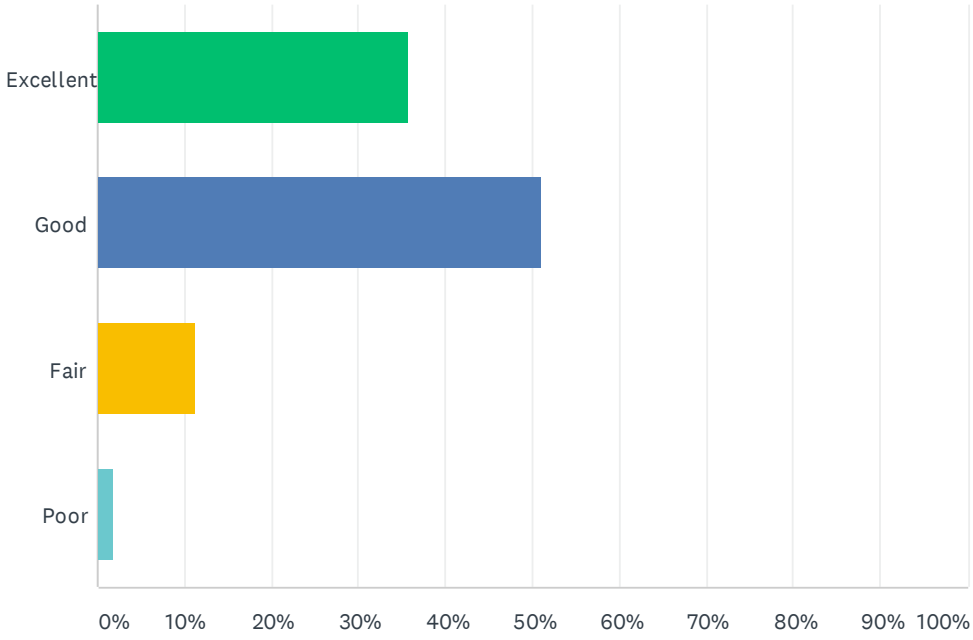
Answered: 49 Skipped: 4



ANSWER CHOICES	RESPONSES	
Excellent	44.90%	22
Good	48.98%	24
Fair	6.12%	3
Poor	0.00%	0
TOTAL		49

Q6 Please rate your working relationships with private agency staff.

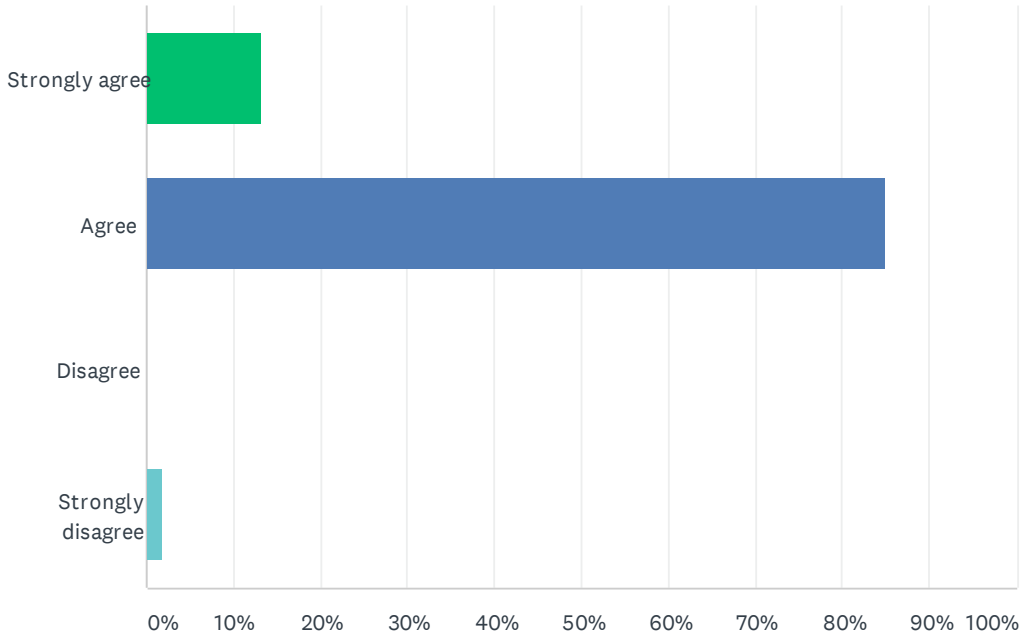
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	35.85%	19
Good	50.94%	27
Fair	11.32%	6
Poor	1.89%	1
TOTAL		53

Q7 In 2020, MDHHS state-level operations improved or sustained effective collaboration among tribal representatives, local MDHHS and private agency staff.

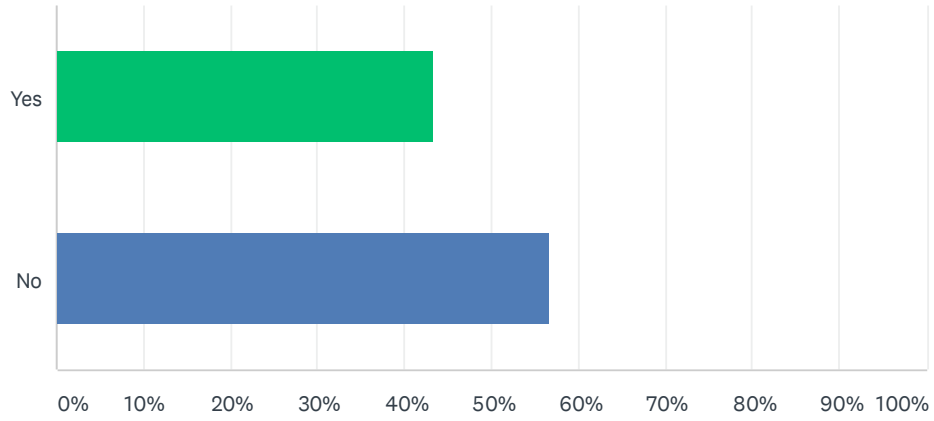
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	13.21%	7
Agree	84.91%	45
Disagree	0.00%	0
Strongly disagree	1.89%	1
TOTAL		53

Q8 Have you reviewed the MDHHS Annual Progress and Services Report 2021 - Tribal Consultation submitted in 2020 pertaining to calendar year 2019?

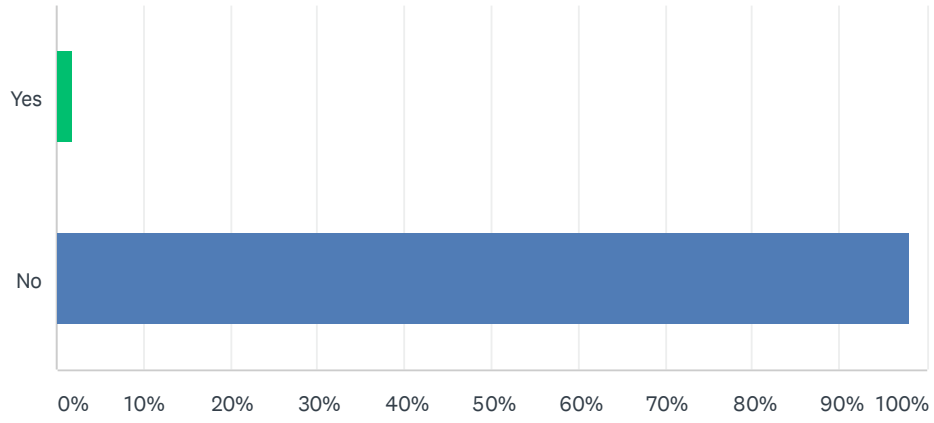
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	43.40%	23
No	56.60%	30
TOTAL		53

Q9 Do you have any comments regarding the APSR 2021 - Tribal Consultation submission?

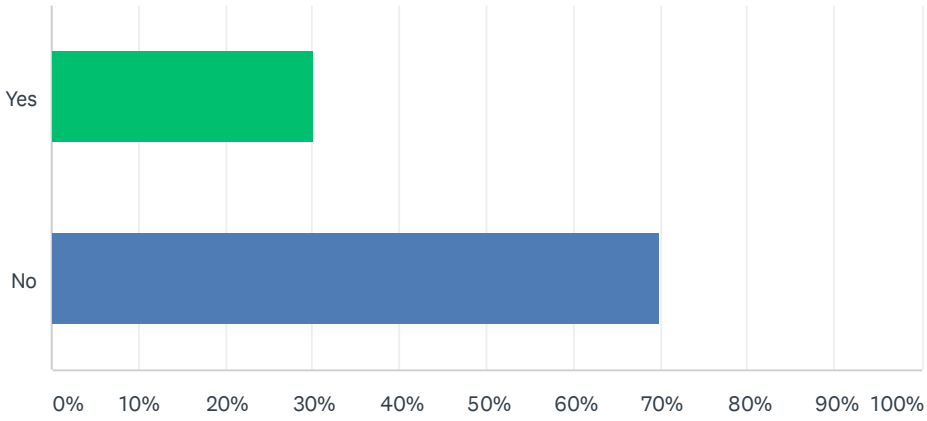
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	1.89%	1
No	98.11%	52
TOTAL		53

Q10 Have you reviewed the 2022 Annual Progress and Services Report (APSR) - Tribal Consultation suggested changes?

