



**Department of Human Services**

**State of Michigan  
Child and Family Services Plan  
2015 - 2019**

**Strengthening Our Focus on Children and  
Families**

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

**June 2014**

Michigan Department of Human Services  
Child and Family Services Plan 2015 - 2019

CONTENTS

GENERAL INFORMATION .....	4
INTRODUCTION.....	5
COLLABORATION.....	6
PERFORMANCE-BASED FUNDING .....	10
SAFETY.....	11
PERMANENCY .....	13
WELL-BEING .....	16
SYSTEMIC FACTORS.....	21
INFORMATION SYSTEM.....	22
CASE REVIEW SYSTEM.....	23
QUALITY ASSURANCE SYSTEM .....	24
STAFF TRAINING.....	28
SERVICE ARRAY .....	29
AGENCY RESPONSIVENESS TO THE COMMUNITY .....	33
FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION.....	35
CHILD AND FAMILY SERVICES CONTINUUM.....	36
SERVICE COORDINATION.....	38
SERVICE DESCRIPTION - TITLE IV-B(2) AND COMMUNITY-BASED SERVICES .....	40
SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES .....	44
POPULATIONS AT THE GREATEST RISK OF MALTREATMENT .....	44
SERVICES FOR CHILDREN AGE FIVE AND UNDER .....	45
SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES.....	47
CONSULTATION AND COORDINATION WITH TRIBES .....	48
CHAFEE FOSTER CARE INDEPENDENCE PROGRAM.....	53

Michigan Department of Human Services  
Child and Family Services Plan 2015 - 2019

EDUCATION AND TRAINING VOUCHERS PROGRAM..... 60

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR VISITS ..... 61

ADOPTION INCENTIVE PAYMENTS ..... 63

CHILD WELFARE WAIVER DEMONSTRATION PROJECT ..... 63

Child and Family Services Plan 2015 – 2019 Attachments

Assurances and Certifications.....Attachment A

DHS Organizational Chart ..... Attachment B

Child and Family Services Plan Goals and Objectives (matrix) ..... Attachment C

Indian Child Welfare and Tribal Directories.....Attachment D

DHS Targeted Plans

1. Foster and Adoptive Parent Diligent Recruitment Plan ..... Attachment E
2. Health Care Oversight and Coordination Plan ..... Attachment F
3. Child Welfare Disaster Plan.....Attachment G
4. DHS Training Plan.....Attachment H
  - a. Additional DHS Training ..... Attachment I
  - b. Office of Workforce Development and Training Matrix.....Attachment J

## GENERAL INFORMATION

The Michigan Department of Human Services (DHS) is the state agency that administers Child Abuse Prevention and Treatment Act and Title IV-B(1) and (2) Stephanie Tubbs Jones child welfare services programs; the Promoting Safe and Stable Families and monthly Caseworker Visit Grant programs; and the Chafee Foster Care Independence and Education and Training Voucher programs. DHS' Division of Continuous Quality Improvement is responsible for the development and administration of the Child and Family Services Plan.

### **DHS Vision**

Compassion. Protection. Independence.

### **DHS Mission**

Improving the quality of life in Michigan by providing services to vulnerable children and adults that will strengthen the community and enable families and individuals to move toward independence.

### **Child Welfare Vision**

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

### **Child Welfare Mission**

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

### **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.
- 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.
- Services will be tailored to families and children to meet their unique needs.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Child welfare professionals will be supported through ongoing 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.

### INTRODUCTION

**B**ackground: Since 2008, Michigan has operated under a consent decree, resulting from a class-action lawsuit by Children’s Rights, Inc. In 2011, the state successfully renegotiated a court-approved modified settlement agreement. In 2012, DHS, in consultation with the Center for the Support of Families, determined that a modified approach to child welfare was necessary. With input from public and private child welfare workers, managers and leaders, a framework was established that aligned critical system domains. In 2013, DHS extended its collaborative efforts with Center for the Support of Families and established strategies to implement long-term, systemic reforms in Michigan’s child welfare system. Those strategies, commonly referred to as Strengthening Our Focus on Children and Families in Michigan, include three primary components. These are described in detail throughout this document:

- MiTEAM practice model.
- Continuous quality improvement approach.
- Performance-based funding.

Strengthening Our Focus on Children and Families demonstrates Michigan’s establishment and operation of a foundation for child welfare services implemented with fidelity to the MiTEAM practice model. Systemic improvements to support the reforms are integrated and implementation will allow evaluation and adjustment as needed. As of June 2014, initial implementation of the planned strategies has occurred.

This five-year Child and Family Services Plan 2015 – 2019 sets out Michigan’s comprehensive plan for improving child welfare services. The required additional documentation and targeted plans are listed below:

- Assurances and Certifications are included as Attachment A.
- The DHS organizational chart is included as Attachment B.
- Michigan’s goals and objectives for 2015 through 2019 are described in this narrative report. Corresponding measures and benchmarks for each outcome can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.
- Michigan’s Indian Child Welfare and Tribal directories are included as Attachment D.
- Michigan’s targeted plans are included in the following attachments:
  - Foster and Adoptive Parent Diligent Recruitment Plan, Attachment E.
  - Health Care Oversight and Coordination Plan, Attachment F.
  - Child Welfare Disaster Plan, Attachment G.
  - DHS Training Plan, Attachment H.

## COLLABORATION

Michigan's child welfare implementation plan provides a structure for addressing federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of DHS. Michigan's second round Child and Family Services Review began with a statewide self-assessment in 2009 that used a variety of methods including focus groups, surveys and work groups to assess the state's performance on critical practice and system factors. This assisted in the creation of a performance improvement plan that guided efforts through 2012. In 2013, Michigan completed the Child and Family Services Review program improvement plan successfully with the exception of one measure, which the state continues to address. Collaborative assessment, planning and coordination are central to this structure, which flows from the state to the county levels.

In the Child and Family Services Plan, DHS' child welfare goals are based on the successful functioning of a continuous quality improvement process that measures and analyzes progress systematically. The plan relies on collaboration with public and private stakeholders, including national and state government groups, courts, universities, private agencies, children and families, and the public. In addition to the federal, state and local collaboration described in the next section, specific examples of collaboration are included in the respective plans for improvement in the Child and Family Services Review outcomes and systemic factors addressed in this document.

DHS has aligned leadership activities by developing a Strengthening Our Focus Advisory Council, which oversees state and county-level activities and facilitates their coordination. The Strengthening Our Focus Advisory Council is chaired by the DHS Children's Services Administration director and is comprised of senior staff from DHS. The Strengthening Our Focus Advisory Council, through its co-chairs, directs activities of the following sub-teams:

- Permanency.
- Safety.
- Well-being.
- Placement.
- Training.
- Caseloads and staffing.
- MiTEAM/Continuous Quality Improvement.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).
- Resource development.
- Communications.

The Strengthening Our Focus Advisory Council convenes regularly to address sub-team recommendations and eliminate barriers, monitor activities and progress and ensure regular status reports are available.

Sub-teams address current issues and are modified as the department's concerns change. The team structure allows the department to address emerging issues in a coordinated and dynamic manner. Sub-teams convene regularly to develop recommendations, monitor activities and progress and ensure regular status reports are generated. Sub-teams are responsible to reach out to stakeholders, other sub-teams and resources to ensure collaboration at state and local levels.

Coordination of work across teams is essential. A coordinator for the Strengthening Our Focus Advisory Council and sub-teams ensures that assignments and activities requiring attention across sub-teams are carried out effectively. The Strengthening Our Focus Advisory Council focuses on high-level organizational and cross-system needs, rather than time-limited deliverables.

### **State Sub-Teams**

Representation on state sub-teams may vary over time, depending on the responsibilities assigned to the team. The sub-teams are responsible to develop and monitor the implementation and oversight of the plans and strategies outlined below.

- **Permanency.** This sub-team addresses federal permanency outcomes and key performance indicators of timely permanency including adoption, timely and thorough case plans, children's visits with their parents and discharge planning for children aging out of foster care. It addresses visits between workers and children and/or parents and among siblings separated in foster care.
- **Safety.** The safety sub-team focuses on federal safety outcomes and key performance indicators related to timely initiation of investigations, face-to-face contact with children in investigations and caseworker visits with children in foster care.
- **Well-being.** The well-being sub-team addresses the use of psychotropic medications for children in foster care and the provision of timely medical, dental, and mental health examinations and treatment and other child and family well-being issues.
- **Placement.** The placement sub-team is responsible for the key performance indicators on placement of children in unlicensed homes, foster parent and relative licensing and placement exceptions.
- **Training.** The training sub-team addresses supervisory training and mentoring and licensing workers' qualifications and training.
- **Caseloads.** The caseload sub-team focuses on caseloads of supervisors, Children's Protective Services (CPS), foster care, adoption, licensing and private agency caseworkers.
- **MiTEAM/Continuous Quality Improvement.** This sub-team addresses the expansion of MiTEAM and the implementation of the model statewide, and monitoring the state-level continuous quality improvement plan. This sub-team is a resource for local sub-teams to ensure fidelity to the model and implementation. The sub-team is responsible for baseline review of counties in the initial implementation phase of MiTEAM and planning reviews as successive counties fully implement the model.

- **MiSACWIS.** The MiSACWIS sub-team monitors the implementation of the electronic case management system and ensures activities and practice are consistent with MiTEAM and continuous quality improvement processes.
- **Resource development.** This sub-team addresses the performance-based funding model and developing the resources needed to implement MiTEAM effectively.
- **Communications.** The communications sub-team facilitates messaging about implementation plans and activities within DHS and among external stakeholders whose engagement is essential to effective implementation.

### **County Implementation Teams**

County implementation teams, when developed, are expected to guide community implementation efforts, address barriers and ensure fidelity to the MiTEAM and continuous quality improvement models in the field.

Collaboration is crucial to effective county implementation teams. Each county implementation team includes sub-teams that address issues such as continuous quality improvement, data collection and analysis, MiTEAM implementation and other initiatives. Although some sub-teams are standard for all counties, there is flexibility to create sub-teams to address issues of particular interest or concern locally. County implementation teams initially are chaired by the county DHS director and include:

- Supervisory and front-line staff.
- County staff with continuous quality improvement responsibilities.
- MiTEAM peer coaches.
- Private agency service providers.
- Representatives of public agencies, such as mental health, health, education, etc.
- Judges and legal representatives.
- Foster parents and relative caregivers.
- Chairs of the county sub-teams.

The number, focus and participants of county sub-teams are subject to county discretion, with the exception of the MiTEAM/Continuous Quality Improvement and data collection and analysis sub-teams. Members of the MiTEAM/Continuous Quality Improvement and data collection and analysis sub-teams must agree to participate in regular case reviews and the review of data related to agency performance.

### **Roles and Responsibilities of the County Implementation Team and Sub-Teams**

County implementation teams are charged with:

- Developing and monitoring county implementation plans.
- Reviewing and acting upon regular progress reports.

The key task of each county implementation team is the completion of the county implementation plan. A template for county implementation plans assists the county teams to identify key issues. The county implementation team and sub-teams use the county plan and



activity matrix to identify, track and update work plans and progress. Major initiatives and activities already underway are included and integrated with the county implementation plan.

County sub-teams report regularly to the Strengthening Our Focus Advisory Council and sub-teams on issues within their scope of responsibility. With this information, state MiTEAM/Continuous Quality Improvement sub-teams report the status of continuous quality improvement activities in local communities and at the state level. Ensuring that private agencies serving a county are involved in the development of implementation goals and strategies is essential to gain their perspective, promote engagement and avoid adaptive challenges. Following are the county-led sub-teams and their respective responsibilities:

- **Continuous Quality Improvement sub-team:** This sub-team is responsible to develop and monitor the implementation of the continuous quality improvement processes within the county and link local activities with MiTEAM implementation. The continuous quality improvement sub-team engages in ongoing county case reviews and debriefings to identify practice strengths and needs. This sub-team collaborates with the state MiTEAM/Continuous Quality Improvement sub-team in a baseline review of the county's status as it begins the implementation phase and in subsequent reviews.
- **MiTEAM sub-team:** This sub-team is responsible to develop and monitor the implementation of the MiTEAM expanded practice model within the county and integrate implementation activities with continuous quality improvement, ensuring fidelity of casework activities with the MiTEAM practice model.
- **Data collection and analysis sub-team:** This sub-team reviews and evaluates data reports of progress in the county toward improving outcomes for children and families, examining progress toward the key performance indicators, Child and Family Services Review/modified settlement agreement outcomes and other practice-related indicators. This team will provide analysis of data and other information to sub-teams and the county implementation teams.

The implementation of practice model activities, including training, coaching and continuous quality improvement activities, is highly coordinated for maximum effectiveness. Ongoing consultation with the Center for the Support of Families in the rollout of the MiTEAM enhancement is ensuring these new processes become standard practice. Examples of coordinating activities at the county level include:

- Facilitating the development of local implementation plans.
- Scheduling and convening county implementation team and sub-team meetings.
- Ensuring that issues needing attention are routed to the correct teams for action.
- Monitoring and tracking progress on activities in the county implementation plan.
- Monitoring and tracking training, and coaching the practice model to ensure all staff receive training and coaching.
- Monitoring the implementation of continuous quality improvement activities in case reviews, engagement of external stakeholders and distribution of reports.
- Collection, review and distribution of reports generated by teams.
- Facilitating inter-team communication and sharing information on work underway.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Facilitating evaluation of the teaming and planning structures.
- Coordinating efforts among sub-teams and the county implementation team.

County teams track the implementation progress locally and evaluate the effectiveness of implementation activities. They may do this by:

- Regularly reviewing data and other information about factors affecting progress, such as adequacy of training, coaching or the pace of implementation.
- Conducting surveys with staff to determine their state of readiness and identify implementation challenges and successes.
- Reviewing supportive functions, such as caseload/staffing levels, quality of supervision, community support, engagement and available resources.

