



Children's Services Agency

Annual Progress and Services Report 2023

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

June 2022

TABLE OF CONTENTS

General Information	6
Introduction	8
Collaboration on the Implementation of the CFSP 2020-2024 and APSR	8
Creating an Equitable Child Welfare System	13
Michigan’s Plan to Enact the State’s Vision.....	18
Children’s Services Agency COVID-19 Response Overview	26
Family First Prevention Services Act	28
Safe Care for Infants Affected by Substance Use	31
Collaboration with the Court System	36
Coordination of Child Welfare Services	42
Child and Family Services Continuum.....	48
Performance-Based Child Welfare Services	60
Program Support.....	62
Evaluation and Research Activities	65
MDHHS Targeted Plans Status.....	67
Safety	67
Population at the Greatest Risk of Maltreatment.....	88
Permanency	89
Services for Children Under the Age of 5	104
Well-Being.....	106
Systemic Factors	131

Information System	132
Case Review System.....	144
Quality Assurance System.....	160
Staff and Provider Training	179
Service Array and Resource Development	196
Agency Responsiveness to the Community.....	213
Foster and Adoptive Parent Recruitment, Licensing and Retention	223
Consultation and Coordination with Native American Tribes.....	243
John H. Chafee Foster Care Program for Successful Transition to Adulthood	256
Education and Training Vouchers Program	280
Service Description - Title IV-B(1) Funds.....	282
Service Description – Title IV-B(2) Funds.....	282
Decision-Making Process for Family Support Services	286
Juvenile Justice Programs	286
Juvenile Justice Transfers.....	290
Services for Children Adopted from Other Countries	290
Adoption and Legal Guardianship Incentive Payments.....	291
Adoption Savings Expenditures	292
Kinship Navigator Program Funding	292
Monthly Caseworker Visit Data and Formula Grant.....	294
Michigan Supplemental Funding Activities FY 2021.....	296

Michigan Annual Progress and Services Report 2023

- MI FY 2023 CFS 101..... Attachment A
- Payment Limitation Title IVB(1) Match Compared to 2005 Attachment B
- Payment Limitation Title IV-B(2) Maintenance of Effort Report Attachment C
- Child Abuse Prevention and Treatment Act (CAPTA) 2022 Update Attachment D
- FY 2022 CPS Staffing Allocation (CAPTA) Attachment E
- Services Specialist Job Specification (CAPTA) Attachment F
- 2021 Citizen Review Panel Annual Report and MDHHS Response (CAPTA) Attachment G
- Indian Child Welfare and Tribal Directories..... Attachment H
- Native American Affairs Tribal Consultation Director’s Survey..... Attachment I
- Data on Native American Children in Foster Care Attachment J
- Native American Tribe and Outreach Worker Legend Attachment K
- Title IV-E Training Matrix Attachment L

Michigan Dept. of Health and Human Services Targeted Plans

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

Michigan’s CFSP and APSR Contact

Kelly Sesti, Director, Division of Continuous Quality Improvement
Michigan Dept. of Health and Human Services
235 S. Grand Avenue, Suite 505, P.O. Box 30037
Lansing, MI 48909-0037
517-719-4240
sestik@michigan.gov

Michigan’s Child Abuse Prevention and Treatment Act Coordinator

Mary Lou Mahoney, Director, Prevention, Preservation, and Protection
Michigan Dept. of Health and Human Services
235 S. Grand Avenue, Suite 510, P.O. Box 30037
Lansing, MI 48909-0037
517-243-2743
mahoneym2@michigan.gov

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

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

Glossary of Acronyms Used in this Report

- AFCARS: Adoption and Foster Care Analysis and Reporting System
- APSR: Annual Progress and Services Report
- ARTT: Anti-Racism Transformation Team
- BSC: Business Service Center
- CCI: Child-caring institution
- CCWIS: Comprehensive Child Welfare Information System
- CFSP: Child and Family Services Plan
- CFSR: Child and Family Services Review
- CMH: Community Mental Health
- CPA: Child-placing agency
- CPS: Children’s Protective Services
- CQI: Continuous Quality Improvement
- CSA: Children’s Services Agency
- DCQI: Division of Continuous Quality Improvement
- DCWL: Division of Child Welfare Licensing
- DEI: Diversity, equity, and inclusion
- DMU: Data Management Unit
- ETV: Education and Training Voucher program
- FFPSA: Family First Prevention Services Act
- FY: Fiscal year
- ICWA: Indian Child Welfare Act
- LGBTQ: Lesbian/Gay/Bisexual/Transgender/Questioning
- MARE: Michigan Adoption Resource Exchange
- MDHHS: Michigan Dept. of Health and Human Services
- MIC: Maltreatment in care
- MIFPA: Michigan Indian Family Preservation Act
- MiSACWIS: Michigan Statewide Automated Child Welfare Information System
- MISEP: Modified Implementation, Sustainability, and Exit Plan
- MYOI: Michigan Youth Opportunities Initiative
- NCANDS: National Child Abuse and Neglect Data System
- NYTD: National Youth in Transition Database
- OWDT: Office of Workforce Development and Training
- QIC: Quality Improvement Council
- QRTP: Qualified Residential Treatment Program
- PIP: Program Improvement Plan
- REDI: Office of Race Equity, Diversity, and Inclusion
- TDM: Team Decision-Making meeting
- SCAO: State Court Administrative Office
- YAVFC: Young Adult Voluntary Foster Care

GENERAL INFORMATION

The Michigan Dept. of Health and Human Services (MDHHS) organizational structure reflects the department's vision and priorities, with an emphasis on public health, family, and children's services, aging and adult services, service delivery and community operations, economic stability, health and behavioral health services, family support, and community services. Director Elizabeth Hertel was appointed to lead MDHHS in January 2021.

MDHHS is the state department that administers:

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

Child welfare services in Michigan are administered through the MDHHS Children's Services Agency (CSA). The Executive Director of CSA, Demetrius Starling, oversees:

- Director of the Bureau of Administration.
- Director of the Bureau of In-Home Services.
- Director of the Bureau of Out-of-Home Services.
- Directors of the Business Service Centers (BSC).
- Division of Continuous Quality Improvement (DCQI).
- Native American Affairs and Race Equity.
- Children Trust Michigan.

CSA created two new leadership positions in 2021:

- Special Advisor to the CSA Director – Shayne Machen, Esq., former ICWA Attorney and Prosecutor for the Little River Band of Ottawa Indians.
- State Manager for ICWA Compliance and Race Equity – Jason Cross, MSW, tribal member and former Director of Social Services for the Little River Band of Ottawa Indians.

DCQI is responsible for the development and administration of the Child and Family Services Plan and leading ongoing continuous quality improvement (CQI) efforts.

MDHHS Mission

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

MDHHS Vision

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

Child Welfare Vision

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

Child Welfare Mission

It is our mission to ensure safety for Michigan children who come to the CSA's attention through provision of preventive, early intervention, and foster care services that build on the child's and family's strengths and lead to timely permanency. Our professional, respectful staff and agency partners will work to address and remediate family trauma, access to services, and strengthen families and their communities.

Guiding Principles

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

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

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

INTRODUCTION

The Annual Progress and Services Report (APSR) 2023 represents year three reporting on Child and Family Services Plan (CFSP) goals for 2020-2024 based on the state's achievements in fiscal year (FY) 2021. Michigan's Child and Family Services Review (CFSR) Program Improvement Plan (PIP), data on the state's performance over time and feedback from stakeholders are essential measures of Michigan's performance and are included in this report. This APSR demonstrates the state's continuing alignment of Michigan's CFSP and APSR with the federal CFSR goals and outcomes.