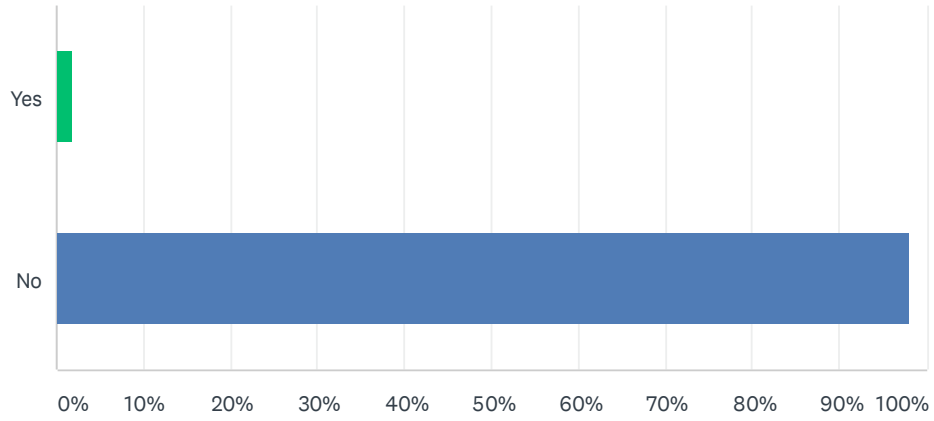
Answered: 53 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	30.19%	16
No	69.81%	37
TOTAL		53

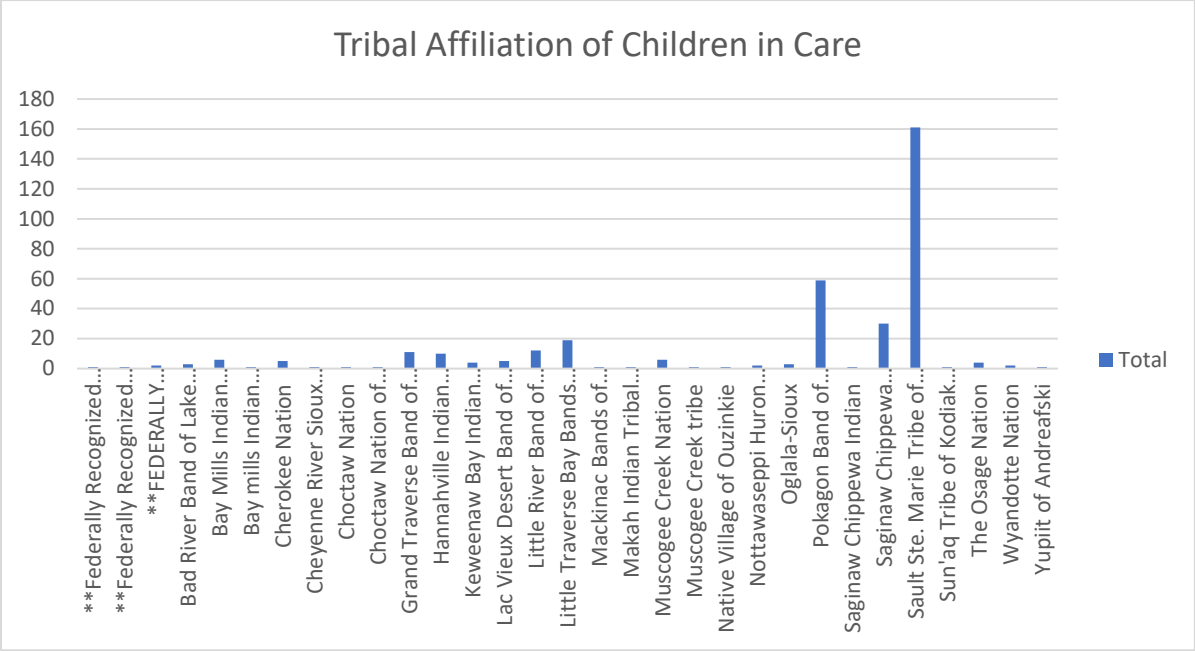
Q11 Do you have any questions or suggestions pertaining to the 2022 APSR - Tribal Consultation suggested changes?

Answered: 51 Skipped: 2



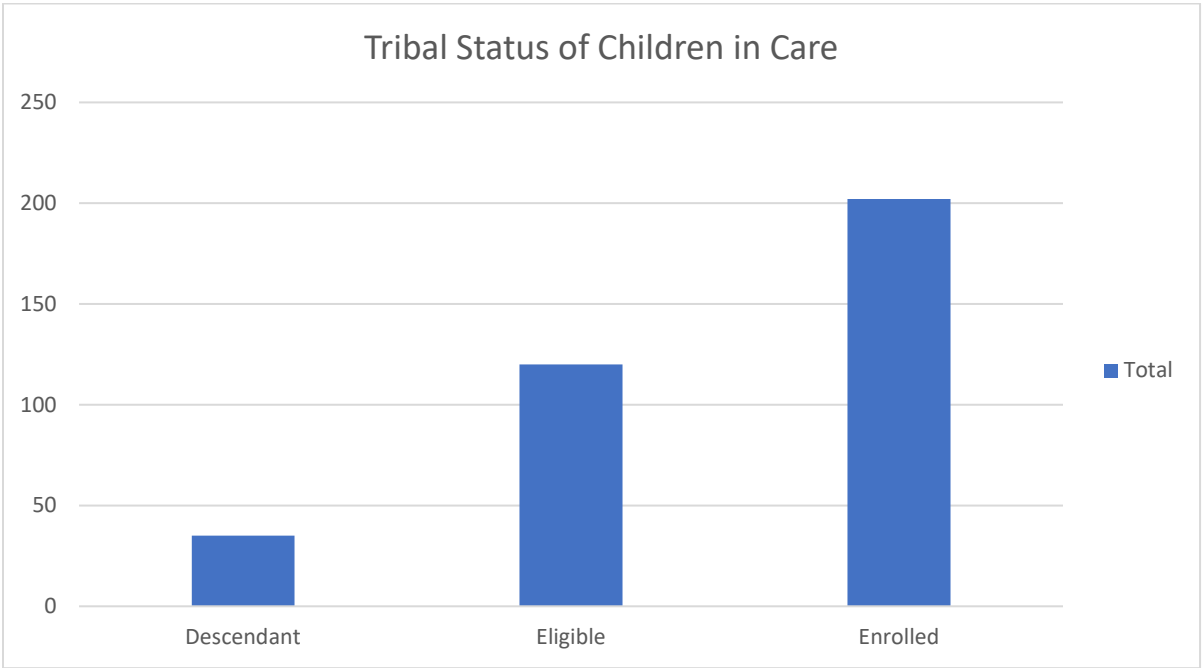
ANSWER CHOICES	RESPONSES	
Yes	1.96%	1
No	98.04%	50
TOTAL		51

Child Welfare Data on Native American Children

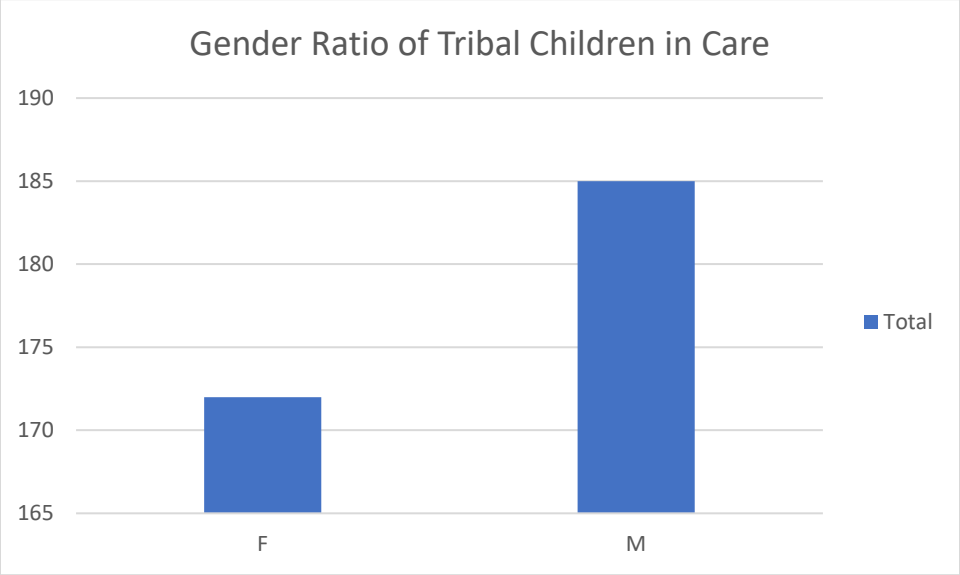


The above graph shows the tribal affiliation of Native American children in foster care in Michigan in 2020. Total Native American children in foster care in 2020 was 357.

The graph below shows the tribal status of Native American children in foster care in Michigan.