### PERFORMANCE-BASED FUNDING

The third essential component, in addition to the MiTEAM case practice model and a continuous quality improvement approach, is the performance-based funding of child welfare services to ensure child welfare reform is integrated with business practices.

Performance-based funding will shift the existing child welfare system in Michigan from:

- A purchase of service system to a pay for performance system to achieve the outcomes of safety, permanency and well-being for the children served.
- A number of different independent funding streams for child welfare to an integrated rate that maximizes other sources of funding for services for vulnerable children and families.
- A somewhat subjective rate-setting process to a rigorously established, actuarial-based rate.
- A system that does not measure specific and complex outcomes and performance indicators to one that does.
- A system that doesn't provide clearly articulated roles, responsibilities and outcomes for public and private agencies to one that does.
- A system that doesn't fully integrate its practice model, continuous quality improvement processes and performance measures to one that does.

Like the MiTEAM enhancement and continuous quality improvement approach, performance-based funding is being implemented in phases.

- Implementation will begin with an intensive planning year in Kent County from October 1, 2014 to September 30, 2015, which will include an assessment of children currently in the child welfare system to understand distribution of cases from the perspective of case complexity.
- The first performance-based funding contracts will be in place beginning on October 1, 2015 with the private agencies that were competitively selected through the request for proposal process in these counties.

Public and private child welfare agency successes will be measured using validated data and information from the state's MiSACWIS system and other methods. An independent, third-party evaluator will monitor the development and implementation of the funding model.

## SAFETY

Michigan's focus remains on improving child safety, reducing the likelihood of children being abused or neglected in out-of-home care and reducing the recurrence of maltreatment. Strategies will be evaluated and linked to measurable deliverables to demonstrate their effectiveness.

Michigan will ensure that placements, whether with relatives or licensed providers, are safe and in the best interest of the child. Evaluation of a home for placement must consider possible risk factors and assessment of the needs of the child and the capacity of the provider. Safety and risk factors are evaluated on an ongoing basis, not simply at certain points in time.

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

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

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

From the executive level to frontline workers, there has been a sustained effort to improve assessment and planning to increase child safety. In the past year, Michigan reviewed practices in other states and available research to identify effective strategies that improve child safety and reduce recurrence of abuse and neglect.

Over the past year, the department worked to clearly articulate policy requirements and created effective tools to assess initial placement decisions and maintain existing placements. Tools and policies will be reassessed and revalidated to ensure they accurately address risk and safety in placements.

### **Safety - Plan for Improvement**

DHS has implemented a safety initiative to improve child safety and well-being, ensuring that children are protected from abuse and neglect and safely maintained in their homes whenever possible.

**Goal 1:** DHS will reduce maltreatment of children in foster care.

**Objective:** Increase the rate of Absence of Maltreatment in Care.

DHS will address maltreatment in care through the following:

Michigan Department of Human Services  
Child and Family Services Plan 2015 - 2019

- Using the placement consortium to improve placement assessments and decision-making.
- Collaboration with Casey Family Programs and the National Council on Crime and Delinquency to determine methods to improve the safety of children in foster and relative placements.
- Ongoing research and planning through the Strengthening Our Focus Advisory Council and the placement sub-team. These teams will ensure ongoing review of existing practices, training and interventions to improve placement decision-making.
- Providing comprehensive safety assessment and planning training for children's services staff. These trainings will provide staff with the ability to gauge immediate safety concerns and how to plan for safety and prevent maltreatment. Training will be expanded to regional business service centers in 2014.

**Goal 2:** DHS will reduce the rate of repeat maltreatment of children.

**Objective:** Increase the rate of Absence of Repeat Maltreatment.

DHS will address recurrence of maltreatment through the following:

- Using predictive analytics to identify risk factors linked with potential abuse and continuous quality improvement methods to reduce the likelihood of maltreatment in care and repeat maltreatment. This assessment model is based on the Eckerd Model used in Hillsborough County, Florida.
- Providing comprehensive safety assessment and planning for children's services staff focusing on safety. These trainings will provide staff with the ability to gauge immediate safety concerns and how to plan for safety and prevent the likelihood of maltreatment. Training will be expanded to regional trainings in the business service centers in 2014.
- Provide comprehensive threatened harm training for CPS staff to ensure workers comprehend and apply threatened harm policy correctly. Training will be provided in an expanded model in 2014.
- Using pilot programs to assess and address child safety and reduce risk, including programs such as:
  - The Signs of Safety program now being launched in Calhoun and Wayne counties.
  - Protect MiFamily, the Title IV-E waiver project focused on reducing the likelihood of maltreatment or repeat maltreatment, even in the absence of an ongoing CPS case. Currently, Protect MiFamily is active in three counties, and may be expanded to additional counties in 2015.

Other interventions will be assessed and implemented if they appear to be effective at reducing recurrence of abuse and neglect. Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

## PERMANENCY

Michigan's foster care and adoption programs serve children who are temporary court wards or permanent state wards judicially ordered under the supervision of DHS. The goal is to provide a safe and stable home until the children can be returned home, adopted or placed in another permanent living arrangement. Permanency goals are developed through federal Child and Family Services Review outcome standards and scores are expressed through formulas that combine percentages and national rankings.

### **Permanency 1 - Assessment of Performance**

Permanency Outcome 1: Children have permanency and stability in their living situations.

Michigan's analysis of the Child and Family Services Review outcomes for Permanency Outcome 1 (Composites 1 - 4) is provided to assess progress.

Permanency Composite 1: Timeliness and Permanency of Reunification.

- Michigan's overall performance continues to improve. In 2013, the performance was 122.3 compared to 116.6 in 2012. Michigan is .3 percent from meeting the standard.
- Michigan has shown improvements over the last three years in the following measures: Exits to Reunification in less than 12 months increased 4.7 percent, Exits to Reunification median stay decreased 1.1 months and Entry Cohort Reunification in less than 12 months increased 2.1 percent between 2012 and 2013.
- Michigan exceeds the national standard on Re-entries to Foster Care in less than 12 months. Although children may remain in foster care for longer periods of time, when children are returned home they have a very low rate of re-entry. Michigan's re-entry rate hovers around 3 to 3.5 percent, which is 11.5 percent lower than the national median.

Permanency Composite 2: Timeliness of Adoption.

- Timeliness of adoptions continues to be a strength for Michigan. Overall performance is 35.3 points above the standard.
- Michigan exceeds the 75th percentile in timeliness of adoptions of children discharged from foster care; progress towards adoption for children in foster care for 17 months or longer; and progress toward adoption of children who are legally free for adoption.

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time.

- Michigan exceeds the national standard for achieving permanency for children in care for long periods of time. Overall performance is 20.2 points above the standard. Achieving permanency for children and youth in care for long periods of time continues to be a strength for Michigan.

Permanency Composite 4: Placement Stability.

- Michigan's overall performance continues to exceed the standard for Composite 4. Overall performance is 6.3 points above the national standard.

- Michigan continues to exceed the 75<sup>th</sup> percentile for the following measures:
  - Two or fewer placement settings for children in care for less than 12 months, and two or fewer placement settings for children in care for 12 to 24 months.
  - Two or fewer placements setting for children in care 24+ months continues to exceed the 75th percentile.

### **Permanency 1 - Plan for Improvement**

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

#### **Objectives:**

- Increase the percentage of children reunified with their family in less than 12 months.
- Decrease the median length of time to reunification.
- Maintain or continue to exceed the national standard for timely adoptions.

Michigan is implementing strategies to strengthen focus on children and families. The primary strategy includes the continued implementation of a cohesive and comprehensive model for family-centered practice. Enhanced family engagement through MiTEAM will occur in the following ways:

- Family members will be actively involved in case decision-making and service participation from removal through achievement of permanent and safe homes for children.
- Family members will be considered an important resource for ensuring safety for children at risk of removal.
- Family members will be the first placement considered if removal is necessary.
- Skills such as teamwork, safety and risk assessment and mentoring will be offered and modeled for families through the life of the case to ensure permanent change.

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 with a fit and willing relative. The following action steps are being implemented to address and strengthen permanency outcomes:

- Permanency resource monitors focus on finding permanency for children in foster care for long periods.
- Permanency forums are institutionalized to provide updates and promote solutions.
- DHS participates in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- The Permanency Options Work Group will continue to identify barriers to permanency and work to eliminate them over the next five years.
- Adoption resource consultant services will continue.
- The Adoption Oversight Committee provides policy recommendations to improve permanency through adoption.

- Contracting for foster care and adoption navigator services will continue. Navigators provide support and assistance to families interested in pursuing foster home licensure or adoption.
- Collaborating will continue with the Michigan Adoption Resource Exchange. The exchange produces recruitment brochures, maintains a web-site, assists with adoption recruitment and produces newsletters for professionals, parents and children.
- Contracting for post-adoption services will continue.

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

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Modified Child and Family Services Reviews completed by the Division of Continuous Quality Improvement and data from the child welfare case management system are used to assess and track progress for Permanency Outcome 2. Michigan demonstrates strength in placing children in close proximity to the child's home, placing children with relatives when possible and maintaining sibling relationships.

- 95 percent of children in out-of-home care are placed within 75 miles of their home.
- 35 percent of children placed in out-of-home care are placed with relatives.
- Modified Child and Family Services Reviews completed in 2013 demonstrated that 88 percent of applicable cases for sibling visitation or contacts were of sufficient frequency to maintain and promote sibling relationships.

Michigan's performance in ensuring visitation between a child in foster care and his or her mother and father is of sufficient frequency and quality to promote continuity in the child's relationship is an area needing improvement.

- In 2013, 47 percent of mothers had at least two face-to-face contacts with their child per month and 31 percent of fathers had at least two face-to-face contacts per month.

Michigan has identified limitations in the data reports used to track this area and it is likely that the data above does not represent the full picture of the state's achievement because it does not include reasonable exceptions when parent-child visits may occur less frequently than once each week. This includes cases where the court has ordered a suspension of parent-child visits or when a parent resides out of state or is incarcerated. When case reviews assess performance, the data demonstrates a substantially higher level of compliance.

### **Permanency 2 - Plan for improvement**

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

**Objective:** Children will have visits with their mother and father a minimum of once weekly.

In addition to the implementation of the MiTEAM model, community involvement and partnership with the courts, universities, private providers and child welfare advocates is essential to maintaining and preserving family relationships and the child's connections. The

following action steps are being implemented to address and strengthen permanency outcomes:

- Identifying strategies that allow increasing the quality and frequency of parent-child contacts while preserving safety of children.
- Expanding supportive visitation services.
- Strengthening policy to encourage increasing the number of parent-child visits when appropriate. Piloting the integration of trauma-informed practice in Genesee, Lenawee, Mecosta, Osceola and Kalamazoo counties to address factors that may limit the quality of engagement with children and families.
- Revising program standards to require evidence-based, evidence-informed or promising practices.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

## WELL-BEING

**W**ell-being includes the factors that ensure children's needs are assessed and services targeted to meet their needs in the areas of physical and mental health and education.

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

Well-being Outcome 1: Families will have enhanced capacity to provide for their children's needs.

Modified Child and Family Services Reviews completed by the Division of Continuous Quality Improvement and data from the child welfare case management system are used to assess and track progress for Well-Being Outcome 1.

Areas of strength include:

- Needs and services of child and foster parents:
  - Ninety-seven percent of children had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.
  - Ninety-two percent of foster parents had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.
- Child and family involvement in case planning:
  - Eighty-two percent of cases demonstrated that efforts were made to involve parents and children in the case planning process on an ongoing basis.
- Caseworker visits with children:



- Michigan exceeded the federal goal of 90 percent, completing 94.7 percent of children having a visit with their caseworker a minimum of once each month. Eighty-eight percent of those visits took place in the child's residence.

**Areas Needing Improvement:**

- Caseworker visits with the parents:
  - Of applicable cases reviewed in 2013, 72 percent of caseworkers had visits with parents of sufficient quality and frequency to address issues pertaining to safety, permanency and well-being and promote achievement of case goals.
- Needs and services for parents:
  - Of applicable cases reviewed in 2013, 75 percent of parents had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.

**Well-Being 1 - Plan for Improvement**

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

**Objectives:**

- Caseworkers will visit with parents at least one time per month to address issues pertaining to safety, permanency and well-being and promote achievement of case goals.
- Caseworkers will engage with parents to identify their strengths and develop strategies to increase protective factors.
- Caseworkers will assess the need of parents initially and on an ongoing basis to identify the services necessary to achieve case goals.
- Caseworkers will involve the child and family in case planning.

The MiTEAM model is based on the belief that all children deserve to be safe from harm, raised in loving, committed families, and provided support and assistance as needed. MiTEAM builds on recent research showing that traumatic stress can have serious physiological, psychological and relationship consequences for child and youth development.

MiTEAM links the organizational values of DHS to interventions and activities that all children and families should experience, such as:

- Comprehensive assessments of their strengths.
- Meaningful involvement in case planning.
- Effective services tailored to their strengths and needs.

**Well-Being 2 - Assessment of Performance**

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

DHS is committed to ensuring every child in foster care receives appropriate services to meet their educational needs. To promote successful educational outcomes when children are placed in out-of-home care, foster care policy requires:

- Children entering foster care or changing foster care placements continue their education in their schools of origin whenever possible and if in their best interest.
- When making best interest decisions for a child, collaboration is necessary among the caseworker, the school staff, the child's parents and the child.
- Children are eligible to receive transportation from the new placement to the school for the six-month period allotted in the McKinney-Vento Act guidelines.
- School-aged foster children must be registered and attending school within five days of initial placement or any placement change, including while placed in child-caring institutions and emergency placements.
- All educational information and related tasks, activities and contacts must be documented in the case service plan.
- To support these requirements, child welfare specialists are trained in education policy in the pre-service training institute and program-specific transfer training.
- DHS education planners provide an array of educational supports to youth age 14 and older referred due to a specific educational need.