Reporting on Child Welfare Outcomes

In 2019, the CFSP 2020-2024 set forth new goals for the five-year period 2020 to 2024, utilizing the most recent data available as a baseline, and described planned strategies and activities for meeting the state's goals and objectives. Interim progress toward achievement of those goals in 2021 is described in this report, along with progress resulting from the strategies set out in the CFSP 2020-2024.

MDHHS Targeted Plans

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

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

Michigan has standing committees and professional and citizen groups that inform the goals and objectives of MDHHS' five-year CFSP and yearly APSR, assess agency strengths and areas needing improvement, and develop services responsive to the diverse needs of the state's populations and geographical regions. Michigan uses feedback and data provided by citizen groups and stakeholders in developing the CFSP/APSR through their interactions with staff of the MDHHS Bureaus of Administration, In-Home Services and Out-of-Home Services who interact with those groups. Bureau staff use the feedback and data in discussion, planning, and drafting their respective sections of the CFSP/APSR. Ongoing input from these groups provides MDHHS with vital information in a feedback loop that spurs efforts to address identified issues and improve services to children and families. Two important ad hoc groups are described below:

- Improving Safety and Care in Michigan Child-Caring Institutions (CCIs). This steering committee met from October 2020 to March 2021 and focused on implementation of recommendations made by national experts following a review of the safety and quality of care in Michigan CCIs. Subcommittees included: Caseworker Policy and Practice, Youth and Parent Engagement, Licensing Oversight, and Intervention Policy and Practice. Primary deliverables included:
 - Revision of CCI Administrative Rules to focus on elimination of seclusion and restraint.
 - Development of a dashboard to provide accurate and timely data to improve practice.
 - Establishment of a statewide Youth Advisory Board to guide policy and practice decisions.
 - Policy revision to ensure contact with youth is trauma-responsive and aligned with best practices.
 - Development of active contract monitoring process.
 - Implementation of transparent licensing investigation guidance that allows for greater partnership with providers and more expedient remediation of safety-related licensing violations.
- Michigan House Adoption and Foster Care Task Force. The task force held a series of virtual meetings over several months in which people within Michigan’s child welfare system shared their experiences and provided guidance on how to improve outcomes. The bipartisan panel collected written comments to consider when crafting recommendations to help bring an end to Michigan’s consent decree (now titled the Modified Implementation, Sustainability, and Exit Plan, or MISEP), achieve timely permanency, remove obstacles and disincentives preventing new families from supporting foster youth, increase adoptions, bolster kinship care, expand access to services, improve caseworker retention, and enhance systemic legal representation. The task force developed a series of recommendations, outlined in this report: [Adoption TaskForce Report 11 09 21.pdf \(dtj5wlj7ond0z.cloudfront.net\)](https://dtj5wlj7ond0z.cloudfront.net/Adoption_TaskForce_Report_11_09_21.pdf)

Some groups that provide ongoing collaborative feedback and guidance are listed below:

- The Citizen Review Panel on Prevention provides a forum for citizen input on prevention issues and makes recommendations to MDHHS and the governor. Children Trust Michigan serves as the Citizen Review Panel on Prevention.
- The Governor’s Task Force on Child Abuse and Neglect, also known as Citizen’s Review Panel on CPS, Foster Care, and Adoption, solicits feedback from a variety of stakeholders to determine how to effectively respond to child abuse and neglect.
- Tribal-State Partnership is a collaboration between MDHHS, and the 12 federally recognized tribes located in Michigan. This group meets quarterly to address Indian child welfare practices and discuss the needs of Michigan’s indigenous populations.
- The Prosecuting Attorney Advisory Council meets quarterly to discuss issues of mutual interest to the county prosecutors who represent MDHHS and private CPAs in child

protective proceedings. The meetings focus on information sharing and problem resolution to enable more effective and efficient collaboration between child welfare staff and prosecutors to improve legal representation for MDHHS.

- The Judicial Advisory Council meets quarterly to discuss issues of mutual interest to the courts and MDHHS in child protective proceedings, foster care, and adoption cases. The meetings focus on information sharing and problem resolution to enable more effective and efficient collaboration between child welfare staff and the courts.
- The Michigan Office of the Children’s Ombudsman is an independent state agency that receives and investigates complaints concerning children under the supervision of MDHHS and makes recommendations for practice improvements.
- The Foster Care Review Board, housed within the State Court Administrative Office (SCAO), consists of citizen volunteers who independently review foster care cases and make recommendations to the court overseeing the case.
- The Children’s Protective Services (CPS) Advisory Group includes CPS supervisors from across the state who meet quarterly to discuss what is occurring in the field, as well as potential systemic changes. Group members are asked to provide feedback regarding new MDHHS pilots.
- Foster Care Advisory Council consists of public and private foster care supervisors and stakeholders from across the state with the goal of ensuring that policy and practice decisions impacting youth placed in out-of-home care are made in partnership with a diverse group of foster care professionals who can offer expert review, insight, and considerations about how state-level decisions may impact children, families, and staff.
- The Foster, Adoptive and Kinship Collaborative Council includes representatives from foster, adoptive, and kinship support and advocacy organizations. The group provides feedback and suggestions for actions that should be taken on behalf of families and children.
- Fostering Success Michigan was established with the goal of increasing access and success to higher education for students who have experienced foster care. MDHHS participates in the group’s Policy Action Network, which reviews and identifies policies that focus on improving education outcomes for youth who are in foster care.
- The Adoption Oversight Committee is comprised of MDHHS central office staff, adoption agencies, the Michigan Adoption Resource Exchange (MARE), SCAO, and adoptive parent groups. Subcommittees include Post- Adoption, Residential, Training and Recruitment, and Legal Services and Provisions.
- The CSA Youth Advisory Board was formed in 2020 and consists of young people from across the state representing various race and ethnicities, age, and gender expression who share information about their experiences within the child welfare system with the goal of improving services to young people in the system.
- The Child Welfare Improvement Task Force addresses racial disparity in Michigan’s child welfare system. The group is co-chaired by David Sanders of Casey Family Programs and Michigan Governor Gretchen Whitmer’s Senior Advisor, Tommy

Stallworth. The task force receives support from the Michigan Public Health Institute.

- The MDHHS Diversity, Equity, and Inclusion (DEI) Council is a group of public and private leaders that meets monthly to develop strategies to implement the DEI plan throughout the agency.
- The Michigan Race Equity Coalition is a group of child welfare leadership, including judicial, state, and local officials that examines and implements strategies to address the root causes of the overrepresentation of children of color in the child welfare system.
- The Michigan Network of Youth and Families is a collaborative of service providers for runaway and homeless youth focused on bringing statewide advocacy, education, information, and training to their members with the goal of strengthening Michigan youth in need, their families, and communities.
- The Children's Issues Committee within Community Mental Health (CMH) Association of Michigan includes directors from the children's division of local CMH agencies. The committee provides updates about child welfare and brings information that may be pertinent to policy or programs.
- The Michigan Committee on Juvenile Justice is a governor-appointed committee that consists of juvenile justice stakeholders throughout the state. The committee focuses on ensuring the state's compliance with the federal Juvenile Justice and Delinquency Prevention Act and advises the governor on juvenile justice matters occurring within the state.
- The Guy Thompson Parent Advisory Council is comprised of birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs.
- Michigan Youth Opportunities Initiative (MYOI) Youth Boards are community-based boards of youth in foster care that promote youth preparation for independence and provide feedback to MDHHS and providers about their experiences in foster care.
- Michigan Child Welfare, University Partnership, and the University Consortium is a group of several higher education institutions across Michigan with the goal of enhancing child welfare recruitment, training, and retention in collaboration with CSA.
- Division of Victim Services and the Safe and Together Institute both offer training and support in implementation of the Safe and Together domestic violence case practice model, offering child welfare staff guidance on how to effectively work with cases involving domestic violence.