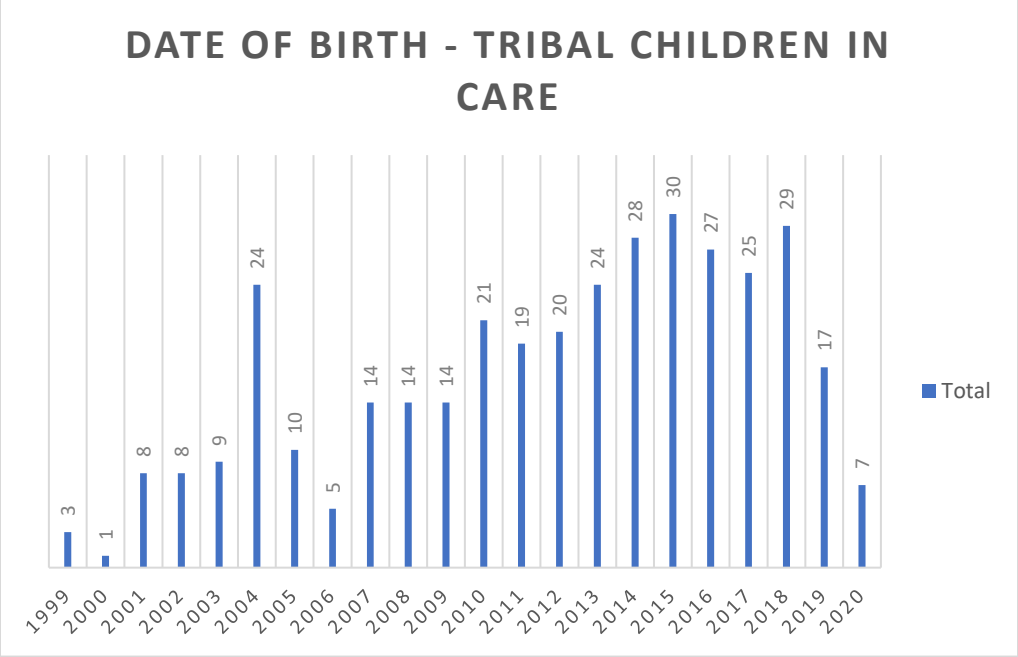


Child Welfare Data on Native American Children



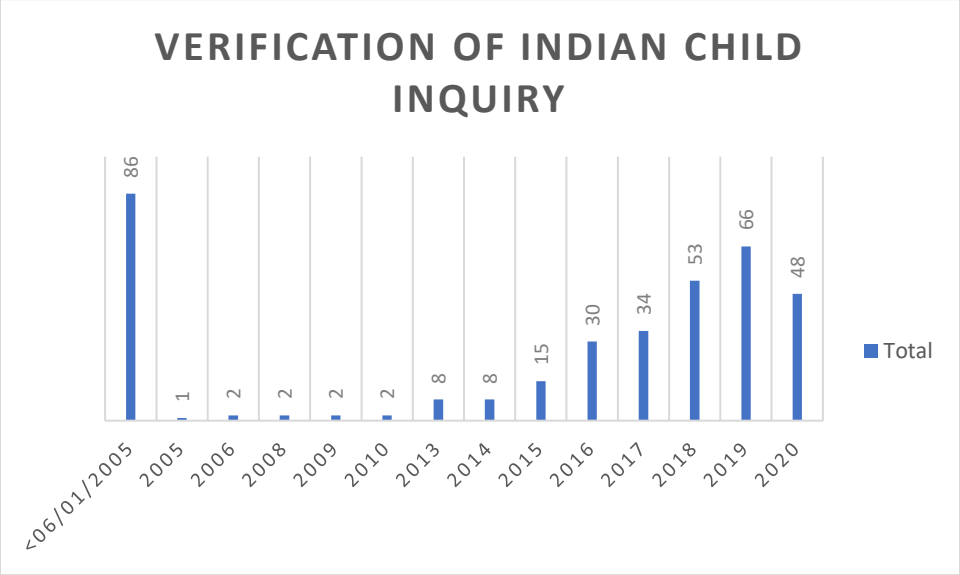
The above graph shows the gender ratio of Native American children in foster care in Michigan in 2020.

The graph below shows the year of birth of the Native American children in foster care in Michigan in 2020.



Child Welfare Data on Native American Children

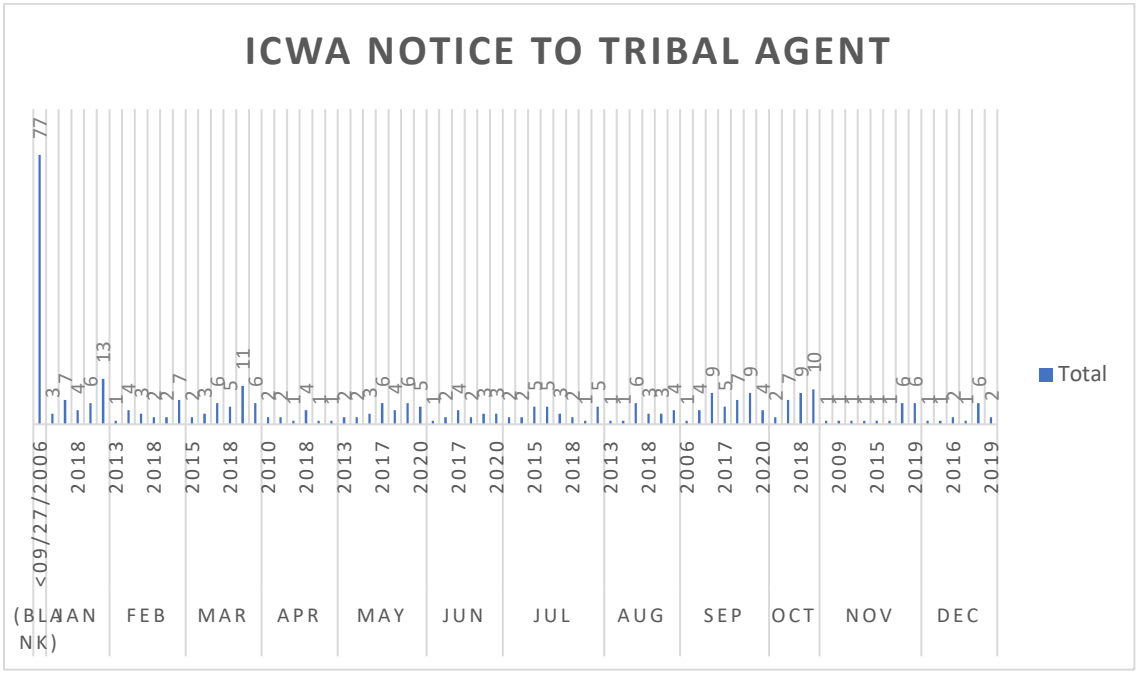
Goal: MDHHS will ensure compliance with the Indian Child Welfare Act statewide.
Objective 1: MDHHS will increase the number of children identified as AI/AN at the onset of cases statewide.



The above graph shows the number of Native American children whose case records document verification of Indian child inquiry occurrence for tribal children in care in 2020.

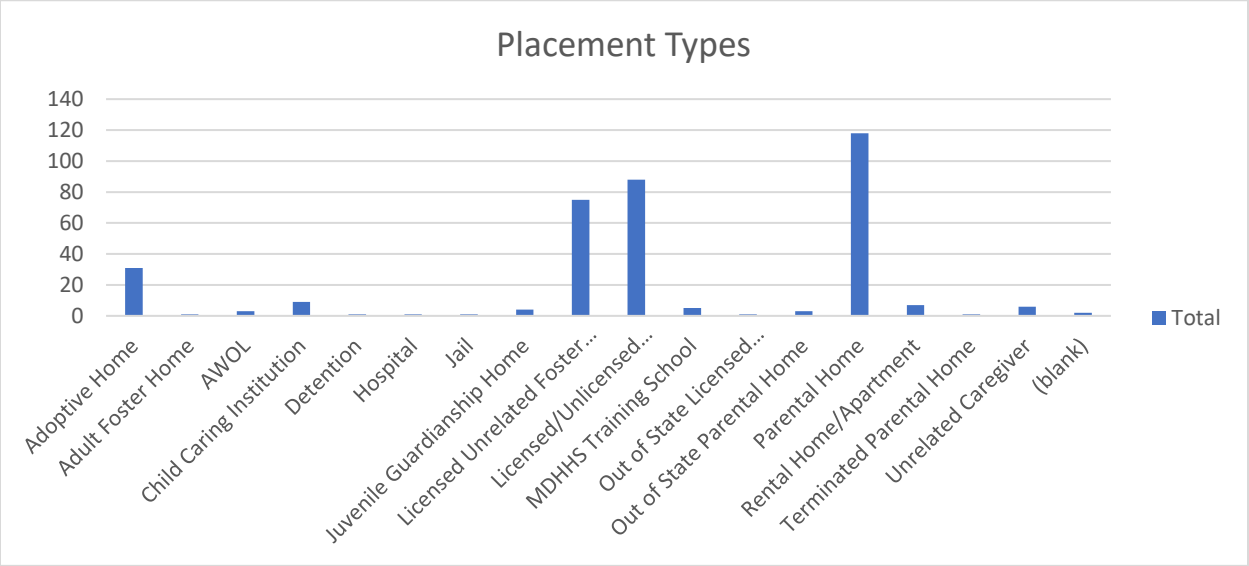
Objective 2: MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and will inform them of their right to intervene in the proceeding.

The graph below indicates ICWA Notice to Tribal Agent for tribal children in care in 2020.