To assess educational outcomes for children in foster care and ensure children receive an education appropriate to their needs, accurate and timely educational data on children in foster care is needed. Michigan's statewide information system historically has not had the capacity to provide accurate data on children's educational needs and services and MiSACWIS does not currently provide sufficient detail. DHS is researching ways to track the assessment and provision of educational services for children in foster care.

### **Well-Being 2 - Plan for Improvement**

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

#### **Objectives:**

- School-aged children will be registered and attending school within five days of initial placement or any placement change.
- 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.
- DHS will identify options for gathering data related to enrollment and educational services provided to children in foster care.

Strategies DHS will use include:

- Collaboration among the Department of Education and DHS implementing McKinney-Vento legislation and the Uninterrupted Scholars Act.

- DHS will explore a data-sharing agreement with the Department of Education to provide information on enrollment; educational services provided to children in foster care; and to share historical and current information about youth in foster care.

### **Well-Being 3 - Assessment of Performance**

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

#### **Physical Health**

DHS is committed to ensuring every child in foster care receives the preventive and primary health care necessary to meet his or her physical, emotional and developmental needs. Data currently shows that 75.4 percent of children receive an initial physical examination within 30 days of entry into foster care. 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 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 foster child between the ages of 3 through 20 years must receive annual medical examinations.
- Every foster child under 3 years must receive more frequent medical examinations as outlined in the Early and Periodic Screening, Diagnosis and Treatment program.
- Every child under 3 years listed as a victim in a substantiated abuse or neglect report will be referred to Early On for assessment and service provision.
- Every child who re-enters foster care after case closure must receive a full medical examination within 30 days of placement and ongoing examinations.
- Every child in foster care must have a medical home. Whenever possible, the child's existing medical provider will remain the medical home. When not possible, all efforts should be made to ensure continuity between the former and the new medical home.
- The foster care worker is responsible for ensuring adherence to all recommended follow-up health care.
- The foster care worker is responsible to complete the medical passport that documents ongoing medical and mental health care and ensure that the medical passport is shared with all medical and mental health providers.
- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for emotional/behavioral needs.
- Medical providers and legal guardians must engage in informed consent for all psychotropic medications prescribed to children in foster care and document it.

#### **Mental Health**

DHS is committed to ensuring children receive timely mental health screenings; however, data indicates that only 53.8 percent of children are receiving these screenings. DHS is committed to improving the rate of mental health screenings of children and ensuring more accurate data entry. Children in foster care receive mental health screening as part of the well-child exam, as

required by the Early Periodic Screening, Diagnosis and Treatment Program. Michigan Medicaid Provider policy requires that a standardized, normed, evidence-based tool be used for the mental health screening for children in foster care. DHS uses the Pediatric Symptom Checklist, a non-proprietary screening tool for children from age 6 to 16. The screening tool was disseminated to local DHS offices and private agency foster care organizations. The data shows that this screening is not always completed as part of the initial medical exam.

Medical providers express concern regarding the amount of time it takes to conduct the screening and score and interpret the tools. The policy is seen as being at odds with the Early Periodic Screening, Diagnostic and Treatment Program's recommendations that indicate a psychosocial/behavior assessment can be achieved through surveillance (i.e., informal observation and questioning, with additional steps if concerns are raised).

### **Well-Being 3 - Plan for Improvement**

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

#### **Objectives:**

- Children entering foster care will receive an initial physical examination within 30 days of entry.
- Children entering foster care will receive a mental health screening within 30 days of entry.

Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.

#### **Initial Physical Examination**

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

- Twenty-three health liaison officers focus on system barriers.
- A brochure "Guideline for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services" is sent to newly-licensed foster parents and relative providers at the time of placement to give families a clear understanding of health care requirements for children in care.
- DHS will meet quarterly with medical providers from the Michigan Chapter of the American Academy of Pediatrics, the Michigan Academy of Family Physicians, the Michigan Primary Care Association and the Department of Community Health to discuss barriers to meeting the requirements of Medicaid policy.
- The DHS medical consultant will work with the Office of Workforce Development and Training to develop a webinar that outlines requirements for addressing the health needs of children in foster care, including timely initial medical examinations.
- The DHS child welfare medical unit will continue to work with field operations to provide technical assistance in the implementation of the mental health screening tools.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Quarterly meetings will be held among the medical provider groups and departments to address barriers.

### **Mental Health**

The Pediatric Symptom Checklist, a non-proprietary screening tool for children from age 6 to 16 will be integrated in the MiTEAM model and it includes expectations that each local office develop a training and implementation plan with the following elements:

- Staff will know how and where to access screening tools.
- Staff will engage families prior to family team meetings to request the tools be completed in the comprehensive medical examination visits.
- Staff will engage families in family team meetings to complete the screening tools.
- DHS offices will develop a local plan to ensure the completed tools are forwarded to the primary care provider so that they can be scored, interpreted and integrated into treatment planning.

### **Informed Consent Process**

- To improve the oversight of psychotropic medication for children in foster care, DHS is establishing a foster care psychotropic medication oversight unit. The unit will consist of child welfare medical unit staff and additional staff hired through an interagency agreement with the Michigan Department of Community Health.
- The DHS medical consultant will work with the Office of Workforce Development and Training to develop a webinar that outlines the requirements pertaining to the health needs of children in foster care, including mental health screening.
- To encourage the use of the Psychotropic Medication Informed Consent form, the medical consultant developed training on the informed consent process and practice in engaging children, families and medical providers. A webinar is under development that will be incorporated in training for child welfare workers.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

## **SYSTEMIC FACTORS**

**D**HS set goals and objectives for improvement with yearly benchmarks for the following Child and Family Services Review systemic factors:

- Information system.
- Case review system.
- Quality assurance system.
- Staff training.
- Service array.
- Agency responsiveness to the community.

## INFORMATION SYSTEM

The Michigan Statewide Automated Child Welfare Information System (MiSACWIS) is the state's child welfare information system.

### Information System - Assessment of Performance

Michigan implemented MiSACWIS statewide on April 30, 2014. It replaced the Services Worker Support System and is the single, statewide case management system for child welfare in Michigan. DHS and contracted private agency staff use MiSACWIS to document case activities. Child-caring institution staff will also use MiSACWIS to validate payments. The MiSACWIS project has a robust training team, including MiSACWIS staff, the design, development and implementation vendor and the Office of Workforce Development and Training.

### Information System - Plan for Improvement

**Goal 1:** MiSACWIS will be compliant with federal requirements for statewide automated child welfare information systems.

#### Objectives:

- DHS will submit the Adoption and Foster Care Analysis Reporting System file to the Children's Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element.
- DHS will submit the National Child Abuse and Neglect Data System file to the Children's Bureau annually and ensure the file contains less than 10 percent errors for each data element.

DHS will take the following actions:

- Submit the advanced planning document to the Administration for Children and Families to receive federal funding for system enhancements and maintenance.
- Participate in the required Administration for Children and Families visit to evaluate MiSACWIS and determine the necessary steps for federal statewide automated child welfare information system (SACWIS) compliance.
- Engage the courts and the tribes to determine their interest in using MiSACWIS.
- Submit the SACWIS compliance document to the Administration for Children and Families in early 2015 and request a formal review.
- Utilize the MiSACWIS system to track progress toward child welfare goals.

**Goal 2:** The DHS MiSACWIS staff will evaluate and provide enhanced system training for MiSACWIS users to ensure they are able to correctly enter information. This is critical for data reporting purposes.

**Objectives:**

- DHS will track MiSACWIS system usage to determine whether users are entering information into the system.
- DHS will provide enhanced system training to MiSACWIS users with each major release, including training webinars and web-based training, if appropriate.
- DHS will perform level three evaluations quarterly to evaluate users' knowledge of the system and modify MiSACWIS training based on user feedback.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

## CASE REVIEW SYSTEM

Michigan's case review system functions statewide to ensure that case plans are developed and periodic reviews, permanency hearings and termination of parental rights occur in accordance with the federal requirements.

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

Michigan met the rating of substantial conformity in the 2009 Child and Family Service Review in the area of periodic review and permanency planning hearings. Michigan's successful completion of the Child and Family Services Review program improvement plan addressed the following areas:

- Written case plan.
- Termination of parental rights.
- Notification to foster and pre-adoptive parents of court hearings.

DHS will collaborate with the Foster Care Review Board and the State Court Administrative Office to ensure case-specific data is used to identify areas needing improvement. DHS policy requires that service plans be developed jointly with families through the MiTEAM practice model.

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

**Goal:** DHS' child welfare case review system will ensure each child has a case plan that promotes permanency.

**Objectives:**

- A written case plan will be developed jointly with the child's parents for each child in foster care.
- For children in foster care, periodic court review hearings will occur in a timely manner.
- 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.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- For each child that has been in foster care 15 of 22 months, termination of parental rights petitions will be filed or compelling reasons will be documented.
- Caregivers will be notified of court hearings and the notification includes how they could exercise their right to be heard.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

### QUALITY ASSURANCE SYSTEM

Michigan's continuous quality improvement system supports the DHS child welfare vision that DHS will lead Michigan in supporting our children, youth, and families to reach their full potential and the mission that child welfare professionals will demonstrate an unwavering commitment to engage with families to ensure safety, permanency, and well-being. The quality assurance system is based on the development of the following components:

1. Foundational administrative structure.
2. Quality data collection.
3. Case record review system.
4. Analysis and dissemination of quality data.
5. Feedback to key stakeholders.

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

##### **1. Foundational Administrative Structure**

Continuous quality improvement functions are dependent on the active engagement and participation of staff at all levels of the child welfare system and children, youth, families and stakeholders. The partners include but are not limited to the following:

- DHS Division of Continuous Quality Improvement.
- Public and private child placing agencies (from case managers to county/executive directors).
- Child Welfare Field Operations Administration.
- Office of Child Welfare Policy and Programs.
- Bureau of Children and Adult Licensing.
- Office of Workforce Development and Training.
- American Indian tribes.
- Office of the Family Advocate.
- Office of Children's Ombudsman.
- Foster Care Review Board.
- State Court Administrative Office.

Many private agencies have continuous quality improvement processes that align with Council on Accreditation requirements. The department is coordinating DHS continuous quality improvement requirements to be complementary with Council on Accreditation requirements.



These continuous quality improvement processes are similar to DHS processes and may include the following activities:

- Satisfaction surveys.
- Quality focus groups.
- Case record reviews.
- Training assessment.
- Risk management.
- Best practice reviews.
- Outcome measurement.

## **2. Quality Data Collection**

This component of the continuous quality improvement approach provides a blueprint for data identification, collection, analysis and interpretation. The state-level MiTEAM/Continuous Quality Improvement sub-teams will undertake the following tasks:

- Identify areas of inquiry, such as trends in performance over time, compliance concerns or effectiveness of program improvement efforts.
- Formulate data questions and define measures with specified data elements.
- Identify potential data resources for the specified data and assess its quality.
- If information on specific data elements is not available, determine procedures for collecting information in the most efficient and effective manner.
- Determine data analysis based on the question and the available data.
- Analyze the data and report in a way easily understood by all stakeholders.
- If analysis indicates that in a particular area the system is not achieving its objectives, the sub-teams will assist stakeholders to discover the reasons and develop a plan to address them.
- Conduct ongoing monitoring and testing of program improvement efforts to assess whether the efforts are resulting in the desired improvements.

The department has identified seven key performance indicators as the initial practice areas of inquiry for the continuous quality improvement process. Child welfare professionals will:

1. Ensure completion of the initial face-to-face contacts in a time frame required by policy for CPS investigations.
2. Visit children assigned to their workload as required by policy.
3. Ensure children placed in unlicensed, relative placement have timely initial home studies and licensing waivers if necessary.
4. Ensure children in care are provided updated medical, dental and mental health examinations and when necessary, follow-up treatment.
5. Develop and complete timely and thorough case plans in cooperation with children, parents and current caregivers.
6. Ensure children with a reunification goal visit their parents, if they are available.
7. Ensure older youth aging out of the foster care system are engaged in a formal 90-day discharge planning meeting to support their transition to independence.

It is expected that monitoring and reporting on key performance indicators will occur more frequently than outcome performance since the former are practice-related and more likely to exhibit change over short periods of time.

### **3. Case Record Review and Data Process**

This component addresses the continuous quality improvement activity of case reviews as a specific type of data collection requiring analysis and interpretation. A primary function involves conducting case reviews when certain types of data are needed. The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams will engage in the following activities before or during a case review:

- Assess the appropriateness of a case review to answer a particular quality question and the type of case reviews available.
- Identify the goals of the case review, the information to be collected and the questions to be answered.
- Develop a review protocol to extract data from case records and key stakeholder interviews and test the efficacy of the protocol prior to full use.
- Determine 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.
- Ensure that trained staff is available or recruited to conduct the case reviews.
- Report findings in a timely manner so strengths and areas needing improvement are identified and communication with key stakeholders is facilitated.
- When relevant, engage with stakeholders to develop program improvement plans to address areas needing improvement.

To implement case review data collection, the state- and county-level MiTEAM/Continuous Quality Improvement sub-teams ensure the following systemic factors are assessed:

- Training for public and private agency staff.
- Caseloads.
- Court processes, including legal support from county prosecutors.
- Recruitment, licensing, and retention of foster and adoptive parents.
- Service array including public/private partnership.
- Statewide automated information system.
- Oversight and monitoring including supervision, coaching and continuous quality improvement processes at the state and local levels.