Involvement in CFSP 2020-2024 Development

Standing groups and committees continued to serve in their current capacity in 2021, reviewing data, policies and outcomes and making recommendations for improvements. MDHHS' status and progress are shared with the groups and committees as an integral part of their missions in a continuing feedback loop.

Child and Family Services Review Round 3

Michigan underwent the CFSR Round 3 on Aug. 13-17, 2018. The results of the CFSR Onsite Review determined that Michigan did not pass any of the outcomes or associated items. The systemic factors found to be in substantial conformity include the Statewide Information System, Quality Assurance System and Agency Responsiveness to the Community. The Children's Bureau targeted Safety Outcomes 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1 as primary outcomes needing improvement in Michigan. CFSR PIP Quarter 8 results for those outcomes are provided in the Quality Assurance section.

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

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

CFSR PIP

Michigan's CFSR Round 3 PIP was approved by the Children's Bureau and signed on April 18, 2019. Baselines for each of the items identified for improvement in the PIP were established beginning with PIP implementation and concluded at the end of year one of the PIP. In June 2021, Michigan completed eight quarters implementing strategies outlined in the CFSR PIP. In 2022, Michigan is in the non-overlapping year, with two remaining items pending, Items 6 and 15. Michigan's PIP implementation period will conclude on Oct. 31, 2022, although system improvements begun during the PIP will continue throughout the remainder of the five-year CFSP and beyond.

CFSR Vision Statement

The PIP development group created the following vision statement:

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

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

CREATING AN EQUITABLE CHILD WELFARE SYSTEM

MDHHS is committed to creating an equitable child welfare system, advancing equity for all Michigan citizens, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. MDHHS is undertaking a systematic approach to embedding fairness in decision-making processes and working to redress inequities in policies and programs that serve as barriers to equal opportunity.

MDHHS' strategic plan for 2023 - 2027, finalized in January 2022, includes the following key strategies related to DEI:

- Normalize DEI work across state government.
- Achieve a diverse workforce to best serve a diverse population.
- Adopt a department-wide Equity Impact Assessment process to embed equity considerations in decision-making processes across the department.
- Increase and standardize gender identity as well as race, ethnicity, abilities, language, and disability data collection across the department.
- Provide support to increase the capacity of the agency and community partners to advance racial equity, diversity, and inclusion.
- Increase the number of companies the department works with that are run by members of historically marginalized communities.
- Address racial wealth inequities and work with underserved populations on financial literacy.
- Integrate racial equity into department leadership, operations, programs, policies, and practices.
- Develop a communication plan (internal/external) that fosters DEI accountability and transparent reporting of accomplishments, challenges, and opportunities.
- Provide support, technical assistance, and consultation for up to 10 work areas within MDHHS to establish goals and implement actions that reduce racial and ethnic disparities.

Below are descriptions of DEI efforts MDHHS and CSA are currently involved in:

Child Welfare Leadership Transformation Group

The Child Welfare Leadership Transformation Group (previously the Public/Private Partnership for Race Equity and Diversity) was established to provide a venue for leadership from MDHHS and private agencies to develop plans to assess, revise, and implement steps to address issues of systemic racism and DEI within Michigan's child welfare system. In 2021, the group was redesigned to focus on developing leadership in public and private agencies with a shared understanding, analysis, and language for addressing systemic racism within Michigan's child welfare system. The group meets monthly to develop a learning cohort of leadership with a shared vision who can share ideas, experiences, and ways of moving

forward to address racism. The group will continue to develop learning experiences and additional commitments to change.

The Office of Race, Equity, Diversion, and Inclusion (REDI)

The MDHHS REDI office was created 2020 to address racial, health, social, and wealth disparities that impact internal and external partners and align with the MDHHS core values of human dignity, opportunity, perseverance, and ease (HOPE).

REDI is responsible for setting the strategic direction for the department to identify and address issues of inequity due to systemic marginalization and to create a culture of DEI in its practices and policies. REDI collaborates with internal partners to develop strategies to address disparities in the areas of health (Medicaid/public health), the wealth gap/poverty (Economic Stability Administration), employment (Human Resources), policies/procedures (policy) and services to children and families (CSA) and other departments. The REDI director collaborates with equity and inclusion officers across all state agencies to build DEI infrastructure, grow leadership, and improve DEI. In 2021, REDI focused on building MDHHS capacity by:

- Facilitating discussions with program areas on advancing equity.
- Technical assistance with work units on policy reviews with an equity lens, assessment of culture, climate, and development of DEI plans.
- Specifically tailored DEI trainings requested by program areas.

Child Welfare Improvement Task Force

In November 2020, CSA began developing the statewide Child Welfare Improvement Task Force to address the over-representation of children of color in the foster care system in Michigan, and to support MDHHS in improving the safe, fair, and equitable treatment of all Michigan's children and families. The task force is responsible for reviewing the adequacy and effectiveness of the strategies identified by the agency, assessing whether the agency is implementing the identified strategies, and seeking necessary community support including legislative support to implement effective strategies. The task force engages in the following strategies in fulfilling its obligations:

- Case reviews
- Public hearings
- Interviews of MDHHS staff
- Policy reviews
- Budget reviews
- Reviews of research
- Conducting hearings including:
 - Youth and families
 - Academic experts
 - Providers
 - Child welfare staff

DEI Council

The MDHHS DEI Council was created in 2015 to work within MDHHS to promote change that will assist the diverse communities served. Updates noted in 2021 include:

- **Communication**
 - Creating a best practice resource for more accessible meetings and ensuring that they are inclusive and accommodating to individuals with visual and hearing needs.
 - Continuing to encourage and work with program areas to create their DEI plans.
 - Creating and sharing a glossary and style guide for equity language and accessibility.
 - Creating a scoring rubric and performing a review of all customer-facing forms and websites for inclusion and accessibility.
- **Collaboration**
 - Building the DEI liaison program.
 - Collecting and sharing resources and best practices from program areas and partners.
 - Creating a DEI-focused mentoring program including onboarding new employees and providing mid-career individuals opportunities for mentoring.
 - Talking to leaders and staff about their needs and creating opportunities for volunteer or service-based community improvement projects.
- **Celebration**
 - Identifying and sharing office-specific DEI efforts and activities in the HOPE weekly newsletter and other venues.
 - Identifying lead action teams.
 - Awarding DEI staff recognition “Coins.”
- **Capacity**
 - Training managers and incorporating DEI into performance plans and how to evaluate those plans.
 - Rolling out “Let's Talk About It” presentations to local offices.
 - Advocating for DEI coordinator positions in major program areas or administrations.
 - Training for senior leaders so they can be effective change agents and role models.
- **Future Planning**
 - Improving culture and climate by repeating the Race Equity Survey.
 - Identifying supports for women’s health initiatives.
 - Expanding caucusing and “Lunch and Learns” for the entire agency.
 - Bringing attention to DEI training policies and requirements.

CSA Anti-Racism Transformation Team (ARTT)

This team exists to eliminate racial disparities and to reduce disproportionate representation of children of color in Michigan’s child welfare system. ARTT members were trained in team building and strategic planning and continue to be supported through a contract with a national leader in anti-racism training, Eliminating Racism and Claiming/Celebrating Equity (ERACCE). MDHHS acknowledges and remediates historical trauma impacting communities of color caused by institutional racism through:

- Establishing a racially diverse workforce and leadership that exemplifies cultural integrity.
- Empowering and engaging voices of communities of color in all decision-making.
- Institutionalizing anti-racist policies, practices, and legislation.