Child Welfare Data on Native American Children

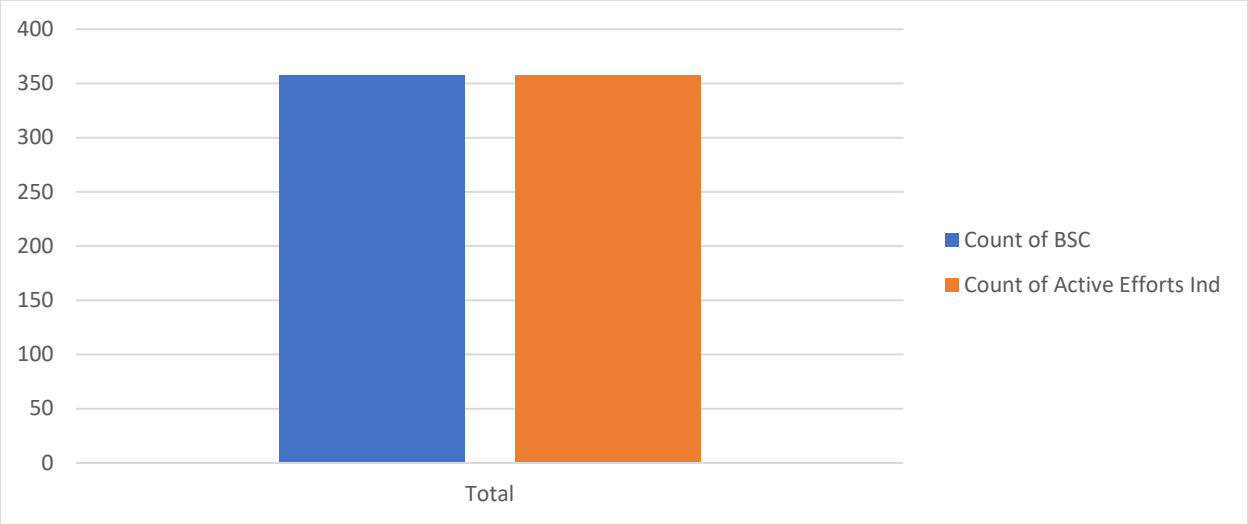
Objective 3: MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.



The above graph shows the number of Native American children in foster care in Michigan by placement type.

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.

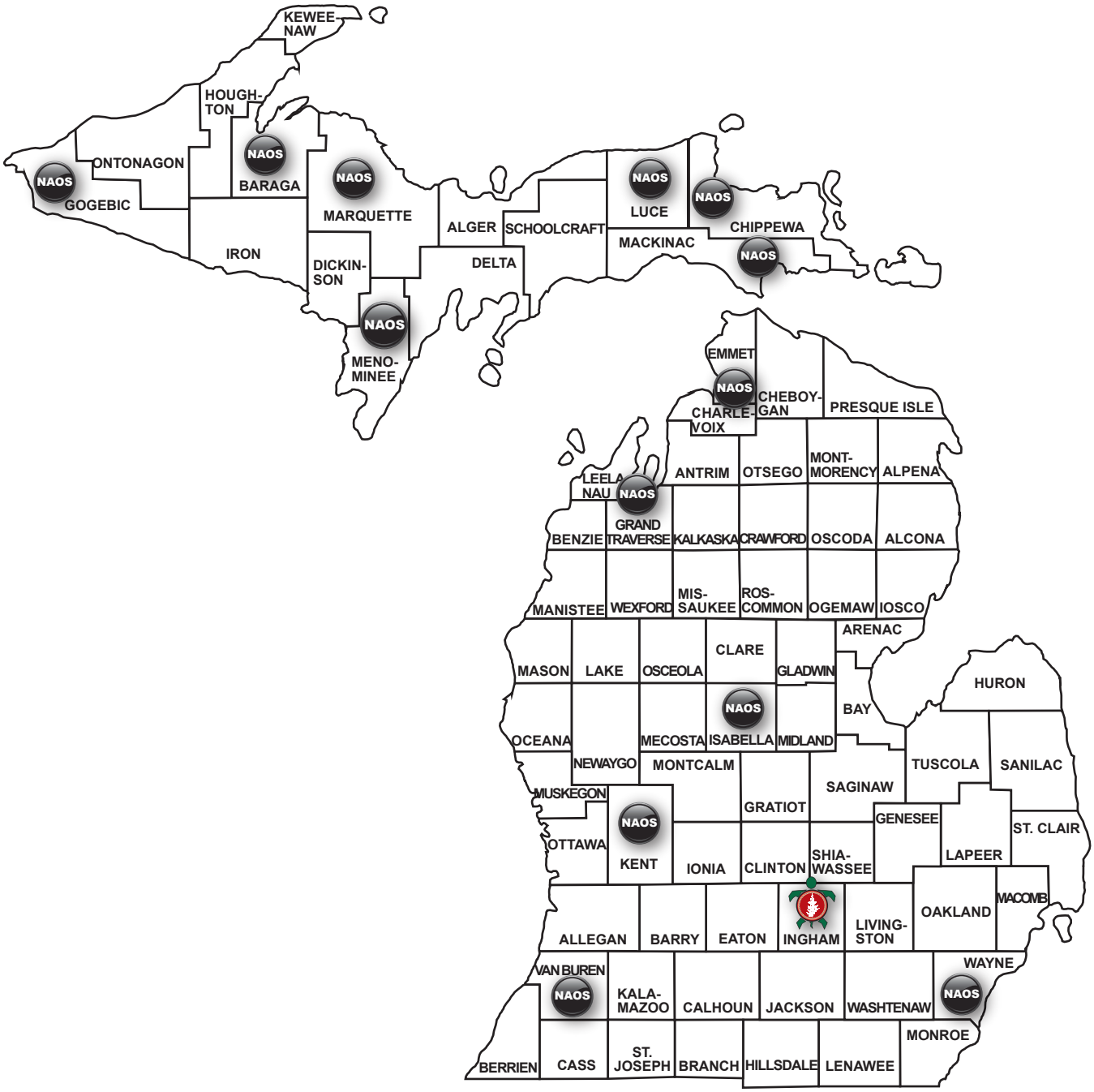
The graph below depicts the number of Native American children whose case record shows active efforts were made to prevent the breakup of an Indian family or to reunify an Indian family in 2020.



MDHHS Michigan Department of Health & Human Services

MDHHS Native American Affairs (NAA) and Native American Outreach Services (NAOS) Legend Michigan Department of Health and Human Services

Office of Native American Affairs



Refer to legend.

Michigan Department of Health and Human Services
Native American Affairs (NAA) and
Native American Outreach Services (NAOS) Legend

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*Supervised by County Offices **
*Statewide Responsibility ***

Staff and Provider Training Matrix

	A	B	C	D	E	F	G	H	I	J
1	No training teaches how to address or treat child or family problems or behaviors, rather how to identify and make appropriate referrals. The CPS initial training below includes 18 hours of training on conducting child abuse and neglect investigations and is not reimbursable. The remaining hours of the training are reimbursable at 75% for the Admin Functions listed in column D.									
2	**Training Title**	**Training Description**	**Training Hours**	**Total Hours Reimbursable**	**Title IV-E Administrative Function**	**FFP Rate**	**Venue (ILT, CBT, Blended)**	**Trainer**	**Target Audience**	**Completions Jan 1, 2020 - Dec**
3	Adoption PSI	Adoption PSI is a 4 week classroom training and 5 field weeks. During Adoption PSI, new hires receive training in the Michigan's MiTEAM model, Trauma Training, Safety	270		•Eligibility determinations and re-determinations •Fair hearings and appeals	75	Blended	OWDT	child welfare	44
4	Adoption PSTT	Adoption PSTT is a two week classroom training with one field week. During Adoption Pre-Services Transfer Training, workers receive training in Adoption Program Specific &	68		•Eligibility determinations and re-determinations •Fair hearings and appeals	75	Blended	OWDT	child welfare	43
5	Adoption Child Welfare Certificate and Phase II-PSI	Adoption CWC is a two week classroom training with two field weeks. Adoption Child Welfare Certificate Holders receive training in Forensic Interviewing, Adoption	116		•Eligibility determinations and re-determinations •Fair hearings and appeals	75	Blended	OWDT	child welfare	0
6	CPS Child Welfare Certificate and Phase II-PSI	CPS CWC is a two week classroom training with two field weeks. CPS Child Welfare Certificate Holders receive training in Forensic Interviewing, CPS Program Specific	116	98	•Eligibility determinations •Fair hearings and appeals •Referral to services	75	Blended	OWDT	child welfare	2
7	CPS PSI	CPS PSI is a 4 week classroom training and 5 field weeks. During CPS PSI, new hires receive training in the Michigan's MiTEAM model, Trauma Training, Safety	270	252	•Eligibility determinations •Fair hearings and appeals •Referral to services	75	Blended	OWDT	child welfare	281
8	CPS PSTT	CPS PSTT is a two week classroom training with one field week. During CPS Pre-Services Transfer Training, workers receive training in Forensic Interviewing, CPS Program	68	50	•Eligibility determinations •Fair hearings and appeals •Referral to services	75	Blended	OWDT	child welfare	54
9	Family Preservation CORE Training - Families Together Building Solutions (FTBS)	The Family Preservation CORE Training series for the Families Together Building Solutions (FTBS) is a six- day training series that is mandatory for all FTBS staff. The two-	42		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	17
10	Family Preservation CORE Training Families First (FFM)	The Family Preservation CORE Training for Families First of Michigan (FFM) series is a six- day training series that is mandatory for all FFM staff. The two- part training series is	42		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	29
11	Family Preservation CORE Training Family Reunification (FRP)	The Family Preservation Core Training series for the Family Reunification Program (FRP) is a six- day training series that is mandatory for all FRP staff. The two- part training	42		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	13
12	Family Preservation Program Specific Only (FFM)	The Family Preservation Program Specific Only (FFM) is part 2 of the Family Preservation Core FFM. This is two days that will cover program specific (FFM) content.	14.00		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	1
13	Family Preservation Program Specific Only (FTBS)	The Family Preservation Program Specific Only (FTBS) is part 2 of the Family Preservation Core FTBS. This is two days that will cover program specific (FTBS) content.	14.00		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	7