### **4. Analysis and Dissemination of Quality Data**

The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams should ensure appropriate data analyses are conducted depending on the issue being addressed and the data collection process. Data analyses should incorporate the following procedures:

- Data analysis to answer the “what” questions – i.e., what does quality performance look like?
- Data analysis to examine the “why” questions – why does performance look a particular way – e.g., at, below, or above expectations?

- Data analysis to examine the “how well” question – what is the quality of the work being done?
- The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams will examine the factors that may be correlated with performance and determine the strength of these relationships.
- The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams will access alternative sources of data that may provide explanations for performance, such as stakeholder interviews, case record reviews and findings of empirical studies.

When the analyses are completed, the sub-teams present the data in a variety of formats that are easily readable and clear. The reports include a statement about the specific questions addressed in the analysis and an interpretation of the data in a manner consistent with the methodology that answers the questions addressed in the analysis. The interpretation will take into account the data collected, the quality of data collection, the kinds of analyses conducted and the data collection process, particularly if sampling was involved.

#### **5. Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process**

The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams incorporate strengths and areas needing improvement and generate hypotheses. When early data indicate that the program improvement effort is not likely to be effective, the sub-teams re-engage stakeholders to identify an alternative improvement plan. The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams solicit feedback from recipients.

The Division of Continuous Quality Improvement will maintain the following case reviews:

- **Quality Service Review.** These case reviews include input from staff at all levels, children and their families, caregivers and stakeholders to provide a full picture of how the children and families were served and whether the casework promoted safety, permanency and well-being of children.
- **Quality Assurance Compliance Review.** The division is in the process of developing a compliance review to evaluate the quality of services in specific areas related to the Child and Family Services Review and the Modified Settlement Agreement.
- **Disrupted Adoptions.** These reviews examine cases in which termination of an adoptive placement occurs after the order placing the child is signed but prior to finalization.
- **Maltreatment in Care.** The division collaborated with the Office of Child Welfare Policy and Programs to develop a protocol for evaluating maltreatment in care investigations.
- **CPS investigations.** Case review protocols assess the quality of CPS practices against DHS policy, the modified settlement agreement and best practices.
- **Centralized intake.** This protocol assessed the quality of CPS practices against DHS policy, the modified settlement agreement and best practice standards.

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

**Goal:** DHS will maintain the continuous quality improvement case review process to ensure the quality assurance system:

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Operates in jurisdictions where services in the Child and Family Services Plan are provided.
- Includes standards to ensure children in foster care are provided quality services that protect their health and safety.
  - The division will identify the strengths and needs of the service delivery system.
  - The division will provide relevant reports.
  - The division will evaluate implemented program improvement measures.

**Objective:** DHS will use the Strengthening Our Focus Advisory Council, MiTEAM and the Continuous Quality Improvement sub-team to engage stakeholders to assess the scope of reviews, data obtained, recommendations and reports.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

### STAFF TRAINING

An integral part of DHS' reform, the Strengthening Our Focus Advisory Council training sub-team and the Training Council are critical partners in the development of new curriculum paths. The Office of Workforce Development and Training is creating a structured approach to training analysis, design, development, delivery and evaluation.

#### **Staff Training - Assessment of Performance**

Recent efforts include:

- Development, delivery and refinement of training of the MiTEAM model to address staff needs in champion counties as they implement the model.
- Development and delivery of training for local and central office staff on the MiSACWIS system and collaboration with county DHS offices to train local office experts who serve as coaches and resources for staff in their office.
- Continuous evaluation and improvement of training to assure staff have quality training to support their work with children and families.

Currently, the Office of Workforce Development and Training is strong in delivering quality, structured initial and ongoing training for child welfare caseworkers and supervisors. Collaborative teams and partners are in place to assist with developing structured processes for training continuous quality improvement efforts. An evaluation team was created to oversee the development and administration of evaluative surveys, which will inform where improvement efforts should be focused. The procurement of a single, integrated learning management system is in process that will contribute to the ability to track, monitor and report training effectiveness. The Office of Workforce Development and Training is creating a curriculum path for child welfare positions and coordinating the delivery of training to all staff.

Two areas where training could be strengthened include: past strategic planning has not been strong in allowing local offices and agencies to direct training options to meet local needs, and the Office of Workforce Development and Training does not currently provide centralized training and support for foster and adoptive parents.

**Staff Training - Plan for improvement**

**Goal 1:** DHS will develop training with the input of internal and external stakeholders.

**Objective:** DHS will use the training sub-team of the Strengthening Our Focus Advisory Council structure that serves as a representative body of stakeholders to address improving training practices.

**Goal 2:** DHS will deliver training that supports the MiTEAM model, the DHS child welfare vision and values and key performance indicators.

**Objective:** DHS will continue involvement in the MiTEAM expansion efforts.

**Goal 3:** DHS will continuously evaluate and improve all training to assure effectiveness in providing staff with the skills and knowledge required for their position.

**Objectives:**

- DHS will create a comprehensive staff training evaluation protocol.
- DHS will administer a level one evaluation for all staff training.
- DHS will administer level two and three evaluations for initial staff training.

**Goal 4:** DHS will procure an integrated learning management system to track and monitor training requirements and evaluations results.

**Objective:** DHS will use a learning management system effectively to track staff training.

**Goal 5:** DHS will expand training for foster and adoptive parents.

**Objective:** DHS will explore centralizing specific training for foster and adoptive parents.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

**SERVICE ARRAY**

**M**ichigan offers an array of services for children and families across the child welfare continuum. Services range from prevention to post-permanency support for older youth.

Michigan's service array aligns with the department's child welfare mission, vision and guiding principles. Service goals reflect Michigan's priorities for children and families:

- To keep children safe and, to support and preserve families and connection with relatives.
- Achieve stability and timely permanency for children and self-sufficiency for youth.
- Goals that reflect the priority Michigan places on child well-being, parental capacity, responsive communities, cross-system collaboration and evidence-based services.

#### **Service Array - Assessment of Performance**

Michigan's Child and Family Services Review round two was completed in 2009. Findings for the service array items were:

- Item 35 - Array of services resulted in a rating as a strength.
- Item 36 - Service availability resulted in a rating as an area needing improvement.
- Item 37 - Individualizing services resulted in a rating as an area needing improvement.

Michigan's Child and Family Services Review program improvement plan included a survey in 2012 of CPS and public and private foster care supervisors and DHS contract administrators regarding Michigan's service array. Survey results indicated that at least 90 percent reported that there were adequate services in the following areas:

- Psychological assessments for parents.
- Mental health counseling for parents.
- Domestic violence treatment for parents.
- Parenting classes.
- Trauma-informed individual counseling for parents.
- Families First of Michigan.
- Medical care for children.
- Psychological assessment services for children.
- Mental health services for children.
- Domestic violence support services for children.
- Trauma-informed individual counseling services for children.

Additionally, at least 90 percent of the foster care supervisors surveyed perceived adequate services in these areas:

- Anger management for parents.
- Substance abuse treatment for parents.
- Family Reunification Program.
- Support services for foster parents and caregivers to address children's behavioral and mental health needs.
- Dental care for children.
- Sexual abuse treatment for children.
- Parent-child visitation.
- Sibling visitation.
- Individualized education programs.

- Services for youth seeking higher education.

**Strengths:**

- Michigan offers a variety of prevention services through its Children's Trust Fund local child abuse and neglect councils.
- Michigan offers family preservation services in all 83 counties to prevent recurrent maltreatment and the need for out-of-home care, keep children safe in their own homes and support enhanced parenting capacity. Families First of Michigan, the Family Reunification Program and Families Together Building Solutions exceeded their outcome measures in 2013 and have done so since inception.
- Michigan implemented a Title IV-E Waiver, Protect MiFamily, aimed at enhancing parenting capacity and child well-being for families at high risk. Protect MiFamily is a preservation and intensive case management service provided in three pilot sites.
- Michigan has reunification services and a parent mentoring program to assist parents to achieve timely reunification with their children. The Family Reunification Program is currently available in 41 counties.
- Michigan offers various interventions such as Early On to address child developmental delays and parenting skills education and interventions.
- Michigan offers rehabilitative services, clinical intervention and other supports for parents experiencing substance abuse, mental illness and domestic violence.
- Michigan has reduced the number of children alleged to have experienced abuse or neglect in out-of-home care. The findings from a 2014 joint study of foster care maltreatment in Michigan concluded that Michigan has a strong recruitment, screening and licensing process.

**Barriers:**

- Michigan does not offer sufficient prevention services to families with children at greatest risk for experiencing child abuse or neglect.
- For families identified as being high or intensive risk by CPS, Michigan lacks sufficient quantity and diversity of services and supports to prevent recurrent maltreatment and the need for out-of-home placement.
- Michigan lacks effective services and supports needed to reduce the length of time between entry into out-of-home care and parental reunification.
- Michigan lacks effective services and supports to enhance parenting capacity and child well-being.
- Services for domestic and sexual violence offenders do not exist in most areas of the state or are not widely available. Housing and transportation in many communities are inadequate. Services to meet the full spectrum of needs are inadequate in rural areas.
- Michigan lacks a comprehensive strategy for providing ongoing support to foster parents and relative caregivers to meet the unique and challenging needs of children placed in out-of-home care.

**Service Array – Plan for Improvement**

**Goal 1:** Families identified as being at-risk will be provided effective services and interventions to keep children safe in the home when reasonable and meet their unique and diverse needs.

**Objectives:**

- DHS will determine the feasibility of using data to target protecting interventions and preservation services to families at greatest risk for experiencing severe or fatal child abuse or neglect.
- DHS will maintain or increase existing family preservation services that demonstrate effectiveness in achieving established outcomes.
- DHS will develop or expand supports available to families to address legal, concrete, or poverty-related needs.
- DHS will expand Families Together Building Solutions to additional counties.
- DHS will expand the Protect MiFamily program to additional counties.

**Goal 2:** Parents with children in foster care will be provided services and supports to achieve timely reunification.

**Objectives:**

- DHS will expand supportive visitation or its equivalent to make it available to parents in all 83 counties to enable frequent and quality parent-child visits.
- DHS will expand the availability of parent-partners or its program equivalent.
- DHS will expand the Family Reunification Program statewide.

**Goal 3:** Parents will have access to evidence-based services and supports that build parenting capacity to safely and effectively meet the needs of their children.

**Objectives:**

- DHS will gradually discontinue parenting skills classes or interventions that are not evidence-based.
- DHS will expand availability of evidence-based parenting skills interventions to meet the unique needs of parents with infants and toddlers through teens.
- DHS will incorporate the Protective Factors framework into existing and future family preservation contracts to build and sustain parenting capacity.

**Goal 4:** Children who come to the attention of the child welfare system will experience enhanced well-being as a result of intervention.

**Objectives:**

- DHS will implement a strategy to measure uniformly the well-being of children who come to the attention of the child welfare system and the impact interventions have on child well-being.



## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- DHS will make available a full range of trauma-focused care including screening, assessment and evidence-based interventions to parents and children.
- DHS will make available appropriate interventions and adequate supports to teens experiencing mental health issues, trauma, homelessness, sexual or labor exploitation, teen parenthood, substance abuse and sexual identity issues.
- DHS will initiate inter-agency suicide prevention efforts to reduce the number of children who take their own lives.

**Goal 5:** Foster parents and relative caregivers will have access to specialized individualized support to enable them to safely meet the needs of children placed in their care and avoid the need for replacement of the child.

**Objective:** DHS will identify how risk factors can help workers identify children and providers who can benefit from intensive support to ensure child safety and stability in placement.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

### AGENCY RESPONSIVENESS TO THE COMMUNITY

DHS is responsible for a broad expanse of services and initiatives, many of which cross organizational borders and require collaborative participation. Priorities change over time and DHS requires the capacity to respond to community needs quickly and effectively. A primary objective of the Strengthening our Focus on Children and Families initiative is to develop a process for assessing systemic factors, addressing priorities and responding proactively to new concerns.

Michigan's approach to strengthening organizational focus on the needs of children and families requires a structure that supports increased engagement and involvement of a wide range of stakeholders and making the adjustments necessary to respond to child welfare trends and the needs of children and families.

#### **Agency Responsiveness to the Community - Assessment of Performance.**

Since 2009, DHS has engaged in addressing critical child welfare issues in the modified settlement agreement and the second round of the Child and Family Services Review. The state has made great progress in addressing practice issues and the ability to track and measure outcomes. Collaboration with stakeholders on every level has been an essential element in these achievements. During this transformation, DHS has participated in several technical assistance and collaborative processes that led to improvements including:

- Achieving permanence for many children that had been in care for long periods of time.
- MiTEAM, a case practice model that emphasizes the critical components of engaging and working collaboratively with families.

Michigan Department of Human Services  
Child and Family Services Plan 2015 - 2019

- Establishment of an in-house data management team capable of responding to data needs quickly and accurately.
- MiSACWIS, Michigan's statewide automated child welfare information system.
- An effective plan for recruiting, licensing and retaining foster and adoptive parents to serve a wide diversity of children's needs.

To ensure the systemic improvements are permanent, a supportive structure is necessary that includes and facilitates the input of experts and stakeholders in assessment and decision-making at every level.

**Agency Responsiveness to the Community – Plan for Improvement**

**Goal:** DHS will engage in ongoing consultation with tribal representatives, consumers, services providers, foster care providers, the juvenile court and other public and private child and family service agencies to ensure collaboration addresses the major concerns in implementing the provisions of the CFSP and annual updates.

**Objectives:**

- DHS will operate an implementation team structure that serves as a representative body of stakeholders responsible for addressing priority issues and improving the practices that affect the federal outcomes of safety, permanency and well-being of children served by the child welfare system.
- DHS will utilize the Strengthening Our Focus Advisory Council and sub-team structure to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies.