In 2021, highlights of team accomplishments include:

- The team was consulted and provided input on:
 - Family First Prevention Services Act (FFPSA) implementation.
 - Structured decision-making re-design efforts.
 - CSA Mission and Vision statement and infographic.
 - Front End Redesign of the CPS system.
- The team collaborated with:
 - Michigan Public Health Institute on data capture efforts.
 - Michigan’s Statewide Automated Child Welfare Information System (MiSACWIS) and Comprehensive Child Welfare Information System (CCWIS) groups to address racial data gaps.
 - The newly-established MDHHS REDI.
 - Child Welfare Transformation Leadership Group to receive broader input from private agency leadership.
 - Michigan Child Welfare Improvement Task Force.
 - Kent and Jackson County offices to support the development of Anti-Racism Transformation Team in each county with local child welfare stakeholders.
- Future plans include:
 - Creating more ARTTs in additional counties and to engage private partners through county teams.
 - Recruiting CSA ARTT members for the next three-year term.
 - Training and presentations to public and private leaders across the state.
 - Engaging tribal partners to cultivate an anti-racist child welfare system.

Front End Redesign – Reducing Racial Disproportionality

Centralized Intake is the initial contact point for referrals for child abuse or neglect to MDHHS. To ensure decision-making is equitable and consistent at the initial stages of contact, CSA has partnered with Evident Change and Ideas 42 to develop structured decision-making tools for Michigan’s Centralized Intake. Safety and risk assessment tools are used by workers to assess child safety and determine the likelihood of future system involvement. The development of new tools will ensure equity, consistency, and accuracy in decision-making

and service provision and ensure families are treated fairly, reduce repeat system involvement, reduce racial disproportionality, and reduce the trauma experienced by families who do not require system involvement.

County Office Projects

Kent and Jackson counties are developing plans to address systemic racism and overrepresentation of children of color in their respective child welfare systems. This includes planning to develop county-specific anti-racism transformation teams.

- Kent County is continuing to address these issues within their EMBRACE (Eliminating Misrepresentation Between Races and Celebrating Equity) group which has identified countywide data that pinpoints specific decision points within child welfare that lead to racial disparities. In addition, Kent County is developing training to address internal bias within frontline staff.
- Jackson County has been addressing DEI issues through recruiting community members in DEI efforts, reviewing local county policy, and developing better ways to address equity conversations.
- Muskegon County is receiving technical assistance from the University of Michigan on the use of the *Youth Flow in Michigan's Child Welfare System* data visualization for learning about racial disparity in Muskegon County.

Recent Developments

Below are some highlights of recent progress MDHHS has made in moving toward an equitable child welfare system:

- MDHHS is forming a task force to support LGBTQ families who would like to foster or adopt children. The MiFamily Advancement and Leadership for LGBTQ Youth (ALLY) task force is comprised of LGBTQ persons, allies, and child welfare experts who will determine how best to support LGBTQ families interested in becoming foster and adoptive parents. The task force will assess how the child welfare system supports LGBTQ families, engage the LGBTQ community, and learn from their perspectives, and make recommendations for how the department can best serve these families. The task force's work is expected to be completed by fall 2022.
- MDHHS has begun including the Valuing Diversity and Inclusion competency in all staff performance evaluations to encourage employees to build knowledge and skills in recognizing and mitigating bias, fostering allyship, and respecting and valuing differences. The Office of Human Resources and REDI are working closely to develop guidance to assist managers in rating this competency.
- An innovative tool that was created to assist counties in assessing disparity of treatment and outcomes based on race was made available in 2021; *Youth Flow in Michigan's Child Welfare System* was created by the University of Michigan as a data visualization that tracks the following data by age, gender, and race:
 - Volume of hotline calls screened-in
 - Volume of screened-in calls that lead to a preponderance of evidence
 - Volume of investigations with a preponderance of evidence that led to

- removal of a child
- Time in care after removal
- Reporter role

The tableau is an important tool for addressing disproportionality in Michigan’s child welfare system by identifying crucial points in the child welfare continuum from CPS to adoption and guardianship where efforts can be focused. Data is broken down by county, allowing local offices to monitor their own performance along those measures. In 2022, the University of Michigan is continuing to offer technical assistance to counties and agencies on the use of the tool. The tableau can be viewed here: [Youth Flow | Tableau Public](#)

MDHHS acknowledges that the department is in the beginning stages of instituting this important and long-overdue work. More tools are needed to address specific child welfare points of contact, from referral to permanency, and more services are needed in each area that proactively address existing disparities while providing services that are critical to keeping families safely together. These efforts will expand in the next two years of Michigan’s CFSP and will be fully embedded in the next five-year plan.

MICHIGAN’S PLAN TO ENACT THE STATE’S VISION

For Michigan to address all the areas needing improvement outlined in the CFSR, system changes and a culture shift are needed, beginning at the highest levels of leadership. These changes were initiated at the beginning of the state’s PIP and will extend through the five years of the CFSP. The state is committed to ensuring that the child welfare system addresses key areas that will improve child safety, permanency, and well-being through the following strategies, which are updated with some of MDHHS’ current initiatives:

Increase prevention services. Michigan will significantly expand the availability of prevention and reunification services for families who encounter the child welfare system. With an increase in federal, state, and local investments to provide prevention services, expenditures for out-of-home care are expected to decrease. Services will be evidence-based, trauma informed, and delivered in community settings. The child welfare system will collaborate to build community capacity to help families address challenges before maltreatment occurs.

- With the submission of Michigan’s Title IV-E Prevention Plan, the state initiated a significant expansion of the state’s child welfare service array at the beginning of the services continuum. MIFamily, Stronger Together is the name chosen for this expansion, which emphasizes the provision of supportive services to enhance child safety before family concerns rise to the level of the abuse or neglect of children. New or expanded services include the following:
 - Home visiting programs including Nurse Family Partnership, Parents as Teachers, and Healthy Families America.

- Family Spirit, a home visiting program for pregnant Native American women and children through age 5, supporting the health of the Native American family and building strong and healthy parents.
- HOMEBUILDERS®, an intensive, evidence-based family preservation program for families with children at imminent risk of out-of-home placement.
- Motivational Interviewing, a therapeutic technique to serve adolescents and adults with substance abuse and mental health challenges and increase motivation for change.

Decrease child removal. The number of children separated from their parents and the average length of time in care is expected to be significantly reduced. Any recommendation for child separation will include extensive deliberation, significant efforts to alleviate the need for separation, meaningful family and community engagement, and rigorous review at the highest levels of leadership prior to removal. Parents and children will receive high-quality legal representation that advocates strongly for timely and appropriate services and expedited case resolution and permanency. Child welfare staff and legal partners will strive to achieve reunification at the earliest point possible with intensive reunification supports when appropriate.

- Michigan established pilot projects in Wayne and Van Buren counties to provide legal representation for children and parents involved in child welfare. Both counties are focusing on pre- and post-petition work to minimize the number of children in care, and addressing barriers such as housing and evictions, custody, guardianships, and misdemeanor or traffic-related issues. Van Buren County is also focusing on changes to court-appointed attorney contracts and compensation. Both programs were implemented in summer 2021.
 - In 2021, Wayne County reported 30 cases were successfully resolved without a petition for removal as a result of ancillary legal issues being addressed.
 - In Van Buren County, the number of children in care has been reduced from 202 children in 2018 to 74 children as of March 2022. Additionally, there has been a reduction in CPS Category I cases, attributable in part to the interventions made possible by the Quality Legal Representation project.
- In 2020, Michigan implemented statewide Child and Parent Legal Representation grants concurrently with pilot programming in Van Buren and Wayne counties. The state amended the Title IV-E Prevention Plan to allow counties to claim federal funding for parent and child attorney fees in child protective proceedings to promote activities aimed at improving representation of parents and youth. Michigan held webinars to explain grant opportunities and all courts were invited to apply for grants that would allow access to Title IV-E dollars. These grants allow for pre-petition representation to help reduce the number of children coming into care. Van Buren also hired a social worker to support their legal team by providing additional services to prevent removal.
 - In FY 2020, 32 counties participated in the Child and Parent Legal Representation project. In March 2021, 40 counties were participating,

including Van Buren and Wayne. As of March 2022, 44 counties are participating in the project.