Staff and Provider Training Matrix

	A	B	C	D	E	F	G	H	I	J
14	Family Preservation Program Specific Only (FRP)	The Family Preservation Program Specific Only (FRP) is part 2 of the Family Preservation Core FRP. This is two days that will cover program specific (FRP) content. During this	14		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	53
15	Foster Care Child Welfare Certificate and Phase II-PSI	Foster Care CWC is a two week classroom training with two field weeks. Foster Care Child Welfare Certificate Holders receive training in Forensic Interviewing, Foster	116		•Eligibility determinations •Fair hearings and appeals •Referral to services	75	Blended	OWDT	child welfare	7
16	Foster Care PSI	Foster Care PSI is a 4 week classroom training and 5 field weeks. During Foster Care PSI, new hires receive training in the Michigan's MiTEAM model, Trauma Training, Safety	270		•Eligibility determinations •Fair hearings and appeals •Referral to services	75	Blended	OWDT	child welfare	402
17	Foster Care PSTT	Foster Care PSTT is a two week classroom training with one field week. During Foster Care Pre-Services Transfer Training, workers receive training in Forensic Interviewing,	68		•Eligibility determinations •Fair hearings and appeals •Referral to services	75	Blended	OWDT	child welfare	86
18	FRP Supervisor Orientation - FP	This two-day Family Reunification Supervisory Orientation provides a review for supervisors of the FAMILY REUNIFICATION PROGRAM including contract, program	12.00		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	4
19	FRP 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.	6.00		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	9
20	Juvenile Justice Program Specific Transfer Training	This multi-day training is designed for experienced child welfare workers that have completed the Child Welfare Pre-Service Institute and are now transferring to Juvenile	60.00		•Eligibility determinations •Fair hearings and appeals •Referral to services	75	Blended	OWDT	juvenile justice	31
21	New Supervisor Institute Adoption	This 3 day supervisory course will focus on the essential tasks necessary to effectively manage an adoption team as well as identify MDHHS policies and laws related to	18		•Case Management and Supervision Eligibility determinations and re-	75	ILT	OWDT	child welfare	21
22	New Supervisor Institute Child Welfare Topics V2	This course is designed for all newly hired child welfare supervisors, including Child Protective Services, Foster Care, Licensing, and Adoption Supervisors. The course	32		•Case Management and Supervision Eligibility determinations and re-	75	ILT	OWDT	child welfare	121
23	New Supervisor Institute Children's Protective Services - 3 day	This 3 day supervisory course is the program specific portion of NSI for Children's Protective Services (CPS). The new CPS supervisor will be guided through staff	18		•Case Management and Supervision Eligibility determinations and re-	75	ILT	OWDT	child welfare	51
24	New Supervisor Institute Foster Care - 3 day	This is a 3-day Supervisory Course designed for new hired Foster Care Supervisors. Topics covered will include; Policy Resource Manuals, Collaboration with Specialty roles, CPS	18		•Case Management and Supervision Eligibility determinations and re-	75	ILT	OWDT	child welfare	67
25	New Supervisor Institute Leadership Topics	NSI is a curriculum of training modules designed around management core competencies. It is comprised of classroom, live webinar, and computer-based training	70		•General supervisory skills or other generic skills needed to perform specific jobs	50	Blended	OWDT	MDHHS staff	86
26	New Supervisor Institute Licensing	This 2 day supervisory course is the program specific portion of NSI for Licensing. The new Licensing supervisor will be guided through staff monitoring strategies,	12		•Case Management and Supervision Eligibility determinations and re-	75	ILT	OWDT	child welfare	10

Staff and Provider Training Matrix

	A	B	C	D	E	F	G	H	I	J
27	Supervisory Training I - FP	Supervisor 1: This 2 day training is focused on the hiring process. It includes an examination of posting job positions, resume review, telephone and in person	12		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	18
28	Supervisory Training II - FP	Supervisor 2: This 2 day training examines the participants' use of clinical skills to supervise workers in case management. The areas of safety planning for	12.00		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	12
29	Supervisory Training III - FP	Supervisor 3: 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	12.00		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	14
30	WMPC Kent County Family Preservation CORE Training Family Reunification (FRP)	WMPC Kent County Family Preservation CORE Training Family Reunification (FRP)- Training Part A-The Family Preservation Core Training series is mandatory for all	24.00		•Referral to services •Development of the case plan •Home studies	75	ILT	OWDT	family preservation	2

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 11,000 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 75 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 2021. 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.

Additionally, all agencies were provided an opportunity to participate in training created to enhance foster family recruitment and retention efforts. Training was provided that included the following topics:

- Targeted Recruitment
    - Foster home recruitment of tribal homes
    - Foster home recruitment in the LGBTQ community

  - Foster home recruitment in different religious communities
  - Targeted recruitment by zip code, school district or neighborhood
  - Recruitment of homes for adolescents and sibling groups
  - Foster home recruitment for children with special needs
  - Best practices for targeted foster home recruitment
- Utilizing data to enhance the value of a recruitment and retention plan.
- Understanding the data being evaluated for annual recruitment goal establishment.
- Caregiver engagement, support, and development strategies to increase foster home retention statistics.

In 2020, each county's licensing goal was analyzed, and monthly targets were established to assist counties in monitoring their progress toward meeting their unrelated licensing goal.

In 2020, 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 1,573 new foster home licenses, a decrease of 113 from 2019.
- Of new licenses, 1,188 accept unrelated placements, an increase of 2 from 2019.
- On Oct. 1, 2019, there were 5,829 licensed foster homes. On Sept. 30, 2020, 4,053 of those licensed foster parents remained licensed, which is a 70 percent retention rate and a three percent retention rate decrease from FY 2019.
- The number of homes that closed was 1,903, an increase of 68 from 2019.
- 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
- Demands/stress

The chart below details the trend of licensure and closed homes in urban counties:

	New Licenses			**Closed Homes**		
County	FY 2018	FY 2019	FY 2020	FY 2018	FY 2019	FY 2020
Genesee	80	68	67	70	72	71
Kent	144	110	126	136	114	122
Macomb	115	88	77	102	105	101
Oakland	141	140	136	159	152	145
Wayne	204	216	183	240	229	202
Total	684	622	589	707	672	641

The chart below describes the type of homes (relative and non-relative) newly licensed in urban counties in 2020:

County	Relative	Non-relative	Total
Genesee	12	55	67
Kent	26	100	126
Macomb	27	50	77
Oakland	26	110	136
Wayne	45	138	183
Total	136	453	589

Statewide and Regional Recruitment
Progress in 2020

- Regional Resource Teams were implemented in 2018 and continued to provide services in FY 2020. 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.
    - FY 2020 was unique due to the COVID-19 pandemic which created difficulty in understanding the best ways for recruiters to continue their work. The Regional Resource Teams were creative during this time and found alternate strategies to continue foster home recruitment, despite not being able to meet with people in person. The strategy found most effective during the pandemic has been hosting online informational sessions. These sessions are regionally advertised on social media and through other online platforms. Those interested can log in and receive answers to their questions about foster parenting as well as hear information directly from a current foster parent about the work. The Regional Resource Teams have utilized this strategy to host targeted recruitment events in specific communities as well as host general myth busting sessions.
- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2020 Heart Gallery Opening was held virtually on Sept. 12, 2020 and featured 145 children who were photographed by 43 photographers from around the state.
- The Michigan Adoption Resource Exchange (MARE) hosted Heart Gallery events statewide.
- MDHHS held its seventh annual Foster, Adoptive and Kinship Parent Conference in collaboration with the Foster, Adoptive and Kinship Parent Collaborative Council. The conference was offered online due to the pandemic and 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 nine different regions. Through the coalitions 91 - $25.00 gift cards were donated for youth and/or foster families in need, 127 requests for direct help for youth were fulfilled, 105 children were provided with new Easter outfits, 4,107 hand-made face masks were donated and distributed to families and field staff, and 75 hand-made blankets were donated and distributed to children in care.

- 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 full council was unable to meet as planned due to COVID. However, multiple congregations continued to host drive through events for the Christmas season to support children in care and their families.
- MARE held virtual “meet and greet” recruitment events for most of the year 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 2020 to include additional information about event goals and expected collaboration. The revisions also provided more instruction, added definitions, and simplified multi-part questions to improve reporting on recruitment and retention plans, events, and activities.
- AdoptUSKids hosted a recruitment training for all licensing and adoption workers in Michigan.