Performance for both objectives will be measured annually through stakeholder reports on the impact the implementation team structure has on child welfare outcomes. The annual assessment will address:

- Strengths and concerns regarding the state's performance.
- Areas needing improvement.

The goal will be achieved through an implementation process beginning at the statewide level and in four "champion" counties. DHS will integrate the Strengthening Our Focus Advisory Council with the local team structure through development, planning, initial implementation and full, sustained implementation. DHS expects this foundational strategy will reach the entire state by 2020 and as of the writing of this plan, is actively assessing opportunities to accelerate this timetable.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

## FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

Children in need of foster and adoptive homes are infants, children, youth and young adults from varied ethnic and cultural backgrounds.

### **Foster and Adoptive Parent Licensing, Recruitment and Retention - Assessment**

Maintaining an adequate number and array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority for Michigan. In the last two years, DHS has licensed well over 2700 non-relative foster parents. DHS has licensed over 1600 relatives over the last two years. Expanding the array of foster and adoptive homes for children in out-of-home placement is critical, but can be very challenging. DHS continues to recognize that county leadership and staff are making good efforts toward recruitment and retention of foster and adoptive parents.

DHS county offices and private agencies collaborate locally to recruit, retain and train foster, adoptive, and relative families, as outlined in each local Adoptive and Foster Parent Recruitment and Retention Plan. Targeted recruitment activities include:

- Organizing back-to-school events.
- Community festivals and fairs.
- Flyers and presentations at local schools.
- Health fairs.
- The Great Start Coalition, Michigan Department of Education's featured community collaboration.
- Presentations at local hospitals and doctor's offices.
- Foster Care Awareness Festival.
- Presentations for congregations.
- Foster parent support groups.
- Flyers at sporting events.
- Local community presentations.
- Visiting library displays.

### **Foster and Adoptive Parent Licensing, Recruitment and Retention – Plan for Improvement**

**Goal 1:** DHS will implement an annual foster and adoptive parent retention and recruitment plan that ensures foster and adoptive homes are available that meet the diverse needs of the children and youth that require out-of-home placement.

**Objective:** DHS will recruit and license an adequate array of foster and adoptive homes. Efforts to achieve this goal include:

- Tracking demographic data of children in foster care.
- Using specific strategies to recruit and retain foster, adoptive and kinship families.
- Producing specialized scorecards that monitor the number of licensed homes.
- Providing tools and guidelines for assessing and analyzing demographic data for recruiting, licensing and retaining foster, adoptive and kinship parents.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- DHS will strengthen private agency and community partnership in foster and adoptive parent recruitment plan development. Each local DHS office is expected to:
  - Collaborate with private agencies, local tribes, faith communities, service organizations and foster/adoptive/kinship parents to create their annual adoptive and foster parent retention and recruitment plan.
  - Develop specific strategies to reach out to all parts of the community.
  - Assure all prospective foster/adoptive/kinship parents have access to child-placing agencies that provide foster home certification.
  - Increase public awareness of the need for adoptive and foster homes through general, targeted and child-specific recruitment activities.
  - Provide strategies for addressing language barriers.
  - Ensure there is a non-discriminatory fee structure.

**Goal 2:** The Office of Child Welfare Policy and Programs and the placement sub-team will ensure best practices for recruitment and retention are used and barriers addressed as needed.

### **Objectives:**

- DHS will ensure there are strategies for training staff to work with diverse communities including cultural, racial and socio-economic variations.
- DHS will ensure procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

## 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 services, including transition services for youth leaving foster care. Services for children and families are community-based, coordinated with other government benefits, culturally relevant and family-focused. The service continuum includes:

- Prevention services provided by Family Independence Specialists to families receiving financial and other assistance.
- Assistance with and referrals for food, housing and other needs in DHS community resource centers, which are based in schools with high numbers of families receiving financial assistance.
- A child welfare demonstration project, Protect MiFamily. The demonstration consists of prevention, preservation and support services offered to families with young children at high or intensive risk for maltreatment. The project is designed to increase child safety, strengthen parental capacity and improve child well-being.

Michigan Department of Human Services  
Child and Family Services Plan 2015 - 2019

- Child Protection Community Partners funding is provided to DHS local offices specifically for services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:
  - Reduce the number of re-referrals for substantiated abuse and/or neglect.
  - Improve the safety and well-being of children.
  - Improve family functioning.
- CPS investigation of allegations of abuse or neglect of children by caretakers responsible for the child's health or welfare. CPS assesses the safety of all children in the household and initiates action to protect them when needed.
- Families First of Michigan serves families with children at imminent risk of out-of-home placement and families with children in care when reunification is not appropriate without intensive services. Families First provides intensive, short-term crisis intervention and family education in the home for four to six weeks.
- Strong Families/Safe Children, a resource for enhanced family preservation and support services. Funds are provided for services determined by local stakeholders and contracted with private agencies and individuals.
- Children's foster care that provides placement and supervision of children removed from their homes due to abuse or neglect. Services are provided by public and private agencies and interventions assist families to rectify the conditions that brought the children into care. Foster care services are available to eligible young adults up to age 21 through the Young Adult Voluntary Foster Care program.
- Family Reunification Program services are available to families who have a child in out-of-home care due to abuse or neglect. This program facilitates earlier return home from foster care and decreases the rate of return to foster care.
- The adoption assistance program provides adoption and medical subsidy and assistance with non-recurring adoption expenses to children and their adoptive families.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships.
- The Children's Trust Fund provides funding for statewide prevention of child abuse and neglect through community-based programs.
- DHS Juvenile Programs provides technical assistance, consultation, assessment and training for community-based programs and supervision for youth placed in state-operated and private residential facilities. Juvenile Programs operates three secure residential facilities.
- The Youth in Transition program offers assistance to current and former foster youth between 14 and 21 achieve self-sufficiency including juvenile justice, tribal and unaccompanied refugee minors.
- Runaway Youth Services are crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, prevention, case management, counseling, skill building and placement.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Homeless Youth Services are provided to youth, ages 16 to 21, who require support for a longer period of time. Services are available statewide and include crisis management, community education, counseling, placement and life skills.
- Transitional Living Services are provided in the Upper Peninsula, in addition to Runaway Youth and Homeless Youth Services.
- The Education and Training Voucher Program provides funding to meet the post-secondary education and training needs of youth aging out of foster care. Funding can be used toward tuition, books, school supplies, housing, transportation, day care, medical needs, daily living expenses and services that assist youth attending school and completing a post-secondary program.

To ensure children and families are provided services that address all safety-related concerns, DHS has incorporated trauma-informed approaches through:

- The Trauma Initiative that ensures a trauma-informed behavioral health system is provided for children and families through Community Mental Health service providers. The Department of Community Health provides training on trauma-informed practices.
- Permanency forums that focus on trauma-informed practice, reunification and family preservation services, well-being and parent-child visitation.
- The trauma-informed systems of care work group that gathers information about trauma-informed systems of care and makes recommendations.
- The Detroit Trauma-Informed Project at the Southwest Michigan Children's Trauma Assessment Center that supports further development of a collaborative continuum of trauma-informed services in Detroit. Services include trauma screening, comprehensive trauma assessment, parent trauma training, resiliency strategies for children and families, and workforce development.

### SERVICE COORDINATION

Michigan's child welfare services are developed at the state level and delivered by county offices and private agencies. County DHS offices operate under five business service centers. DHS administers:

- Federal Temporary Assistance for Needy Families funding.
- Child Care and Development Block Grant programs.
- Supplemental Nutrition Assistance Program.
- Low-income Home and Energy Assistance Program.
- Title IV-D child support program.
- Disability Determination Service for Title II and XVI funds.

DHS collaborates with stakeholders including families, youth, Michigan's 12 recognized Native American tribes and departments providing federal programs serving the same population to achieve the Child and Family Services Plan goals. Service coordination includes:

Michigan Department of Human Services  
Child and Family Services Plan 2015 - 2019

- The Healthy Michigan Plan will extend health insurance to nearly 500,000 people through expansion of Medicaid eligibility. As of June 23, 2014, over 300,000 have been added.
- DHS' service delivery involves collaborating with families and their supports to address their needs. The family preservation, support and adoption programs provided under community-based services incorporate Child and Family Services Review standards.
- DHS and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Department of Community Health's Central Paternity Registry.
- Michigan Domestic and Sexual Violence Prevention and Treatment Board oversees comprehensive domestic violence services. The goals are:
  - To contract for shelter and services for victims of domestic violence and their children.
  - To contract for comprehensive sexual assault services for victims of sexual assault, family members and significant others.
  - To contract for transitional housing and support services.
  - To educate on the prevention and treatment of domestic and sexual violence.
  - To improve the criminal justice response to crimes of domestic and sexual violence.
  - To ensure safety, confidentiality and justice for victims of domestic and sexual violence.
- The DHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies that develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They serve low-income individuals each year with services including Head Start, housing assistance, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.
- Michigan's Title IV-E state plan amendment, approved in September 2012, demonstrates compliance with the Fostering Connections Act. DHS finalized policies for Young Adult Voluntary Foster Care, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for youth who meet the program requirements. Michigan is exploring extension of Young Adult Voluntary Foster Care to delinquent wards.
- The DHS Juvenile Programs Division implements the Michigan Youth Re-Entry Initiative that operates through an interagency agreement with the Department of Corrections for care coordination, with emphasis on assisting youth with significant medical, mental health or other functional life impairments that may impede success when re-entering community placement.
- The Child Care Fund is a collaboration between state and county governments that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- The Foster Care Review Board provides external review of children in foster care to ensure the children's safety and well-being in foster care and that the system is working to achieve permanency for each child in a timely manner.
- Michigan's Interstate Compact Office serves as a liaison between local DHS offices and other states to ensure compliance with compact regulations and effective coordination.
- Michigan collaborates with the State Court Administrative Office to train courts on requirements in addition to offering field support and case reviews to ensure correct eligibility determination for Title IV-E funding.
- The Michigan Court Improvement Program Task Force is a multi-disciplinary work group that includes state and tribal judges, attorneys, referees, DHS and private agency caseworkers, DHS central office staff and managers, Office of the Children's Ombudsman, the State Bar of Michigan, community mental health and other child welfare advocates and experts. Quality assurance is addressed through the following committees:
  - Quality and Depth of Hearings Committee.
  - Quality Representation Committee.
  - Child and Family Services Review Committee.
  - Tribal Relations Committee.
  - Data Committee.
  - Three Citizen Review Panels required under the Child Abuse Prevention and Treatment Act.
- DHS has collaborative relationships with Michigan's seven universities with master's level social work programs and 22 with bachelor's level programs to ensure an adequate field of qualified applicants is trained and educated to fill child welfare positions statewide. Curricula are developed collaboratively to ensure graduates are well-versed in the skills and knowledge necessary to manage caseloads.
- DHS strategies that meet the rising demand for services include:
  - The Michigan Combined Application Project that provides a streamlined application for food assistance for citizens with Social Security Income benefits.
  - The Home Heating Tax Credit assists low-income families with heating costs.
  - Collaboration between private utilities and charitable groups assists certain low-income persons to avoid utility shutoffs during the winter months. In 2013 and 2014, this collaboration resulted in a dramatic reduction in shutoffs in southeast Michigan to less than one percent.

### SERVICE DESCRIPTION - TITLE IV-B(2) AND COMMUNITY-BASED SERVICES

The DHS service delivery strategy is to involve families and their natural supports to help keep families together. The programs provided under the community-based services umbrella incorporate the federal Child and Family Service Review standards and are key components of the DHS child and family services continuum. An assessment of strengths and gaps in child welfare services is included in the Service Array section of this document.



Three examples of community-based program funding that allow local DHS offices to contract for services designed to keep children safely in their family home are:

1. Strong Families/Safe Children, Michigan's Title IV-B(2) program.
2. Child Protection Community Partners program.
3. Child Safety and Permanency Plan program.

#### **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 out-of-home placement of children.
- Maintaining the safety of children in their own homes when appropriate.
- Providing follow-up 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.

The services provided include:

- Parent aide or homemaker services.
- Parenting education.
- Wraparound coordination.
- Families Together Building Solutions.
- Crisis counseling.

Services are targeted to parents or primary caregivers with minor children who have an open foster care, juvenile justice or CPS category I, II or III case.

#### **Title IV-B(2) Family Support Services**

Family support services promote the safety and well-being of children and families and:

- Increase family stability.
- Increase parenting confidence, resilience and supportive connections.
- Provide a safe, stable and supportive family environment.
- Strengthen relationships and promote healthy marriages.
- Enhance child development.

The services include:

- Home-based family support services.
- Parenting education/life skills.
- Parent aide services.
- Families Together/Building Solutions.
- Mentoring programs for youth and their families.

Family support services are provided to parents or primary caregivers responsible for the care and supervision of minor children who meet one of the following qualifications:

- An open foster care, juvenile justice or CPS category I, II or III case.
- A DHS 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.

#### **Title IV-B(2) Time-Limited Reunification Services**

Services are provided to children removed from their homes and placed in foster care and to their primary caregivers to facilitate reunification safely within the 15-month period from the date the child entered foster care. The services are:

- Individual, group and family counseling.
- Substance abuse treatment.
- Mental health services.
- Assistance to address domestic violence.
- Therapeutic services for families.
- Transportation to and/or from services.

Services may also include:

- Wraparound coordination.
- Supportive visitation or parenting time support services.
- Parent Partners peer mentoring.

#### **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 process and support adoptive families. Services may include:

- Adoptive family counseling and post adoption services.
- Relative caregiver support services.
- Wraparound Coordination.
- Foster and adoptive parent recruitment and support services.

Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan's foster care system.