- In 2021 and 2022, many counties are seeing a reduction in their rate of entry into foster care. Several factors that may be contributing include the Prevention Outreach project, increased service provision to non-respondent parents, quality improvement activities coordinated through the BSCs, and data discussions with the county leadership.
 - In January 2019, there were 13,495 children in Michigan’s foster care system.
 - In January 2020, there were 12,589 children in Michigan’s foster care system.
 - In January 2021, there were 11,630 children in Michigan’s foster care system, a reduction of nearly 14 percent from 2019.
 - In January 2022, there were 10,633 children in Michigan’s foster care system, a reduction of 21 percent from 2019.

Utilize a family-focused approach. Michigan’s child welfare policies and practices will be supportive and family-focused and child safety and well-being will be addressed through increased engagement with families. Families will always be treated with respect and dignity. Parent voices will be valued in program and policy development and in all aspects of individual cases. Michigan child welfare professionals will accurately assess family strengths and needs and work with families to identify effective services to match their needs. Families will experience meaningful assistance through their involvement with the child welfare system.

- CSA is partnering with Recovery Oriented Systems of Care, Medical Services Administration, and local Pre-paid Inpatient Health Plans to increase co-placement of infants and children with their parents in treatment facilities for substance use disorder. In 2020, data indicated that 38 children were residing with a parent while in residential care. In calendar year 2021, the data indicated that 350 children entered a residential treatment facility with a parent, an increase of 259 from the previous year. CSA is collaborating with the National Center of Substance Abuse in Child Welfare over the next year to identify substance use disorder cross system communication strengths and needs.
- A MiTEAM Fidelity Tool Switchboard was created to identify strengths and areas for improvement for continued training in the MiTEAM case practice model for caseworkers. In response to field feedback, the switchboard supplements the data available in the MiTEAM Fidelity application that provides managers and staff information to support ongoing caseworker growth and development in the MiTEAM competencies of teaming, engagement, assessment, and mentoring. Additional data reports allow the field the ability to drill down to observation setting, individuals interviewed, and interview approach, yielding additional details about use of the competencies within varying settings. The switchboard also provides information for CSA leadership and local CQI teams to inform quality improvement strategies for building and sustaining strong case practice. The MiTEAM Fidelity Switchboard was

distributed to the field in April 2021. Since distribution of the switchboard, participation in the use of the MiTEAM Fidelity Tool has increased statewide.

Maintain family connections. Maintaining family connections when children are separated from their parents is a priority. Locating and involving extended family members will occur throughout a family's involvement with child welfare. First consideration for out-of-home placement will be with the child's relatives and siblings will be placed together whenever possible.

- In response to a ChildStat action item recommending the development of resources for working with non-respondent parents in child welfare cases, two resources were created: "Working with Parents Who Are Not Respondents" and "Identifying Protective Factors and Support for Non-Respondent Parents." These tools were developed to assist staff with working with families to help identify needs, resources that are available to address those needs, and making appropriate referrals. The documents are designed to be completed with the family and may be used as engagement tools during family team meetings.
- Safety and Facilitation Expert (SAFE) Team Decision-Making (TDM) Model. Family team meetings, central to the MiTEAM practice model, are structured around family participation in creating case plans. MDHHS implemented a pilot to test whether the SAFE process reduced maltreatment in care (MIC) and increased other desired outcomes. The SAFE pilot utilized the TDM model that uses an objective facilitator to conduct meetings following an evidence-informed six-stage model. SAFE TDMs occur before key decisions are made, including:
 - Before considered and emergency removals.
 - Before changes of placement.
 - Before unsupervised parenting time and return home.

Expansion to select counties in each BSC continued through 2021. As of February 2022, TDMs are conducted in 27 counties. In 2022, an evaluation of the TDM model will be conducted in collaboration with Evident Change, along with an assessment of resources for possible expansion in 2023.

Change the role of foster parents. When feasible, foster parents will become involved prior to a decision to separate the child and assist the parents in a non-judgmental way with caregiving and mitigating safety concerns. When a child requires separation, the child's parents and foster parents will share caregiving, work in partnership, and communicate openly about the child's needs and progress. The foster parent will be a support to help reunify families.

- Michigan's new foster parent training, GROW, has a strong focus on co-parenting and relationship building, and includes information and videos of birth parents' perspectives on co-parenting, how relatives transition to new roles when they become foster parents, caregivers remaining open to learning from the children in their care and their birth families, and adapting caregivers' expectations of parenting.
- In January 2021, North Central Wayne and Oakland counties launched the Kin

Placement Working Group, which utilizes data to inform collaborative, solution-oriented conversations about how to increase the number of children in out-of-home care who are placed with kin. The group meets monthly to review data on recent placements, identify barriers to placing children with kin, and implement solutions in real-time. In recent meetings, the group discussed strategies for securing kin placements for infants, focused on improving the process of securing placement exceptions, and reviewed trends in fictive kin or unrelated caregiver placements. In addition to working to increase the number of children placed with kin in North Central Wayne and Oakland counties, the group identifies best practices in securing kin placements to share effective strategies with other counties across the state.

- In 2021, CSA implemented the Relative Path to Licensure Initiative, an expedited process for licensing relatives within 90 days of the child’s placement into the home. The purpose was to provide a streamlined and expedited licensing process for relatives to relieve the burden of licensure, with the end goal of licensing more relatives. Technical assistance was provided through a statewide workgroup that included staff from policy office and the Division of Child Welfare Licensing (DCWL). Michigan continues to increase the percentage of children placed with relatives:
 - In January 2019, the rate of placement with relatives was 34.7 percent.
 - In January 2020, the rate of placement with relatives was 36.5 percent.
 - In January 2021, the rate of placement with relatives was 39.6 percent, an increase of nearly 5 percent from 2019.
 - In January 2022, the rate of placement with relatives was 40.8 percent, an increase of 6 percent from 2019.

Build and sustain a strong, supported workforce. Michigan recognizes the impact of secondary traumatic stress on child welfare professionals and will support staff to build resiliency. In every office, leadership will promote psychologically safe environments where staff feel supported to be creative, learn from mistakes, and collaborate with others. Child welfare leadership will create and maintain a healthy culture, provide staff with tools to be effective, and communicate frequently about organizational values and goals. In response to variable conditions and stressful circumstances, staff will rely on critical thinking, sound reasoning, and fair decision-making. Michigan’s child welfare system will promote excellent service delivery, inclusion, diversity, innovation, responsiveness, and transparency.

- In 2020, MDHHS collaborated with Western Michigan University’s Children’s Trauma Assessment Center to assess organizational health including secondary traumatic stress using round 1 and 2 Comprehensive Organizational Health Assessment data. Results of staff surveys identified universal stressors such as outdated new worker training and the perception that numbers are more important than children. Universal positives included relationships with children and families and relationships with co-workers. The Children’s Trauma Assessment Center’s final report included growth opportunities and trends to help CSA identify where to direct resources to better promote safety for staff and leadership.
 - A comprehensive Pre-Service Institute redesign is in progress in collaboration

with the Office of Workforce Development and Training (OWDT), CSA, and university and private partners.