Using Foster and Adoptive Parents for Recruitment

Progress in 2020

- 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.
- In 2020, over 900 new family inquiries were received through the Foster Care Navigator program.
- 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.
- The Foster Care Navigator Program continues to show its effectiveness and fulfil its purpose as a mentoring program for families working towards licensure. All Foster Care Navigator regions expressed that families need assistance post licensure, and that mentorship would be a valuable resource for new families. The Foster Care Navigator program will offer post licensure mentorship assistance beginning in 2021.
- 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 2020

- MDHHS continued to provide post-adoption services statewide in 2020 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 2020, the Match Support Program continued to serve over 45 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. During 2020, waiting family forums were held virtually and showed a slight increase in attendance due to availability to a larger geographical area.
- Adoption Call to Action efforts have been made towards addressing competing party delays through a competing party workgroup and policy modification.

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 2020

- 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.

Planned Activities for 2022

- Work with the Diversity, Equity, and Inclusion program within MDHHS to enhance the targeted recruitment training developed in FY 2020.

- Complete a data analysis of race for currently licensed foster homes by county and compare these data points to children in care in the same county. Provide technical assistance and training to counties with a disparity in these data sets on how to recruit foster homes from underserved communities.
- Updating the Annual Adoptive and Foster Parent Recruitment and Retention plan template to include questions specific to the counties plan to recruit families that match the racial, ethnic, and cultural backgrounds of the children being served in that county.

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 2022

- MDHHS will maintain health liaison officers who focus on addressing system barriers to the provision of quality physical and behavioral health care at the county level.
- MDHHS will hold regular conference calls and meetings between the Child Welfare Medical and Behavioral Health unit with health liaison officers to provide policy and practice updates.
- MDHHS will provide training and technical assistance to local office staff to ensure timely Medicaid opening, and accurate/timely documentation of health care activities in MiSACWIS.
- MDHHS will provide instructor-led and computer-based training for staff on the health needs of children in foster care and how to document needs and services.
- MDHHS will provide 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.
- MDHHS will provide ongoing outreach/education/technical assistance to the primary care community.
- MDHHS will require trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- MDHHS will monitor the impact of the recent change in dental policy to comport with American Dental Association standards recommending that dental examinations start at 1-year-old.
- MDHHS will implement quality improvement activities based on the results of a psychiatric documentation profiling project recommended by a physician leadership work group focusing on standardizing and improving the documentation of psychiatric care.
- MDHHS will develop protocols to support the dissemination of youth health information documentation during care transitions.
- MDHHS will update, rename, and expand content in the www.michigan.gov/fosteringmentalhealth website to include broader health and well-being requirements.

- MDHHS will explore other models of treatment foster care that increase the available number of beds for children in foster care.
- MDHHS will host an exhibit table at physician group annual conferences with information about health needs and policy for children in foster care.
- MDHHS will generate a report for county director follow-up when repeated outreach for an informed consent document is unsuccessful.
- MDHHS will complete monthly case reviews for a sample of children receiving psychotropic medications to ascertain whether prescription of psychotropic drugs to foster children is being monitored within policy requirements. MDHHS will ensure the results of these reviews are communicated to the county of jurisdiction to improve overall practice and provision of services in this area.
- MDHHS will monitor the impact of COVID 19 and provide guidance to the field.

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 one 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 Cat. 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 and as determined by an independent assessment provided by a qualified individual.
- 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 (Qualified Residential Treatment Program).

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:
    - CPS policy requiring 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 to develop relationships between local and regional partners that support sustainable improvements in local systems of care. This project was completed on Sept. 30, 2020. Survey data showed that primary care providers who attended Learning Collaborative events increased their knowledge of foster care policy and health needs of children in foster care and planned to make practice changes to support these needs. MDHHS will build on the outcomes of Fostering Health Partnerships to improve coordination across the systems of 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.

- The MDHHS Child Welfare Medical Unit continues to support child welfare field personnel in assisting transition-age youth to apply for Supplemental Security Income (SSI) when indicated.
- CSA is coordinating with the Division of Mental Health Services to Children and Families to create guidelines for Community Mental Health (CMH) service providers and MDHHS local offices when a youth is transitioning to adult foster care.

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 (active and resolved)
    - 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, private agency foster care workers and supervisors and juvenile justice workers and supervisors are required to obtain access to CareConnect360. The Child Welfare Medical and Behavioral Health 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 providing 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 and Behavioral Health unit, Child Welfare Services and Support and the Office of Workforce Development and Training.

Training and Technical Assistance

The Child Welfare Medical and Behavioral Health 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 CareConnect360, entering health information in MiSACWIS, and engaging children and families in children's health care services is available in the learning management system. New training is developed and provided based on a 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. CSA and the 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 Child Welfare Behavioral Health Analyst and the Partnership Analyst from the Division of Mental Health Services for Children and Families continue to provide technical assistance to local and regional partners to enroll eligible children in services.
- The Fostering Health Partnerships project Learning Collaborative events engaged 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. MDHHS Children's Services Agency will use the information and outcomes from this project to improve and strengthen the systems of 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 consenter engagement and consent per MDHHS policy.
- Entering psychotropic medication, diagnosis, and 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.

Psychotropic Medication Physician Review Process
The Foster Care Psychotropic Medication Oversight Unit staff use Medicaid prescription claims to determine whether triggering criteria are met and arrange and track the review process. 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. 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 when needed to inform updates to MDHHS policy and practice. Action steps in planning are:

- Using data from a case review-based profile of psychiatric assessment practices in residential settings to inform the development of quality improvements in psychiatric 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 Fostering Mental Health 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

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 pursuing treatment across all 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
- Enhanced MiTEAM practice model training and support
- Trauma screening, assessment, and treatment protocols
- Placement Exception Request process
- Regional Placement Unit
- Qualified Individual assessment process based on the Comprehensive Child and Adolescent Needs and Strengths (CANS) tool and clinical algorithm

Child welfare teams consider several factors when pursuing residential-based services and supports 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 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 placed in Qualified Residential Treatment Program settings rather than in foster family homes because of inappropriate diagnoses, Michigan developed the following policies and procedures.

- Requirements for careful and thorough documentation of the child's diagnosis, appointments, and medications in the MiSACWIS health screens because this provides critical information that health care providers need when engaging in assessment and treatment of children in foster care. The MiSACWIS diagnosis screen was updated to include the resolution date of diagnoses that will print on the medical passport.
- 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 from residential to residential settings.
- 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 child and family worker must provide comprehensive information about the child and family to the Regional Placement Unit (RPU) which reviews and approves a potential Qualified Residential Treatment Program referral.
- When contracts for Qualified Residential Treatment Program are executed in 2021, within 30 days of placement in a child caring institution, a child assessment will be conducted by a qualified individual to determine whether Qualified Residential Treatment Program (vs. community-based) level of care is needed to meet the mental/behavioral needs of a child.

Ensuring periodic assessment of ongoing need for Qualified Residential Treatment Program services and supports:

- 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 regarding placement requirements and restrictions are being updated, 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.

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 2020.

Local emergencies that required the mobilization of the Child Welfare Disaster Plan in 2020 and the results are included below.

Disaster Plan 2021 Review

To ensure local MDHHS child welfare disaster plans are reviewed and updated annually, Business Service Centers (BSCs) request county offices and Child Welfare Supportive Services (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 section titled State and Regional Communication and Coordination Protocol was changed to add the Bureau of In-Home Services director to the second and fifth bullets.

County Mobilization of the Child Welfare Disaster Plan

Two county offices in Michigan mobilized their disaster plans in 2020. These events are described below:

Saginaw County

During FY 2020, Saginaw County required mobilization of the disaster plan due to flooding in areas of the county. The mobilization went smoothly as planned. MDHHS management was in contact with the private agency providers the evening of the flooding and their on-call workers contacted providers who lived in the flooded area and remained in communication with the local Emergency Contact Coordinator. One private agency had to relocate for a very short period of time and communication continued between MDHHS county and executive level leadership and the private agency. All other children remained safe and in their homes.

Midland/Gladwin Counties

The Midland/Gladwin County office addressed emergencies resulting from flooding from the dam breaches at Sanford and Wixom Lakes, which sent significant flooding to the Sanford and downtown Midland areas, as well as some areas of Gladwin County. On the evening of May 19, 2020, the county mobilized their disaster plan when several thousand Midland County residents were evacuated and had to relocate. The child welfare management team held a virtual meeting and followed the disaster plan to help verify the whereabouts and well-being of all foster children under our care and supervision in both counties. They were able to verify that evening and into the next morning that all of the families were safe, as well as to identify if they needed any assistance or support. They followed the plan to regularly check in with all caregivers of foster children and followed through until all families' housing was safe/stabilized after the flooding. In that moment of crisis, even with several of staff and supervisors having to evacuate their own families, the county found a clear path forward in ensuring the well-being of children for which they were responsible. The following day, the county office was asked to verify the well-being of all foster children, something they had already completed and were able to quickly provide.