#### **Title IV-B(2) Estimated Percentages for Fiscal Year 2015**

The Title IV-B(2) estimates for fiscal year 2015 submitted with this plan indicate that Michigan will work toward a minimum of 20 percent in each of the four service categories, with a maximum 10 percent for administrative costs.

#### **Other Community-Based Services – not Title IV-B(2) Funded**

The DHS commitment to accessible services to families includes other community-based programs not funded by Title IV-B(2).

#### **Child Protection Community Partners**

Funding is provided to the DHS local offices specifically for services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:

- Reduce the number of re-referrals for substantiated abuse and/or neglect.

- Improve the safety and well-being of children.
- Improve family functioning.

#### **Client Eligibility Criteria**

Families investigated by CPS in the previous 18 months in which there was evidence of child abuse or neglect and either:

- A low to moderate risk of future harm to the child (CPS Category III.)
- Future risk of harm to the child is indicated (CPS Category IV).

Services contracted with these funds may include:

- Parenting education.
- Parent aide services.
- Wraparound coordination.
- Counseling.
- Prevention case management.
- Flexible funds for individualized needs.

#### **Child Safety and Permanency Plan**

Funding is provided to the DHS local offices for services to families with children who are at imminent risk of removal for abuse and/or neglect or families with children in out-of-home placement. Funding can help to reduce the length of time a child is in out-of-home placement through the provision of services to his or her birth family. The purpose of the funding is to:

- Keep children safe in their homes and prevent the unnecessary separation of families.
- Return children in care to their families in a safe and timely manner.
- Provide safe, permanent alternatives for children when reunification is not possible.

#### **Client Eligibility Criteria**

- Families with an open CPS Category I, II or III case.
- Families with children in DHS supervised out-of-home placement.
- Adoptive families needing services to prevent disruption or dissolution.
- Families with an open DHS prevention case.

Examples of purchased services include:

- Counseling.
- Parenting education.
- Parent aide services.
- Wraparound coordination.
- Families Together Building Solutions.
- Flexible funds to meet individual needs.

Through statewide allocations, DHS funds two evidence-based intensive family service models:

- Families First of Michigan.
- Family Reunification Program.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

These services reduce abuse and neglect to prevent removal and help reunify children in foster care with their families.

### SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to 83 counties for community-based collaborative planning and delivery of family preservation, family support, time-limited reunification and adoption promotion and support services.

Michigan's program engages local collaborative groups in the service planning process. Groups include representation from the following stakeholders:

- Michigan Department of Community Health.
- Michigan Department of Education.
- Department of Human Services.
- Public and private service organizations.
- Courts.
- Parents.
- Consumers.

The program design maintains community-based selection and delivery of Title IV-B(2) services. The selection is done through a local collaborative planning process. In contracting with providers, Department of Technology, Management and Budget and DHS policies on bidding protocols and contract implementation apply.

### POPULATIONS AT THE GREATEST RISK OF MALTREATMENT

In 2013, the population identified at greatest risk of maltreatment was children age 3 or younger living with their biological parents, constituting 37 percent of total child victims (12,400 of 33,970 total victims). This data was captured through the Services Worker Support System. Other factors included in identifying this group of children include increased vulnerability due to their age and stressors on parents because of the children's dependent status. Four areas of policy and practice specifically focus on this population in Michigan:

1. Multiple Complaint policy.
2. Safe Sleep policy.
3. Birth Match policy.
4. Early On policy and service provision.
5. Title IV-E waiver project.

## SERVICES FOR CHILDREN AGE FIVE AND UNDER

In 2013, there were 10,083 children age five and under in foster care. Based on prior years' data, it is projected that 9,388 children age five and under will be in foster care in 2014.

### **Targeted Services to Find a Permanent Family; Addressing Developmental Needs of Children**

The enhanced MiTEAM case practice model ensures each child receives services that meet his or her emotional and developmental needs and has a permanent family identified as early as possible. Concurrent permanency planning and diligent relative search and engagement are critical to ensure prompt service delivery, increased parental contact that supports bonding and to facilitate placement with a permanent family. In addition, CPS and foster care policy has the following requirements for children under the age of five:

- Referral to Early On for children under 3 for assessment and services.
- Limitation of the number of children under 3 in a foster home.

### **Approach to Working with Infants, Toddlers and Young Children**

In CPS investigations, the priority response is determined by assessments that use structured decision-making tools: the Child Assessment of Needs and Strengths, and the Family Assessment of Needs and Strengths. Age and developmental status are among the factors considered when selecting services to address each child's needs. The MiTEAM model, in its adherence to safety, family involvement and concurrent planning, ensures the developmental needs of each child are considered when determining how to ensure safety, well-being and permanency. In foster care policy, Michigan established parenting time requirements for infants and young children which include at a minimum:

- Children ages birth to 2 years: three visits per week.
- Children ages 3 to 5: two visits per week.

Foster care policy requires that children shall not be placed in a foster or relative home if it will result in more than three foster children in the home. Policy also prohibits more than six total children placed in a home, including the foster family's birth and adopted children. Licensing rules prohibit more than two children under 1 year of age in a foster home.

**Early Periodic Screening, Diagnosis and Treatment Services.** Michigan collaborated with Medicaid health plan providers to ensure each child receives early periodic screening, diagnosis and treatment services. In addition, the Department of Community Health developed the Trauma Initiative to ensure a trauma-informed approach in behavioral health services is utilized for children and families. The Department of Community Health is providing training to its Community Mental Health service providers as part of this initiative.

**Supportive Visitation.** The Michigan Legislature allocated funds to develop and implement Foster Care Supportive Visitation/In-Home Parent Education contracts in 2013. This program provides intensive individualized parent-child visits and provides parents with increased support before and after each visit. The Bavolek Nurturing Parent Program is an evidence-based

service model that is an essential element of the service that teaches skills that prevent and treat child abuse and neglect. Seven contracts were implemented, serving 44 counties. As of December 2013, there have been 210 families served.

**Infant Foster Care Unit.** Western Michigan University received a grant with Kalamazoo County DHS to pilot foster care services with a focus on younger children. The agencies that provide foster care services also provide caseworkers to collaborate in the Infant Foster Care Unit. Incredible Years, an evidence-based parent education program, is delivered to parents and foster parents. Through the Infant Foster Care Unit:

- The unit staff are trained in the developmental stages and risk issues for babies and equipped to make informed decisions about placements.
- Ongoing collaborative meetings between caseworkers and supervisors of public and private foster care agencies are held to discuss infant/toddler foster care issues.
- Kalamazoo Regional Educational Service Agency, Infant Mental Health and DHS make presentations to the courts from on infant/toddler needs.
- Implementation of the Ages and Stages Questionnaire occurs as a routine part of infant/toddler visits to assess children and train workers on child development.
- Enhanced collaboration occurs with service agencies, particularly Infant Mental Health.
- Collaboration occurs with a literacy program through public schools that serves all ages.

As of January 2014, preliminary results appear to be very promising. Participants demonstrated an increase in parenting skills as measured by the Adult-Adolescent Parenting Inventory.

**Protect MiFamily.** Michigan is conducting a child welfare demonstration project, Protect MiFamily. The demonstration consists of prevention, preservation and support services offered to families with young children at high or intensive risk for maltreatment. It is expected that the demonstration will result in a reduction in child maltreatment and recidivism, a decrease in the number of young children placed in out-of-home care and an increase in the social and emotional well-being of children.

#### **Training and Supervision of Caseworkers and Caregivers of Young Children.**

During pre-service training, all newly-hired or -promoted caseworkers receive information on MiTEAM, concurrent permanency planning, parent-child visits and the impact of out-of-home placement on children at different developmental stages. Training is provided on:

- Attachment and separation.
- Grief and the expected symptoms and behaviors.
- Child and family assessment, including the importance of parenting time.

Licensing staff train foster parents in the practice model philosophy, which includes mentoring families. DHS policy requires that all cases are discussed a minimum of once each month in caseworker supervision. In practice, the vast majority of cases are discussed by supervisors with caseworkers multiple times each month. The state is beginning to train child welfare staff on

the evidence-based conceptual framework of Strengthening Families through Protective Factors, which has been shown to improve outcomes for children from birth to age 5.

### **Infant/Toddler Treatment Court**

The Infant/Toddler Treatment Court is a specialized docket that addresses abuse/neglect cases in which infants and young children are under court and DHS supervision to assure permanency as quickly as possible through reunification or termination of parental rights.

Genesee County identified the following outcomes experienced by the parents and children who participated in the Infant/Toddler Treatment Court Initiative:

- 100 percent of children received a developmental screening.
- 75 percent of children had custody rights returned to at least one parent.
- 83 percent of children did not re-enter foster care after completing the program.
- More children reunified with their parents when compared to groups that did not participate in the program (75 percent vs. 62 percent).

## **SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES**

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight for children who are adopted from other countries and enter into Michigan's custody because of disrupted or dissolved adoptions. Children in families at risk of disruption or dissolution are eligible for services and supports.

### **Describe the activities that Michigan has undertaken to support the families of children adopted from other counties.**

Private adoption agencies that provide services for international adoptions are licensed as child-placing agencies and held to Michigan's licensing rules for adoption. The DHS Bureau of Children and Adult Licensing performs on-site reviews and investigations of alleged rule violations.

Adoption assistance programs provide permanency for children with special needs who are adopted from foster care. As a result, the statutory requirements for eligibility reflect the needs of children in the child welfare system and are difficult to apply to children adopted from other countries. The statute does not categorically exclude these children from participation in adoption assistance programs; however it is highly improbable that children adopted abroad by U.S. citizens or brought into the U.S. from another country for adoption will meet the eligibility criteria in federal and state law.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

Children adopted from other countries are entitled to the full range of child welfare services, as are all children in Michigan. These include family preservation and family reunification services and local services throughout the state for pre- and post-adoptive families experiencing a risk of adoption disruption or dissolution.

### **Activities over the next five years to support children adopted from other countries.**

Since April 2012, DHS has provided services through eight post-adoption resource centers located throughout the state. The 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.

Each center operates a web-site and produces a newsletter with information about activities for adoptive families and other relevant topics. The centers are instrumental in providing support and services to meet the needs of youth ages twenty-one and younger adopted from Michigan's foster care system, whose adoptions are finalized. DHS will extend services to children adopted from abroad depending on available funds.

## CONSULTATION AND COORDINATION WITH TRIBES

**D**HS delivers services to Michigan's 130,000 American Indians through the Office of Native American Affairs, the policy office that coordinates with Michigan's tribes for:

- Policy and program development.
- Resource coordination.
- Advocacy.
- Training and technical assistance.
- Implementation of state and federal laws pertaining to American Indians and tribal consultation.

The Office of Native American Affairs coordinates statewide consultation for the department in the following meetings:

- Tribal-State Partnership meetings (quarterly): a collaborative body of Tribal Social Service directors, state and private agencies and DHS staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.
- Urban Indian State Partnership meetings (quarterly): a collaborative body of urban Indian organizations, state agencies and DHS staff focused on the challenges facing tribal at-large membership and point-of-entry for DHS services.



## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Michigan Tribal Child Care Task Force meetings (semi-annually): a collaborative body of tribal child care and education directors and DHS staff working to ensure Zero to Three services, Great Start and Pathways to Success programming for children and adults.
- The Office of Workforce Development and Professional Training (monthly): provides Indian Child Welfare Act training for new child welfare and supervisory staff through new worker eLearning modules and facilitator-led supervisor training.
- United Tribes of Michigan meetings (semi-annually; upon request): a forum for Michigan tribes to join forces, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of the sovereign tribes of Michigan throughout the next seven generations.
- Regional Indian Outreach Workers meetings (quarterly) for professional development.
- The State Court Administrative Office Court Improvement Program Statewide Task Force meetings (quarterly) to advocate on behalf of tribal families

### **Tribal Consultation**

Michigan engages in government-to-government relations with the state's federally recognized tribes prescribed by Presidential Memorandum 2009 (Tribal Consultation), Michigan Governor Rick Snyder's Executive Directive 2012-2, Title XX (1994) of the Social Security Act, and the Administration for Children and Families' guidance on tribal consultation. Through tribal consultation agreements and meetings, the Native American Affairs director interacts with tribal nations and organizations in Michigan to coordinate review of Indian Child Welfare Act implementation in DHS policies and service.

### **Tribal Consultation Plan Update**

The Title IV-B Child and Family Services Plan 2015 – 2019 was created collaboratively with tribal members at the April 2014 Tribal-State Partnership meeting, and the exchange of tribal/DHS Title IV-B plans will occur at the July 2014 Tribal-State Partnership meeting. In addition, the Title IV-B plan will be sent to and requested of individual Michigan tribes to ensure information is shared. Michigan has individual consultation agreements with eight federally recognized tribes or communities:

- Bay Mills Indian Community.
- Hannahville Indian Community.
- Lac Vieux Desert Band of Lake Superior Chippewa Indians.
- Little River Band of Ottawa Indians.
- Little Traverse Bay Band of Odawa Indians.
- Nottawaseppi Huron Band of Potawatomi Indians.
- Pokagon Band of Potawatomi Indians.
- Sault Ste. Marie Tribe of Chippewa Indians.