- Michigan Child Welfare Professional’s Safety Protocol, released in September 2021, established procedures for ensuring safety and addressing and reporting safety incidents. The protocol requires each local office to complete an Annual Worker Safety Self-Assessment and submit it to their BSC, which compiles results and ensures any concerns are identified and addressed at the local level.
- In 2022 and 2023, CSA is involved in a number of strategies to support a strong and committed workforce including:
 - Mentoring and onboarding guidance initiated from the University Partnerships, to draft a best practice guide for effective child welfare mentoring and onboarding.
 - Producing a CSA Turnover Dashboard indicating turnover and demographics to assist with decision-making on recruitment and retention efforts.
 - Exploring Title IV-E stipends for child welfare workers in partnership with universities to secure a Title IV-E consultant with the goal of developing a plan for Michigan to utilize Title IV-E funds for recruitment and retention.
 - CSA Culture/Climate Workgroup developing strategies to address challenges identified as part of Alia focus groups. Recommendations were submitted to CSA leadership in March 2022.

Increase healing and well-being. Michigan will deliver interventions and services that are relationship focused. All domains of child well-being will be prioritized, along with physical safety, and all child and family serving systems will be trauma-informed. Michigan child welfare staff will receive training, coaching, and strength-based supervision to address implicit biases, engage with families, demonstrate compassion, and develop relationships to build resiliency and hope.

- Michigan aims to enhance its MiTEAM practice model through the implementation of Motivational Interviewing. Research and evaluation have highlighted Motivational Interviewing as an effective service delivery strategy with both adult and youth populations to enhance motivation to accomplish a wide range of goals. The goal of implementing Motivational Interviewing in Michigan is to assure improved engagement and participation of children, youth, and families to achieve the goals set forth in the child-specific prevention plan and to support engagement with and completion of services. Through increased engagement, Michigan anticipates better service matching to the needs of each child and family and improved prevention and well-being outcomes. Motivational Interviewing will be used at each encounter with families as a core evidence-based program and fully integrated into all casework practice.
- In 2020, MDHHS released a Secondary Traumatic Stress and Culture/Climate Toolkit which provides management strategies to effectively address secondary traumatic stress, using staff survey results to plan interventions and assistance in assessment and planning. Building on Michigan’s work on the CSA Trauma Protocol, the toolkit

provides access to the following resources:

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

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

- Working in partnership with the Governor’s Task Force on Child Abuse and Neglect to develop a cross-systems protocol for expanding the use of Plans of Safe Care. The protocol was completed in 2021.
- Coordination and planning with Chapin Hall at the University of Chicago, the University of Michigan, and others to ensure expansion of prevention services through a careful assessment of existing resources, evidence-based services and gaps in service provision based on the candidacy definition developed.
- The Children’s Trauma Initiative consisting of training and coaching in trauma screening, trauma assessment, caregiver education, and learning collaboratives for CMH Service Provider networks to prevent and address trauma. The initiative is focused on the use of evidence-based practices and programs in the provision of mental health services to children and their families.

2022 Update to the Plan to Enact the State’s Vision

Michigan’s Title IV-E Prevention Plan includes an overview of MDHHS’ system transformation efforts, which emphasize a commitment to child safety and support to families to prevent the need for placement in foster care whenever possible. To reach this goal, MDHHS is enhancing response to referrals of abuse and neglect, from the time of the initial referral through the conclusion of the CPS investigation and is increasing the availability of preventive services to families before abuse or neglect of children occurs. MDHHS is committed to providing families with effective and targeted services and improve family functioning that will assist in ensuring the safety and well-being of children.

In 2022 and 2023, MDHHS aims to 1) reduce the number of children experiencing abuse and neglect and 2) reduce the number of children in foster care. Achieving these goals requires targeted strategies to reduce placement and increase the rate of timely reunification. Key elements of the MDHHS plan for continued improvement in 2023 and beyond include:

1. Front End (CPS) Redesign, described in the Safety section of this report.
2. Expansion of evidence-based prevention services as a result of the FFPSA.

3. Assessing Families First of Michigan and HOMEBUILDERS® to determine the effectiveness of the services in achieving desired outcomes, and whether Families First of Michigan services should be replaced by HOMEBUILDERS® over time.
4. Overhaul of training and workforce supports with the assistance and support of 15 Michigan universities.
5. Incorporating the use of evidence-based risk assessment for juvenile justice youth to prevent the need for placement in residential care.

Data-Informed CQI

- MDHHS continues to improve the ability to provide accurate, relevant data to inform state-level and counties' and agencies' improvement efforts. Tools and reviews that were created or enhanced in 2021 and 2022 include:
 - CPS Qualitative Review to assess current case practice and guide next steps of case practice development.
 - DCWL Special Investigation and Restraint Review.
 - Child-Placing Agency (CPA) Dashboard, providing public and private CPA performance on timely contacts and case plan development.
 - Child-Caring Institution (CCI) Case Review to determine whether alternatives to residential placement were adequately considered.
 - CCI Dashboard to track pertinent data on the effectiveness of residential interventions and practices.
 - Foster Home Licensing Dashboard which provides a snapshot of MDHHS' and counties' achievement of foster and adoptive home licensing goals.
 - MiTEAM Fidelity Tool Switchboard to monitor the effective use of the MiTEAM competencies.
 - Recurrence of Maltreatment Calculator, used to track counties' incidents of recurrence of maltreatment over time.
- CSA is continuing the quality assurance case review process for all relative placements, including rapid return of results to local office directors through monthly reviews of every relative placement.
- Redesigned Quality Improvement Council (QIC). In 2021 and 2022, the QIC is hosting quarterly convenings of child welfare leaders to discuss data related to Recurrence of Maltreatment and Permanency in 12 months, featuring best practices demonstrated in county offices and private agencies.

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

services. Michigan has outlined strategies to address the issues impacting progress. This APSR reports on progress made in the third year of the CFSP in implementing these strategies.

CHILDREN'S SERVICES AGENCY COVID-19 RESPONSE OVERVIEW

On March 10, 2020, Michigan began responding to the COVID-19 pandemic with Executive Order 2020-4, declaring a state of emergency due to emergence of the novel coronavirus COVID-19. Several executive orders, including state mandates to “Stay Home, Stay Safe” and to limit entry into residential facilities followed to promote safety of Michigan residents.

Based on executive orders and with appropriate guidance and review from state health officials, CSA provided interim policy and practice modifications to public and private child welfare staff to promote the safety of staff, children, families, and service providers. Communication issuances about policy and practice modifications were in alignment with guidance released by the Children’s Bureau outlining expectations that children be visited in the safest environment possible, or permissible video conferencing be utilized to meet the expectations outlined in section 422(b)(17) of the Social Security Act. MDHHS posted the majority of COVID-19 related communications on the public website:
https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117_7166---,00.html

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

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

- **Rapid Reunification Project:** Due to Michigan’s Stay-at-Home orders, court operations were reduced. The Rapid Reunification Project involved a partnership between CSA and SCAO to identify children who were in the process of reunification prior to the Stay-at-Home orders so delays in reunification did not occur. Of the 432 cases identified, 69 percent achieved reunification.
- **Caregiver Needs Survey:** To support foster and kinship caregivers, a Caregiver Needs Survey was sent on March 24, 2020, to all foster parents and relative caregivers who had an email address on file to parent-led organizations, MDHHS county offices and private agencies. A daily report was provided to each BSC for follow-up with any caregiver identifying an immediate or emergency need. A second survey was conducted in November 2020. Of the 1,431 caregivers who completed the survey, over 51 percent indicated they did not need additional support. The top three needs among those indicating they needed additional support were respite care, tutoring services, and childcare.
- **Youth Needs Assessment:** Youth and young adults with foster care experience ages 16

to 23 were provided with a COVID-19 Needs Assessment to determine their immediate and long-term needs in multiple domains. The contact information was forwarded to the director of the county in which the youth resided or to the county of the assigned worker.