Michigan's Child Welfare Disaster Plan 2021

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, the Bureau of In-Home Services 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 Regional Placement Unit (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 Bureau of In-Home 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.
- The DCWL will follow up with any children in institutions they have in the affected area to ascertain the child's location, evaluate the need for moving the child and ensure their safety needs are being addressed.
- 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 whereabouts if appropriate.
5. The minimum frequency that all caregivers shall communicate with the designated communication site during emergencies or natural disasters.
6. The necessary information to be communicated in emergencies.
7. How and where in the case record the information is to be documented.
8. The method of monitoring the situation and the local person responsible.
9. Procedures to follow in case of voluntary or involuntary closure of facilities.
10. Any additional requirement as specified by the local or regional office.

Foster Parents' Responsibilities Developing an Emergency Plan

- **Family emergency plan.** Licensed foster parents shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing home study. Foster parents must update and review their plans annually. The plan should include:
    1. An evacuation plan for various disasters, including fire, tornado, and serious 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 whereabouts, status, and service needs, utilizing telephone service, cell phone, email, or the Centralized Intake number when normal methods of communication are compromised.
    - Following declaration of a public emergency that requires involuntary evacuation or shelter, the assigned caseworker or another designated worker will contact the legal parent to ascertain the whereabouts, condition and needs of the child and family.
    - The local office must provide information on where to seek shelter, food and other resources and coordinate services with the MDHHS emergency management coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child-placing agencies (R 400.12412 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

- If current 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.

STAFF AND PROVIDER TRAINING PLAN

As the COVID -19 pandemic spread in Michigan, the Office of Workforce Development and Training (OWDT) worked with CSA to implement Governor Gretchen Whitmer's stay-at-home order issued on March 24, 2020 to keep child welfare professionals trained and ready to carry out their responsibilities in a changing landscape.

In addition to providing a cohesive partnership with the ongoing review of curriculum, learning objectives, and training outlines, OWDT assembled modules to reflect the importance of caseworker contact during COVID-19 to maintain the safety and well-being of children. Specific training modules "Successful Video Visits with Young Children" and "Child Welfare Safety Assessment and Planning during COVID-19" were developed and required for all child welfare staff to complete by April 2020.

OWDT remains committed in their collaboration with CSA to:

1. Provide input to the training plan for child welfare and assist in monitoring progress.
2. Review curricula, learning objectives, training outlines, job aids, and other training materials developed by MDHHS, contractors, and partners for delivery.
3. Identify workforce performance gaps.
4. 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 who 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. The learning management system tracks training completions for child welfare staff, making it easy to determine if annual training hours have been fulfilled.

Initial Training Overview

Training requirements for the Pre-Service Institute are in the MDHHS policy manual SRM 103 and are summarized in this plan. The 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 attend a virtual training via Microsoft Teams for two 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. They also receive legal, medical, and cultural awareness training.

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, child welfare licensing, or CPS. Public supervisors also receive leadership and MDHHS management training. Private agency supervisors receive this 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.

Redesign of Initial Training for Caseworkers

A comprehensive PSI redesign is in progress in collaboration with OWDT, CSA, and university and private partners. A contract to support the redesign is anticipated to begin in summer 2021. The full redesign is anticipated to take 18-24 months to develop and pilot prior to being implemented statewide. During the interim, OWDT will implement a "Bridge Plan" for the PSI. This plan offers a hands-on approach to training and more training resources to new hires. The "Bridge Plan" training consists of five field weeks of on-the-job training and four weeks of instructor lead training, two of which are delivered in a virtual format via Microsoft Teams. Trauma, program specific information (CPS, foster care, adoption), forensic interviewing and MiSACWIS are covered in those two weeks. Program Specific Training will be delivered simultaneously with MiSACWIS and has been increased from two to five days. This will allow trainees more time to learn MiSACWIS in the training environment. Weeks six and eight will now be delivered virtually, reducing travel time for trainees. OWDT continues to explore hybrid opportunities to maximize resources and respond to the needs of the field.

The five field weeks consist of structured activities such as reviewing policy in conjunction with case practice, working in MiSACWIS, learning local office 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. In addition, Learning Labs have been created as part of the Bridge Plan to provide more support to trainees. This will allow trainees more one-on-one support regarding safety planning, completing assessments, critical thinking, adoption consent, subsidy, and case management organization skills. With the Bridge Plan, caseworkers and supervisors are required to attend a training orientation during week one. This is an opportunity to promote engagement and collaboration, while highlighting supportive resources offered by OWDT.

The Bridge Plan PSI Crosswalk below shows the integration of the current and new PSI format. New training elements in the third column are in bold type.

.**Week**	**Current Format**	**New Format- April 2021**
Week 1	**Field Implementation** During Field Implementation, trainees are required to complete field task and assignments that are designed to prepare them for the following week of training. Please see attached Field Logs.	
Mon	Field Implementation	Field Implementation
Tues.	Field Implementation	**Participate in Training Orientation. Trainer will send invitation link for Microsoft Teams to trainees and their managers.** **10am-12pm**
Wed-Fri	Field Implementation	Field Implementation
Week 2 Mon-Fri	Classroom Week	Classroom Week
Mon	Welcome to Child Welfare Practice/Executive Welcome	Welcome to Child Welfare Practice/Executive Welcome
Tues	Families at Risk Children at Risk	**Trauma Informed Child Welfare Practice** **Exploring Team Meetings**
Wed-Fri	Program Specific Training (Foster Care, CPS, Adoption meets separately)	**Program Specific Training w/MiSACWIS (Foster Care, CPS, Adoption meets separately)**
Week 3 Mon-Fri	Classroom Week	Classroom Week
Mon	Forensic Interviewing	Forensic Interviewing
Tues	Forensic Interviewing	Forensic Interviewing
Wed	MiSACWIS Program Specific	MiSACWIS Program Specific
Thurs	MiSACWIS Program Specific	MiSACWIS Program Specific
Fri	Phase I Exam Managing Yourself	Phase I Exam Managing Yourself
Week 4 Mon-Fri	Field Implementation	Field Implementation
Week 5 Mon-Fri	Field Implementation	Field Implementation
Mon	Field Implementation	Field Implementation
Tues	Field Implementation	**Report Writing Learning Lab (CPS, FC)** **Adoption Assessment**
Wed	Field Implementation	Field Implementation
Thurs	Field Implementation	**Report Writing Learning Lab (CPS, FC)**

		Adoption Assessment
Fri	Field Implementation	Field Implementation
Week 6 Mon-Fri	Classroom Week	Online Instruction (Via Microsoft Teams)
Mon	Trauma Informed Child Welfare Practice Exploring Team Meeting	**Trauma Informed Child Welfare Practice II** **Safety by Design**
Tues	Continuum of Care	Continuum of Care
Wed	Legal Critical Thinking	Legal Critical Thinking
Thurs	Medical ICWA	Medical ICWA
Fri	Family Engagement Assessment and Intervention	Family Engagement Assessment and Intervention
Week 7 Mon-Fri	Field Implementation	Field Implementation
Mon	Field Implementation	Field Implementation
Tues	Field Implementation	**Learning Lab: Critical Thinking** **Learning Lab: Consent and Subsidy (Adoption)**
Wed	Field Implementation	Implementation
Thurs	Field Implementation	**Learning Lab: How to stay organized.**
Fri	Field Implementation	Field Implementation
Week 8 Mon-Fri	Classroom Week	Online Instruction (Via Microsoft Teams)
Mon	Safety by Design Engaging with Our Customer	**Safety Planning) scenarios for practice: DV, Substance Abuse, Proactive/Reactive** Engaging with our Customer
Tues	Cultural Competence Communication	Cultural Competence Communication
Wed	Domestic Violence Petitions/Court Preparation	Domestic Violence Petitions/Court Preparation
Thurs	Mock Trial	Mock Trial
Fri	MiSACWIS Payment UAW (DHHS only) Phase II Exam	MiSACWIS Payment UAW (DHHS only) Phase II Exam
Week 9 Mon-Fri	Field Implementation	Field Implementation
Mon	Field Implementation	**Learning Lab: Safety, Risk, FANS/CANS Assessment**
Tues	Field Implementation	Field Implementation
Wed	Field Implementation	**Learning Lab: Safety Planning**

Thurs	Field Implementation	Field Implementation
Fri	Field Implementation	Field Implementation

During classroom weeks, trainees are trained on the application of the MiTEAM practice skills and are also provided feedback and coaching. Strong emphasis is placed on personal and child safety, family preservation, and the continuum of care. New workers are assisted in developing a trauma-informed lens that stresses the importance of the parent/child visitation process and helps to create networks of support.

During training, two scored exams are administered to trainees to evaluate knowledge. Trainees are required to pass both exams with at least 70 percent. In addition, a competency-based evaluation of the new worker is completed by the supervisor and trainer in partnership. 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 8 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 three of pre-service training and passing exam one, up to five cases may be assigned.
    - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall 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 mentors and peers.

Plan for Improvement

To maintain quality and monitor for continued improvement opportunities, OWDT will:

- Monitor the newly implemented PSI Bridge Plan for continuous quality improvement.
- Continue to offer 17 PSI classes per year to an unlimited number of new hires per institute.
- Continue offering regional in-service training weeks to the five BSCs.
- Continue to send level three surveys to first line supervisor three and 12 months after their staff have completed training.
- Continue to participate in the mentor workgroup to assist with developing a statewide mentoring program.
- Continue to participate in the assessment workgroup dedicated to enhancing risk assessments for CPS.
- Implement process to cross train child welfare trainers.
- Collaborate with university partners, private agencies, CSA, MDHHS field representatives, and other stakeholders.
- Implement the approved Bridge Plan to add different components to the PSI. The additions include a new hire/supervisor training orientation, additional MiSACWIS training, increased training on Trauma and Safety Planning, and targeted learning labs.