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

### **Indian Child Welfare Act Compliance**

DHS provides culturally appropriate services to tribal families through funding and support of:

- Quarterly Tribal State Partnership meetings with representatives from Michigan's 12 federally recognized tribes, tribal organizations and local DHS and central office staff.
- Participation in regional/national tribal consultation through the following events:
  - National Indian Child Welfare Association conference.
  - Midwest Child Welfare Implementation Center meeting.
  - United Tribes of Michigan meetings.
  - Child Welfare League of America monthly Indian child welfare state manager calls.
  - Governor's Tribal Summit.
- Development of grant and contract opportunities for tribal communities.
- Contracting with the Michigan Indian Child Welfare Agency and the Sault Ste. Marie Tribe of Chippewa Indian's Binogii Placement Agency for foster care and adoption services for tribal children and the Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys' and girls' residential treatment programming.
- Strengthening the DHS Indian Outreach Worker program through case reviews to target best practices and service barriers. The Native American Affairs Business Plan outlines the plan to strengthen the program.
- Publishing culturally competent human service materials that reflect the unique status of tribal people and laws that protect their sovereignty.
- Contracting for Families First of Michigan family preservation programs that serve seven of 10 reservation communities. Tribal representatives participated in the bid ratings.
- Reviewing and revising Indian Child Welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Strengthening the state courts' application of the Indian Child Welfare Act through collaboration with tribal courts, attorneys and social services, state court administration, DHS legal division, and Native American Affairs toward development and codification of the Michigan Indian Child Welfare Act.
- Negotiating tribal-state agreements including Title IV-E and IV-D agreements. Michigan assists the tribe(s) to access Title IV-E administrative funding, Chafee Foster Care Independence Program, training and data collection resources.
- Developing Indian Child Welfare case review tools in collaboration with Michigan tribes/urban Indian organizations.
- Developing Child and Family Services Review Program Improvement Plan goals regarding Indian child welfare.
- Conducting stakeholder surveys for quality assurance.
- Conducting public awareness events to sensitize consumers and vendors to issues of Native Americans in Michigan and improve cultural awareness and competence.
- Public Act 565, the Michigan Indian Family Preservation Act, which codifies the state's compliance with the federal Indian Child Welfare Act.

**Assessment of performance for compliance with the Indian Child Welfare Act:**

DHS achieved a rating of area needing improvement on the four Indian Child Welfare Act requirements:

1. Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene.
2. Placement preferences of Indian children in foster care, pre-adoptive and adoptive homes.
3. Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption.
4. Tribal right to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe.

Compliance with the Indian Child Welfare Act was measured through:

- Tribal consultation on Michigan's Child and Family Services Plan and Annual Progress and Services Reports from 2008 to 2013.
- Michigan Court of Appeals 2013.
- The Services Worker Support System.
- MiSACWIS.
- Indian Child Welfare Act case review tools.
- Ongoing local case management meetings between tribes and county DHS office leadership (examples: DHS Chippewa/Luce/Mackinac Counties and Bay Mills Indian Community and Sault Ste. Marie Tribe of Chippewa Indians, respectively).
- While it was intended that case reviews of Indian child cases would be completed by 2013, the original Indian Child Welfare Act case review tools were not completed and the department initiated a quality service review that replaced the tool in 2013. A baseline for tribal notice, placement priorities, active efforts and tribal intervention was not available.
- Another factor that mitigated the strength rating was a number of reversals of lower court decisions on Indian child welfare cases between 2008 and 2013. In 2013, there were nine such appeals in which eight contested lack of notice and one contested active efforts. Of the nine cases, four lower-court decisions were upheld; one was reversed and four were conditionally reversed.
- Services Worker Support System data from 2010 on did not capture data measuring the four Indian Child Welfare Act requirements, presenting a barrier to DHS' ability to demonstrate compliance.
- MiSACWIS was released on April 30, 2014 and it collects Indian Child Welfare Act compliance data on individual cases and that will provide a baseline in 2014. Tribal representatives have stated their belief that Michigan's Services Worker Support System under reported the number of Indian children and families served. MiSACWIS, the information system that replaced the Services Worker Support System, collects data on Native American ancestry for the children served by DHS. The Office of Native American Affairs and the Division of Continuous Quality Improvement will monitor the data for accuracy.

### **Native American Affairs and Tribal Collaborative Partnerships**

- Michigan Tribal Social Service Directors' Coalition (Indian child welfare).
- Tribal health directors (emergency preparedness).
- Tribal child care directors (child care and Early Head Start/Head Start).
- Tribal chairpersons (tribal consultation).
- Tribal attorneys and judges (Indian child welfare and tribal court relations).
- Urban Indian organization directors (Indian child welfare and contract services).
- American Indian placement agencies (Indian child welfare).
- State historic tribes (Indian child welfare).
- Indian outreach workers and supervisors (Indian Outreach Services).
- Federal tribal program coordinators/consultants (Indian child welfare, Indian education, emergency preparedness and tribal consultation).

In addition, Michigan signed a memorandum of understanding for provision of Youth in Transition services with the following tribes or communities:

- Bay Mills Indian Community.
- Hannahville Indian Community.
- Pokagon Band of Potawatomi Indians.
- Saginaw Chippewa Indian Tribe of Michigan.
- Sault Ste. Marie Tribe of Chippewa Indians.

**Goal 1:** DHS will ensure compliance with the Indian Child Welfare Act statewide.

#### **Objectives:**

- DHS will increase the number of cases where children are identified as American Indian/Alaska native at the onset of cases statewide.
- Children will be placed in the least restrictive culturally appropriate setting to meet their safety, permanency, and well-being needs.  
American Indian/Alaska native foster and/or adoptive homes will be prepared, supported and available for placement of children of similar ancestry.

**Goal 2:** DHS will increase cultural connections of children in care statewide.

#### **Objectives:**

- Children will develop a positive self-identity and increase self-esteem.
- Children will obtain the life skills necessary to be healthy, competent, and contributing adults in the future.
- Children will demonstrate lower detrimental risk-taking behaviors.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

For more information, please visit [www.michigan.gov/americanindians](http://www.michigan.gov/americanindians).

## CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

The Chafee Foster Care Independence Program (or 'Chafee' in this document) goals are addressed through Michigan's Youth in Transition program. Youth in Transition services provide support to youth in foster care and increase opportunities for youth transitioning out of foster care through collaborative programming in local communities. Youth were engaged in all stages in the development of this plan and DHS continues active collaboration with youth in planning and outreach.

Michigan coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. The eligibility criteria for Chafee-funded services are documented in DHS foster care policy. Youth meeting the criteria for Chafee-funded services are eligible regardless of race, gender or ethnic background.

DHS will cooperate in national evaluations of the Chafee Foster Care Independence Program. Since 2011, Michigan has gathered information on youth receiving independent living services provided by DHS and collected demographic and outcome information on youth through the National Youth in Transition Database. Michigan will continue to collect service and outcome data each year and use this data to identify areas for policy and program change.

**Serving Youth Across the State.** Chafee serves youth across Michigan. DHS has expanded the Michigan Youth Opportunities Initiative through allocation of 31 Michigan Youth Opportunities Initiative Coordinator positions that provide programming in 56 counties. Programming is provided without an allocated coordinator position in another seven counties. Through the involvement of youth in the local Michigan Youth Opportunities Initiative boards and the Statewide Youth Leadership boards, the state has involved youth and young adults in the development of Chafee foster care independence program and policy.

**Goal 1:** During 2015 - 2019, DHS will use the National Youth in Transition Database to assess how services vary between business service centers and/or counties.

### **Objectives:**

- By September 2015, DHS will identify the number of youth receiving independent living services by business service center and/or county.
- By September 2016, DHS will examine youth characteristics, foster care history and educational levels.
- DHS will assess Chafee services available for Native American youth.

### **Measures:**

- By September 30, 2015, the Education and Youth Unit will have the National Youth in Transition services data that identifies the number of youth receiving independent living services by service domain and county for fiscal years 2011, 2012 and 2013.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- By September 30, 2016, the DHS Education and Youth Unit will have examined three years of National Youth in Transition services data and identify strengths and gaps in Michigan's array of services for youth in transition.

**Goal 2:** During 2015 – 2019, DHS will develop a framework for analyzing National Youth in Transition data to inform service delivery.

**Objectives:** During 2015 – 2019, DHS will:

- Engage staff at all levels, youth and community partners.
- Identify and select pertinent data to examine.
- Collaborate with the data team.
- Develop an implementation plan that includes data monitoring.

**Measures:**

- By October 1, 2015, DHS will establish a focus group that includes DHS staff, community partners, stakeholders and youth.
- By July 1, 2016, the National Youth in Transition Database focus group will identify the area(s) of focus including population and key questions to be asked of the data.
- By October 1, 2016, appropriate data and measures needed to answer the key questions will be agreed upon by the focus group.
- By July 1, 2017, strategies and/or tools will be considered to address gaps and/or strengthen programming.
- By October 1, 2017, a monitoring process will be incorporated to assess the success of modifications and implementation.

### **Serving Youth of Various Ages and States of Achieving Independence**

DHS is committed to ensuring all youth in care receive appropriate services to support their health, mental health, education and self-care needs. Michigan provides appropriate services to the following:

- Youth under age 16.
- Youth ages 16 through 18.
- Youth ages 18 through 20 in foster care.
- Former foster youth ages 18 through 20.
- Youth who, after age 16, have left foster care for kinship guardianship or adoption.

Independent living preparation is required for all youth in foster care age 14 and older, regardless of their permanency planning goal. The goal of independent living preparation is to assist youth in transitioning to self-sufficiency. Independent living preparation activities for youth ages 12 and 13 are encouraged based upon availability of services and need. The DHS Health Care Oversight and Coordination Plan provides further detail of service commitments in the areas of health and mental health.

### **Local and Community Planning**

DHS allocates funds to counties for independent living services for all eligible youth age 14 and older, to support independent living preparation, regardless of their permanency planning goal. County offices can contract with private agencies or give funds directly to youth to obtain services.

### **Life Skills Assessment**

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 life milestones. The assessment must be completed annually, starting at age 14.

To prepare for independent living, youth 14 and older are involved in the development of their case service plan and participate in quarterly case planning. The level of involvement in the plan and the services provided depend on the youth's developmental abilities. Beginning at age 16, youth participate in a semi-annual transition meeting every 180 calendar days to discuss the youth's permanency goal, identify needs and resources, and identify supportive adults that will support the youth when the agency is no longer involved.

The transition plan covers all areas of a youth's needs, including housing, supportive relationships, independent living skills, education and employment. This document becomes the youth's transition plan where progress is evaluated during each meeting. A copy of the plan must be given to the youth and all individuals assisting the youth.

### **Educational Assistance**

In 2010, education planners were hired and trained. Education planners work with foster youth age 14 and older, on their education needs and goals. They work one-on-one with youth to assist with education record transfer, advocate for remaining in the youth's school of origin, special education issues, post-secondary preparation and attendance and disciplinary issues. Education planners provide training and technical assistance to child welfare workers in their counties. Currently 16 education planners cover the needs of youth in 41 counties in Michigan. Education goals and objectives are identified in the well-being section of the DHS Child and Family Services Plan 2015 - 2019.

### **Assistance with Start-up Living Expenses**

Youth 18 and older are eligible for independent living supports that include a one-time utilization for first month's rent, security deposit and startup goods with a lifetime limit of \$1,000 for the first month's rent, utilities and damage deposit. Room and board funds are also available to youth ages 18 through 20 who are no longer in foster care. Youth can access funds through the local DHS office.

**Goal 3:** DHS will transition current contracts providing specialized independent living services to include evidence-based practices with performance measures.

**Objectives:**

- By April 1, 2015, DHS will phase out the current specialized independent living services to purchase Independent Living Plus services.
- By April 1, 2015, Independent Living Plus contracts will be awarded.
- Independent Living Plus will include practical hands-on instruction. A portion of time spent learning independent living skills should be in the youth's community.
- Measures on whether contract agencies are meeting children's needs will be transparent, allowing DHS to monitor progress to ensure positive outcomes.

**Measures:**

- By April 1, 2015, Independent Living Plus contracts will be awarded and providing services to youth.
- By July 1, 2015, DHS will be receiving performance measurement reports from Independent Living Plus contractors.

**Summer Youth Employment**

An interagency agreement has existed between DHS and the Michigan Strategic Fund since 2009 to provide summer youth employment opportunities to foster youth. The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for up to 350 youth per year. The 2014 Summer Youth Employment Program will be implemented in eight sites, serving youth in 15 counties. The 2014 program increased the minimum amount of time spent on job readiness training to two weeks. This will mean more training on related skills such as resume building and interview skills.

DHS expanded programming available through the Michigan Youth Opportunities Initiative. Programming results in positive outcomes in permanency, education, employment, housing, health, financial management and social relationships. Engaging youth enables DHS to receive critical input on current policy and practice. The Michigan Youth Opportunities Initiative has a self-evaluation component. The self-evaluation team consists of DHS staff, private agency staff, youth participants and community stakeholders.

**Goal 4:** During 2015 - 2019, DHS will use the self-evaluation team to identify strategies for engagement with foster youth about gender and race disparity.

**Objective:** DHS will review data collected through self-evaluation to identify disparities in participation and service delivery related to gender and race.

- DHS will include state and national data and current research to increase engagement of foster youth by gender.
- DHS will collaborate with the MiTEAM engagement model to interface training and communication as it relates to youth engagement and outreach.

**Measures:**

- Enrollment of males in Michigan Youth Opportunities Initiative will increase annually.



- Enrollment in Michigan Youth Opportunities Initiative by race will more closely match the population of youth in their county of care.

### **Young Adult Voluntary Foster Care**

In 2011, Michigan passed the Young Adult Voluntary Foster Care Act, allowing youth to remain in foster care until age 21 and receive financial support. To be eligible for Young Adult Voluntary Foster Care, a participant must maintain employment of at least 80 hours per month or participate in an educational program. Youth in most placement types are eligible for Young Adult Voluntary Foster Care payments. In Michigan, the majority of youth in Young Adult Voluntary Foster Care are in the following placement types:

- Independent living, including attending a college or university.
- Living with a licensed or unlicensed relative.
- Guardianship.
- Adoption.