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

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

- Town halls for MDHHS child welfare staff.
- Town halls with parents and caregivers.
- Letters and resources for parents and caregivers.
- Regular release of MDHHS communication issuances.

- Regular meetings for public and private child welfare leaders.

MDHHS continues to update policy and procedures as the needs presented by the COVID-19 health crisis change. In addition to updates, CSA also strives to ensure that staff are aware of the various supports available for staff who are struggling with resources and/or mental health needs that may have been exacerbated by the pandemic. These resources can be found on the [Mental Health Resources page of the MDHHS website](#).

FAMILY FIRST PREVENTION SERVICES ACT

Michigan has developed processes to ensure compliance with the FFPSA in several areas. The strategies described below include developing clinical pathways to:

1. Ensure that placement of a child in any setting that is not family foster care is based on the needs of the child as identified in a child's diagnosis by a qualified medical practitioner and documented safety needs.
2. Ensure children are not placed in Qualified Residential Treatment Program (QRTP) settings rather than in foster family homes because of inappropriate diagnoses.

Ensuring Appropriateness of Placement in QRTP

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

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

MDHHS has initiatives in progress to address these elements:

- Enhanced MiTEAM practice model training and support
- Trauma screening, assessment, and treatment protocols

- Placement Exception Request process
- Regional Placement Unit
- Qualified Individual Assessment process based on the Comprehensive Child and Adolescent Needs and Strengths tool and clinical algorithm
- Partnership with the Building Bridges Initiative to provide training to QRTP and child welfare staff

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

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

Ensuring Children in Foster Care Are Not Inappropriately Diagnosed

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

- Requirements for careful and thorough documentation of the child's diagnosis, appointments, and medications in the MiSACWIS health screens because this provides critical information that health care providers need when engaging in assessment and treatment of children in foster care. The MiSACWIS diagnosis screen was updated to include the resolution date of diagnoses that will print on the medical passport.
- When a medical passport is given to new treatment providers, especially those in behavioral health, the information on the passport must be up to date.
- Concentration is focused on the careful transfer of health information when children move between hospitals and residential settings and from residential-to-residential settings.
- Prior to placement of a child in a QRTP, caseworkers must prepare a Placement Exception Request that documents supervisor and county director review and approval.
- The child and family worker must provide comprehensive information about the child and family to the Regional Placement Unit which reviews and approves potential QRTP referrals.
- A child assessment will be conducted by an independent qualified individual to determine whether a QRTP (vs. community-based) level of care is needed to meet the mental/behavioral needs of a child.

Ensuring Periodic Assessment of Ongoing Need for QRTP Services and Supports

- MDHHS contracts with residential providers require that a licensed clinician with a minimum of a master's level degree conduct a bio-psycho-social assessment of a child using evidence-based tools within 30 calendar days following placement.
- The bio-psycho-social assessment ensures placement is based on documented need for the treatment provided in the program and used to develop a treatment plan based on a review of past information with current assessments specific to the child's needs.
- Approval of the MDHHS director is required to maintain placement of any child receiving residential services for 12 consecutive months or 18 nonconsecutive months if 13 or older, or six consecutive or nonconsecutive months if under 13 years of age.

Michigan's FFPSA Implementation Planning

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

- Conducted a readiness assessment for the prevention and QRTP provisions with the provider community in Michigan.
- Performed data analytics needed for planning and implementation, with an emphasis on the prevention provisions.
- Revised policies to align with the requirements of the FFPSA and the broader child welfare transformation in Michigan.
- Development and implementation of robust CQI processes across the MDHHS continuum of preventive services.

Michigan continues to partner with Chapin Hall focused on implementation planning. Michigan currently has four task teams focused on: 1) policy and practice, 2) workforce training, 3) CQI and service array, and 4) contracting and claiming. There is also a tribal workgroup focused on implementing prevention activities within tribal governments.

Michigan's Title IV-E Prevention Plan

On Aug. 13, 2021, Michigan submitted a FFPSA state plan outlining how Michigan will use Title IV-E funds and matching state funds for evidence-based prevention services for families at risk of entering the child welfare system. Michigan received two rounds of feedback and the Title IV-E Prevention Plan was resubmitted for review and approval in April 2022. This plan includes the following:

- Service description and oversight
- Evaluation strategy and waiver request
- Monitoring child safety
- Consultation and coordination

- Child welfare workforce training and support
- Prevention caseloads
- Assurance on prevention program reporting
- Child and family eligibility for the Title IV-E prevention program

Michigan began implementing FFPSA approved evidence-based programs on Oct. 1, 2021. Michigan is implementing the following programs:

- Motivational Interviewing
- Healthy Families America
- Parents as Teachers
- Nurse Family Partnership

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

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

- Mandated reporters are required to report suspected child abuse or neglect if the reporter knows or, from the child's symptoms has reasonable cause to suspect, that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body. A report is not required if the person knows that the alcohol, controlled substance, or metabolite, or the child's symptoms, are the result of medical treatment administered to the newborn infant or his or her mother.
- A complete list of mandated reporters is listed in MCL 722.623. The following medical professionals are mandated reporters:
 - Physicians and physician's assistants
 - Dentists and registered dental hygienists
 - Medical examiners
 - Nurses
 - Persons licensed to provide emergency medical care
- Policy requires CPS investigators to:
 - Contact medical professionals to confirm exposure and/or to identify appropriate medical treatment for the infant.
 - Review the family history.
 - Interview the parents to assess the need for substance use disorder, assessment prevention/treatment, or recovery support.
 - Determine the parents' capacity to provide adequate care of the newborn and other children in the home.

Direction was added to policy regarding safety assessments. If the child is determined to be safe on the safety assessment, the caseworker may follow the steps identified in policy and close the case. Cases may remain open to assist the family if the safety assessment result is

safe with services.

Development of Plans of Safe Care

Michigan's policies and procedures for developing a Plan of Safe Care for infants identified as affected by substance use include the following:

- In 2017, policy changes included the requirement for a Plan of Safe Care for infants identified as affected by substance use of their parent and/or withdrawal symptoms, or as victims of Fetal Alcohol Spectrum Disorder. In these cases, the worker must develop a Plan of Safe Care to:
 - Address the health and substance use treatment needs of the mother and infant and other affected family members.
 - Ensure that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
 - Take steps to ensure services provided to the infant and family are monitored either through MDHHS involvement or another service provider.
 - Address concerns through appropriate referrals. The referral and monitoring of these services must be documented by the worker in MiSACWIS.
- In 2017, MDHHS initiated a statewide effort to enhance mandated reporter training for medical providers. The trainings continued through 2018. The training provided:
 - Clarification of mandated reporters legal requirements to report suspected child abuse or neglect.
 - Guidance on how to identify safety concerns in situations when substance use/abuse is suspected.
 - Suggested approaches for working with parents and providers to develop Plans of Safe Care for infants suspected of being affected by parental substance use, withdrawal symptoms, or diagnosed with Fetal Alcohol Spectrum Disorder or Neonatal Abstinence Syndrome.
- MDHHS created a training for family preservation providers "Plan of Safe Care – A Guide to Help Substance-Affected Families Keep Baby Safe."
- In confirmed complaints in which the infant requires medical treatment to address symptoms resulting from the substance exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being, a petition for court jurisdiction is required within 24 hours.
- Services must be coordinated with medical personnel, maternal infant health programs and substance use disorder assessment and treatment providers.
- Children ages 0 to 3 suspected of, or having confirmed substance exposure, and/or developmental delay must be referred to Early On.
- MDHHS employs a substance use analyst who oversees a variety of substance use projects within MDHHS, helps provide insight on substance use within child welfare, and works collaboratively with various stakeholders regarding substance use.
- MDHHS works collaboratively with stakeholders through a variety of workgroups

throughout the state related to substance use.