University Partnerships and Child Welfare Certificate Endorsement Program

MDHHS has collaborative relationships with 13 undergraduate and two graduate schools of social work. A certificate program was created to educate a pool of qualified applicants to fill child welfare positions statewide. This program exposes social work students to Michigan's 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.

A partnership with deans and directors from the schools of social work within universities across the state was established in November 2019 to initiate focus on enhancing Michigan child welfare recruitment, training, and retention. This committee met to discuss strengths and challenges of the child welfare system and review workforce models from different states to determine what a desired approach may look like in Michigan. Three workgroups were established in response to challenges identified from Michigan's child welfare workforce that include pre-hire/recruitment, pre-service training, and post-training support/mentoring. Each group was responsible for researching and drafting recommendations for the three focus areas. A steering committee combined recommendations into a comprehensive proposal for consideration. The following recommendations were approved:

- Contract for consultation and redesign of child welfare training curriculum.
- Designate CSA and OWDT Project Coordinator leads.
- Review existing list of CWC competencies.
- Develop and implement an onboarding program for new staff prior to initial worker training.
- Provide training to applicable audience regarding Job Fit Assessment.

- Allow for participants more than two hours from training site to participate virtually.
- Develop and implement a no-cost pilot mentoring program for interested counties.
- Based on shift to virtual training due to COVID-19, develop a proposal for ongoing in-person versus online/virtual-based training.

In November 2020, the universities that have child welfare programs joined a university consortium. The goals of the consortium are to advance child welfare practice in Michigan through effective education, training, and support of the child welfare workforce utilizing:

- Communication and staying informed about activities, events, and child welfare trends.
- Learning exchange for sharing resources for teaching, syllabi, innovations in the field, and recruitment.
- Opportunity development by creating joint/shared courses and developing initiatives with MDHHS and private agencies.
- Collaboration by responding to opportunities for advocacy and engagement in the policy process to strengthen child welfare.

Plan for Improvement

In 2022, OWDT will continue to collaborate with the university consortium in efforts to streamline and update the CWC endorsement. There are 150 child welfare training competencies that each university has agreed to teach in their social work program. A workgroup comprising MDHHS staff and consortium members will update and streamline the competencies to ensure they are relevant and meet the needs of incoming child welfare staff. The new CWC competencies will be built around high impact practices and subject matters that are relevant to modern social work needs. These CWC competencies will be used to help inform the PSI redesign work.

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. There is one day of MiSACWIS training.

In 2020, OWDT will offer the following learning labs for PSTT Trainees: Safety Planning, Safety and Risk Assessments, Consent and Subsidy, Critical Thinking, and Report Writing.

Initial Training for Supervisors

New supervisors who oversee any caseload carrying staff in CPS, foster care, unaccompanied refugee minors, supervised independent living, adoption, and foster care 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 and encompasses management competencies and program-specific skill development. MDHHS supervisors complete a classroom week learning State of Michigan human resources, performance management, and

labor relations. 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.

A Program Improvement Plan workgroup recommended that the child welfare topics week of NSI be offered to all existing child welfare supervisors who attended NSI prior to 2018. This week focuses on creating office culture and trauma informed supervision and has received positive feedback. A plan has been submitted to meet this request.

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. The supervisory control protocol portal has been added to CPS program specific training.

Plan for improvement

MDHHS will continue monitoring 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 send surveys to new employees' supervisors three and 12 months after training completion to evaluate learning over time.
- 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 learning management system. The system is updated from MiSACWIS, assuring that the training available to child welfare staff is aligned with their roles and responsibilities. In addition to registering for training and directly accessing online training, child welfare staff document completion of external training in the learning management system, resulting in a complete individual transcript reflecting all child welfare specific training completed.

The primary training audience is public and private child welfare caseworkers, supervisors, and those in specialized and supportive positions. Some of these positions include:

- Pathways to Potential success coaches
- Education planners
- Health liaison officers
- Child welfare funding specialists
- Foster home licensing specialists
- Maltreatment in care investigators
- Permanency resource monitors

Monitoring Initial Training Requirements
Initial training is monitored locally, as well as through a collaborative effort between the 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. These monitoring efforts will continue throughout 2022.

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 BSC, is offered regionally. In addition, OWDT staff offer over-the-shoulder support on basic case functions and responsibilities, and mentor guidance.

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.

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.
- The training office will continue to offer leadership development training and resources for first line supervisors.
- The training office will continue to develop resources specific to leadership competencies at all levels of staff and employees.
- OWDT is renewing a contract with the universities to deliver in-service training.

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 occurs with CSA to identify training topics.
- The BSC directors receive input from their counties and meet with training 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.
- Collaborate with the CSA Antiracism Transformation Team to identify training needs aimed at eliminating the disproportionality of children of color in care in Michigan's child welfare system.
- Ongoing training will be reviewed using a race equity lens.

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 help caseworkers provide appropriate and culturally sensitive services. Upon request, OWDT assists child welfare management in the development of office-wide DEI plans.

MDHHS has a new Office of Race Equity, Diversity, and Inclusion (REDI). OWDT has been an instrumental partner in the establishment and support of this office. The objective of the REDI is to support the department's efforts to operationalize equity.

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 supporting the strategic goals of the CSA Antiracism Transformation Team (CSA ARTT). 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.

The OWDT has a race equity team where ongoing dialogue and analyses of systemic racism occurs. This team developed a second three-year plan to support OWDT becoming an anti-racist, multicultural organization by valuing one another through diversity, equity, and inclusion. OWDT has an internal Diversity Equity and Inclusion team that will develop a DEI plan to support OWDT with inclusive practices.

Family Preservation Training
MDHHS continues to collaborate with external partners to create and provide additional training and resources. OWDT has developed a process to provide cross training for child welfare trainers. This would enhance the trainer's knowledge of continuum of care and become more well-rounded in all child welfare programs. Additional regional training will be offered to family preservation staff. These trainings include Trauma Screening Tool and Safety Planning.

Parent Resources for Information, Development, and Education (PRIDE) Training
MDHHS will continue collaboration with regional resource teams and Eastern Michigan University to implement the newly developed curriculum for Michigan foster and adoptive parents titled GROW; an acronym that includes the following goals:

- **G**row culturally responsive relationships.
- **R**ecognize children's developmental needs and the impact of trauma.
- **O**btain information and resources.
- **W**ork in partnership with families to support healthy relationships.

The new foster and adoptive parent training will aid in providing a more consistent and needs-centered training. MDHHS will train key staff to oversee the training program, including making adaptation in response to policy and practice changes:

- Train master curriculum trainers in each BSC.
- Oversee the statewide program implementation.
- Train-the-trainers throughout the state.

Leadership Development
In collaboration with the CSA, REDI and local offices, OWDT leadership 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 developing leadership competencies and expanding resources for front-line staff which will include access to leadership trainings from the reproducible library. Leadership assessment result workshops and training for first line supervisors, and in collaboration with Franklin Covey, curriculum for middle managers. In addition, a toolkit with resources including videos, articles and podcasts for directors is being developed.

OWDT Professional Development and Staff Preparedness
The OWDT recognizes the importance of training staff being up-to-date on policy as well as having a robust knowledge of training development, delivery, and facilitation skills.

All training staff are required to complete 16 hours of training per year in the areas of race equity, leadership, and performance excellence. Training staff have dedicated funds available 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 three-year curriculum path which ensures that they receive attend trainings that are current and relevant to training facilitation and delivery, including our core class internal "Training by Design" and "Objective Writing Workshop" courses. New trainers are provided with onboarding which includes reviewing the trainer expectation guide to assist them with classroom preparedness.

Child welfare training staff remain current on child welfare issues and policy updates through regular professional development:

- All OWDT staff attend the 2.5-day workshop "Understanding and Analyzing Systemic Racism."
- The OWDT race equity team is working on how 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 discusses personal bias and checking bias before making a report of child abuse or neglect.
- Each year, training staff are required to complete the following online trainings:
    - Systemic Racism
    - Introduction to Health Equity
- The OWDT staff participate in the MDHHS policy review process.
- OWDT cross trains child welfare trainers across the continuum of care.
- Training staff participate on committees and serve as liaisons to various programs to stay current on child welfare practice. Some examples include:
    - University Consortium
    - MiSACWIS
    - CPS Advisory
    - Legal Affairs
- Classroom observations and trainee evaluations are used to provide timely feedback to trainers.
- Bi-monthly meetings occur with CSA program office to share information on current and upcoming policy and practice changes.
- Division and unit meetings occur for incorporation of policy changes into current curriculum and development of additional trainings.
- Learning Labs on using Microsoft Teams, PowerPoint and other software and technologies are provided quarterly.

Plan for improvement

- OWDT began certification for staff. Several staff are certified to train Franklin Covey courses, specifically, "Unconscious Bias: Understanding Bias to Unleash Potential, and Emotional Intelligence."
- An application process is being developed for OWDT staff to apply to attend Bob Pike courses to achieve certification for training development or delivery.