Participants living with a biological parent, regardless of the status of that parent's parental rights or incarceration, become ineligible for Young Adult Voluntary Foster Care.

Participation in Young Adult Voluntary Foster Care allows youth to continue receiving services and case management as they transition into adulthood. Services vary statewide and include mental health, medical, dental, substance abuse, educational and employment supports. Placements to support homeless and runaway youth are available under Chafee-funded contracts. Young Adult Voluntary Foster Care participants have access to Chafee-funded goods and services. Michigan also contracts with seven colleges and universities to provide independent living coaches for older youth currently and formerly in foster care.

Participation in Young Adult Voluntary Foster Care is voluntary and participants may choose to exit the program at any time. Participants also become ineligible when they fail to meet educational, employment, or disability-related requirements. If a participant becomes ineligible, there is a 30-day grace period before the youth is ineligible for the program payments, allowing the youth to rectify eligibility requirements during the grace period. Michigan allows for unlimited exits and re-entries in to Young Adult Voluntary Foster Care.

Since April 1, 2012, DHS has approved 1,053 youth for Young Adult Voluntary Foster Care. As of May 29, 2014, 472 youth in Michigan are active with the program.

**Goal 5:** During 2015 - 2019, DHS will use the National Youth in Transition focus group, the self-evaluation team and the Jim Casey Youth Opportunity Initiative to assess outcomes of youth participating in Young Adult Voluntary Foster Care.

### **Objectives:**

- DHS will review housing, education and employment data to determine the status of youth exiting extension of care.

- DHS will include recommendations from the National Youth in Transition focus group, self-evaluation team and the Jim Casey Youth Opportunity Initiative to develop programming that enhances outcomes for foster youth.

**Measure:** Youth leaving Young Adult Voluntary Foster Care will demonstrate improved stability in the areas of housing, education and employment.

### **Support for Foster Children in Higher Education**

Michigan has eleven post-secondary institutions that offer campus-based support programs to youth that have experienced foster care and are attending college. Most programs offer scholarships and programming services. Of these, seven institutions have contracts with DHS to provide independent living skills coaches to all participating youth. These institutions are:

- Baker College of Flint.
- Eastern Michigan University.
- Ferris State University.
- Michigan State University.
- Saginaw Valley State University.
- University of Michigan – Flint.
- Wayne State University.

Coaches assist students acclimating to campus life and reaching their education goals. In addition, coaches assist with all areas of the student's life such as employment, budgeting, housing, daily living skills and medical/mental health needs.

Western Michigan University and the University of Michigan, in addition to having coaches on campus, also use DHS employees as liaisons. The liaisons work with students that were in foster care to ensure they receive all services for which they are eligible, including:

- Young Adult Voluntary Foster Care.
- Education and Training Vouchers.
- Youth in Transition funds.
- Medicaid.
- Daycare.
- Supplemental Nutrition Assistance Program.

### **Collaboration with Other Private and Public Agencies**

DHS collaborates with other private and public agencies to assist youth in the following ways:

- DHS collaborated with the Department of Community Health to implement the Patient Protection and Affordable Care Act that expands medical coverage to age 26.
- In 2008, Michigan expanded Medicaid coverage to youth aging out of foster care until their 21<sup>st</sup> birthday. Foster Care Transitional Medicaid allows youth to access medical services while transitioning to independence.
- The Michigan Youth Opportunities Initiative is a partnership between DHS and Jim Casey Youth Opportunities Initiative. The partnership is in its eleventh year, with the focus to

assist older youth in foster care through training, advocacy, leadership development and financial competency.

- In response to the growing problem of child trafficking, Michigan Department of Human Services, in collaboration with the Michigan Department of Attorney General, created a protocol for child welfare professionals, court personnel, law enforcement officials and schools. The protocol outlines the needs of this population and the coordinated response required. The protocol addresses the following four goals in cases of child trafficking:
  - To provide a coordinated investigative approach while minimizing trauma to the victim.
    - To provide protection and the delivery of specialized services to the child victim and appropriate 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 the child has been identified as the victim of human trafficking.
  - To meet the continued needs of youth and young adults experiencing and at risk for homelessness, DHS developed contracts to provide an array of services available through its Homeless Youth and Runaway programs. These contracts ensure:
    - A minimum of 25 percent of the youth served are former foster youth or homeless due to a dissolved adoption or guardianship.
    - Foster youth who have voluntarily remained in, or return to, foster care after their 18<sup>th</sup> birthday who are homeless, at risk of being homeless may receive services through the Homeless Youth Runaway contracted agencies. This population does not count towards the 25 percent service requirement.

DHS has committed to reducing homelessness for foster alumni in the following ways:

- DHS collaborates with housing resource partners to develop safe, stable and affordable housing for youth exiting foster care.
- DHS has partnerships with faith-based organizations and community partners to expand housing opportunities for youth.
- DHS has committed to Michigan's 10-year plan to end homelessness with a focus on the youth population, organized around the five thematic areas of opening doors:
  - Increase leadership, collaboration and civic engagement.
  - Increase access to stable and affordable housing.
  - Increase economic security.
  - Improve health and stability.
  - Retool the homeless crisis response system.

## EDUCATION AND TRAINING VOUCHERS PROGRAM

The Chafee Education and Training Voucher program is a state-administered program implemented through a contract with Lutheran Social Services of Michigan since 2006. Lutheran Social Services of Michigan maintains an online database and website ([www.mietv.lssm.org](http://www.mietv.lssm.org)) that streamlines the application process. Youth have three options to receive an Education Training Voucher application: online, downloading a paper application or calling a toll-free number to request an application (1-877-660-METV). Disbursement of Education and Training Voucher funds is made to the post-secondary institutions, vendors or youth. In some instances, funds are provided for living expenses, such as groceries.

Education and Training Voucher staff complete a minimum of 50 outreach activities each year, including training for staff statewide, participation on webinars and mass mailings or emails. Lutheran Social Services of Michigan has developed relationships with community partners including county DHS offices, post-secondary institutions, private foster care agencies and local college access networks to ensure those working with eligible youth are aware of financial supports available. The application requires that youth send in their financial aid award information to ensure the youth is not receiving funding in excess of their needs.

Lutheran Social Services of Michigan developed a database to track utilization of Education and Training Vouchers that collects data on each youth's award and education history such as grades, school transfer and expected graduation date. This database ensures a youth is never awarded more than \$5000 in one fiscal year, per policy.

### **Education and Training Vouchers for Unaccompanied Minors**

In 2013, DHS began including unaccompanied refugee minors in the Education and Training Voucher program. The Education and Training Voucher staff works closely with the Office of Refugee Services to ensure that youth are aware of the program and application process. In 2013, 99 unaccompanied refugee minors were awarded Education and Training Vouchers.

### **Education and Training Vouchers for Tribal Youth**

All tribal human services directors are sent Education and Training Voucher material and provided technical assistance. DHS participates in quarterly Tribal-State Partnership meetings that include tribal human services directors.

### **Consultation with Tribes**

In 2012, DHS developed a Memorandum of Understanding with each of Michigan's 12 federally recognized tribes to ensure Youth in Transition funds were available to tribal youth in foster care, and those youth whose foster care case was supervised by their tribe. To make this opportunity known and answer questions, the Education and Youth Unit presented at the quarterly regional Tribal-State Partnership meeting, provided outreach by calling each tribe and conducted follow up. This item is an agenda item at each Regional Tribal State Partnership meeting. As of April 2014, five tribes have signed the agreement. The Memorandum of

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

Understanding references the policy for Youth in Transition funds, eligibility, eligible goods and services, the process for submitting requests and documentation needed. Technical assistance is offered at each quarterly meeting and also provided as requested. One Michigan tribe, the Keweenaw Bay Indian Community, has requested a Title IV-E tribal/state agreement that will be effective when their federal plan is approved.

### **Chafee Program Improvement Efforts**

As described throughout this section, youth will be included in program evaluation and development to improve outcomes for youth in foster care.

### **Chafee Foster Care Independence Program Training**

To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in the pre-service training institute and the program-specific transfer training provided by the Office of Workforce Development and Training. Technical assistance is provided to child welfare staff and local DHS and private agencies as requested. As new issues are identified, information is distributed to child welfare management and staff through communication issuances and monthly supervisory phone calls.

### **Education and Training Vouchers Awarded**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>2012-2013 School Year</b> (July 1, 2012 to June 30, 2013)	746	355
<b>2013-2014 School Year</b> (July 1, 2013 to March 31, 2014)	634	234
<b>2013-2014 School Year*estimated</b> (July 1, 2013 to June 30, 2014)	750	400

## MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR VISITS

Michigan continues to improve the rate of children in foster care visited by their caseworkers every month, exceeding the federal goal. Michigan used the federally approved sampling methodology on monthly caseworker visits. The target and Michigan's performance for the percentage of children visited each month by fiscal year is:

- 2010: 70 percent (Michigan achieved 70.9 percent).
- 2011: 90 percent (Michigan achieved 83.8 percent).
- 2012: 90 percent (Michigan achieved 96.4 percent).
- 2013: 90 percent (Michigan achieved 94.7 percent).

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

Michigan continues to exceed the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in foster care occurring in the child's residence. The percentage of children visited in their residence by fiscal year is:

- 2010: Michigan achieved 85.4 percent.
- 2011: Michigan achieved 84.6 percent.
- 2012: Michigan achieved 85.3 percent.
- 2013: Michigan achieved 88.2 percent.

Michigan's standard for the frequency of caseworker visits for children in foster care under the responsibility of the state 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 face-to-face 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.
- 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 perception of the following issues and concerns must be documented in the case service plan:

- Child's feelings/observations about the placement.
- Education.
- Parenting time.
- Sibling/relative visitation plans.
- Extracurricular/cultural activities/ hobbies since last visit.
- Permanency plan.
- Medical, dental and mental health.
- Any issues or concerns expressed by the child.

**Goal:** Michigan will continue to report monthly caseworker visit data each fiscal year by December 15.

Since 2012, Michigan has used the monthly caseworker visit grant to promote family engagement with caseworkers through training aimed at addressing difficult issues in a respectful way that resolves differences.

- In 2012, Michigan provided Crucial Conversations training to over 750 caseworkers and other child welfare staff.
- In 2012 through 2014, Michigan provided Crucial Accountability training to 750 caseworkers, supervisors and other child welfare staff.

## Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Course evaluations showed a notable improvement in staff perceptions of how effective they are in resolving difficult issues and in improving communication.
- Crucial Conversations and Crucial Accountability training was adapted to teach communication skills specific to child welfare case scenarios.
- Crucial Conversations and Crucial Accountability training has been linked with the MiTEAM enhancement by training peer coaches as trainers and coaching them to assist with difficult communication issues in their local office.

Michigan will use monthly caseworker grant funds in 2015-2019 to provide training and retention activities, to assist in family engagement and assessment, and improve caseworker retention.

### ADOPTION INCENTIVE PAYMENTS

If Michigan is allocated Adoption Incentive Funds in the time period of 2015 to 2019, DHS will ensure the funds are used for allowed activities and spent in a timely manner.

### CHILD WELFARE WAIVER DEMONSTRATION PROJECT

In 2012, DHS was granted a waiver under Section 1130 of the Social Security Act to implement a five-year child welfare demonstration project. DHS implemented the project, Protect MiFamily, August 2013 in Kalamazoo, Macomb and Muskegon counties. The target population includes families with children from birth through age 5 determined by CPS to be at high or intensive risk for maltreatment and that reside in a participating county. Both Title IV-E-eligible and non-eligible children may participate.

Participating counties use this Title IV-E flexibility to expand secondary and tertiary prevention services to improve outcomes for children and families. The demonstration project seeks to reduce maltreatment and out-of-home placement, while improving parental capacity and child well-being. Contracts were awarded to three private agencies to engage families in an enhanced screening, assessment and in-home case management model for a 15-month period, coupled with access to an array of family support services.

Title IV-B funds are used to maximize the use of flexible Title IV-E dollars in the demonstration in the following ways:

- Protect MiFamily services rely, in part, on the availability of community programming and services funded through Title IV-B. These funds provide supportive services in demonstration counties and support families in improved parenting behaviors and the maintenance of new skills. It is anticipated that the project may stimulate innovation in the development of local family support services and preservation activities eligible for Title IV-B reimbursement.

Michigan Department of Human Services  
Child and Family Services Plan 2015 - 2019

- Michigan's Title IV-E waiver uses an experimental research design in which families are referred to treatment and control groups. Services funded through Title IV-B are provided to families selected for the control group, such as Families Together Building Solutions, Wraparound, parent support groups and parenting skills training.
- Title IV-B funded services may also be employed as step-down services, should a family require ongoing support.
- To maximize fully the amount of Title IV-E funds available to the state, Michigan will consider using the reinvestment monies accumulated because of cost savings to support only child welfare activities eligible for both Title IV-E and IV-B reimbursement. A priority will be placed on investing cost savings to prevent child abuse and neglect, preserving and reuniting families and promoting safety.

The Protect MiFamily project is consistent with the DHS Child Welfare Mission and Vision. It integrates the goals and objectives of the Child and Family Services Plan by:

- Enhancing services and supports to the population at greatest risk of maltreatment.
- Addressing families' basic needs and focusing resources on the most vulnerable.
- Providing evidence-based services.
- Engaging families as partners.
- Keeping children safely in their own homes.
- Reducing abuse and neglect.
- Improving the well-being of children.
- Improving family functioning.
- Implementing continuous quality improvement.
- Evaluating program effectiveness on established outcomes.

DHS contracted with an independent evaluation team to determine the effectiveness of the demonstration using an experimental design. Interim and final evaluation reports will include process, outcome and cost/benefit analyses. As required, the state will ensure the savings resulting from the waiver demonstration will be used for the provision of child welfare services.