- In 2021, Governor’s Task Force on Child Abuse and Neglect developed a Plan of Safe Care Protocol. The protocol identified how to develop and implement Plans of Safe Care at three distinct timeframes: pre-natal, at birth, and post-natal. The protocol will be available to all child welfare staff, medical professionals, and service providers. As of June 2022, the draft protocol is being reviewed by CSA leadership.
- A Plan of Self Care Training Steering Committee was created in 2022.
- The Michigan Public Health Institute in collaboration with MDHHS and the National Center on Substance Abuse and Child Welfare will develop training in 2022 for child welfare staff and external partners including medical personnel and community partners. MDHHS was awarded \$1,000,000 in funding from the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. With the support of this grant, MDHHS has:
 - Participated in multi-disciplinary teams to address opioid use by facilitating sharing of data between various systems.
 - Expanded the Substance Use Disorder Family Support Program pilot to 12 counties. The pilot provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect.
 - Obtained intensive home-based programming to address substance use in various counties.
 - Partnered with the University of Michigan Child and Adolescent Data Lab to analyze data and provide an evaluation of the Substance Use Disorder Family Support Program.
 - Partnered with the University of Michigan Child and Adolescent Data Lab to analyze data to identify families impacted by substance use disorder as a way to prevent recurrence.
 - Worked collaboratively with the Governor’s Task Force on Child Abuse and Neglect and the Citizen Review Panel on CPS, Foster Care, and Adoption to address gaps in various systems related to substance use.

To ensure compliance with Plan of Safe Care policy, the Michigan’s Supervisory Control Protocol, which is required to be completed by the CPS supervisor on every CPS investigation, asks the following question for every CPS investigation involving substance use: “Was a Plan of Safe Care developed to address needs of the infant, mother, and other household members?” Supervisors are required to verify compliance with this policy on all investigations and follow-up is required if it is not completed.

The department monitors compliance in this area through routine case reviews completed by the CPS Peer Review Teams and the Compliance Review Team. Each case review requires an evaluation for documentation of a Plan of Safe Care. The Compliance Review Team also verifies whether the required service referral was made.

The CSA In-Home Services Bureau, in coordination with DCQI and CSA's Policy and Legislative Unit, assesses the case review findings data to identify areas needing enhanced training and/or policy changes. The Compliance Review Team provides training for the Plans of Safe Care when they conduct comprehensive trainings in the county offices.

Multi-Disciplinary Outreach, Consultation and Coordination

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

- **2017 Policy Academy - MDHHS Recovery Oriented Systems of Care.** Michigan was one of 10 states selected to participate in the "2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers." Michigan developed a cross-system plan to address the needs of infants affected by opioids and their caregivers.
- **Comprehensive Addiction and Recovery Act workgroup.** The workgroup developed a work plan to ensure Michigan is meeting the requirements of the 2016 Comprehensive Addiction and Recovery Act and the provisions of the Child Abuse Prevention and Treatment Act. Participants included internal and external child welfare and public health systems. The focus of the work was on:
 - Creating uniform definitions of substance affected newborns and Plans of Safe Care.
 - Aligning MDHHS policies, programs, and contracts with the Comprehensive Addiction and Recovery Act.
 - Identifying and implementing cross-system responses to newborns affected by substances and their families.
 - Training and education on Plans of Safe Care for birthing hospital staff, home visitation programs, infant mental health programs, family preservation services, CPS, and foster care programs.
 - Establishing a plan for tracking and monitoring all infants born affected by substances, and implementation of Plans of Safe Care.

As of September 2021, the workgroup completed the tasks outlined and transition of the work and any technical assistance will be provided through engagement with the Governor's Task Force on Child Abuse and Neglect and the department's engagement with the National Center on Substance Abuse and Child Welfare. As a result:

- The department aligned its policies with the federal definition.
- Family preservation contracts were amended to include the requirement for providers to review Plans of Safe Care if created or to create one with the family if one was not developed.
- Michigan Public Health Institute program forms were aligned with the federal requirements.
- Training was offered to staff.
- Information was shared with hospitals.
- MiSACWIS was updated to identify whether a newborn identified with positive toxicology had a Plan of Safe Care.

Michigan Collaborative Quality Initiative of Birthing Hospitals

The Michigan Collaborative Quality Initiative is a birthing hospital collaborative that the department supports. Medicaid funds a portion of the time of the collaborative leader and the Division of Maternal and Infant Health funds a contract nurse 10 hours per week to assist. The hospitals that are part of the collaborative are those that have a Neonatal Intensive Care Unit or Special Care Nursery. Of the 80 birthing hospitals in Michigan, there are 35 hospitals that fall into this category. The initiative is providing training regarding screening of infants for Neonatal Abstinence Syndrome with the Finnegan screening tool and using Eat, Sleep, and Console. In partnership with the initiative, MDHHS Division of Maternal and Infant Health provides education and training for birthing hospitals on screening infants for the signs and symptoms of Neonatal Abstinence Syndrome and linking families to evidence-based home visiting.

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

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

Technical Assistance to Support Plans of Safe Care

The National Center on Substance Use in Child Welfare has assisted with the development of substance use training and training resources. MDHHS requested written feedback and suggestions from the field and created priorities to be developed and implemented in 2022:

- MDHHS will develop a process that CPS and foster care workers can use to assess parenting capacity, parenting time, permanency planning, and child safety concerns when substance use is a factor.
- In February 2022, the National Center on Substance Use in Child Welfare began offering guidance and resources to begin developing a Plan of Safe Care protocol implementation and training plan.
- MDHHS will provide substance use training and coaching on symptoms, warning signs, identifying the presence of treatments, relapse, and recovery planning, including how

to engage parents with substance use disorder, opioid use disorder, and/or co-occurring disorders. Online training modules required for new hire CPS and foster care workers will be available in 2022.

Progress in 2022

- When the Plan of Safe Care Protocol is approved, the department will contract with Michigan Public Health Institute, which will develop the training and the roll out plan for implementation. The institute began developing the roll out plan and training in May 2022.
- MDHHS continues to develop access to resources and encourage collaboration and care coordination with relevant service providers, and medical professionals.

COLLABORATION WITH THE COURT SYSTEM

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

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

The Child Welfare Services Division provides numerous training programs for courts and child welfare professionals. SCAO hosted 24 multi-disciplinary trainings in 2021, with over 7,000 in attendance. Additional collaborative efforts in 2021 include:

Data Projects

MDHHS and SCAO collaborate to provide monthly court data reports for CFSR Round 3 outcome measures, including children’s timely medical and dental exams, frequency of parenting time, worker-child visits and worker-parent visits using data produced by the MDHHS DMU. SCAO provides the data reports to courts through the Judicial Data Warehouse, allowing courts to determine whether the court can drive performance improvement in those

areas.

- Between January 2016 and December 2022, performance varied statewide in each of the five measures. The most significant gains were in worker-child visits, which improved from 79 percent to 88 percent compliance with MDHHS policy.
- Statewide performance did not see significant improvement in the remaining categories, possibly due to the COVID-19 pandemic.

Through a data-sharing agreement between MDHHS and SCAO, the court is developing a Juvenile Court Data Report. Numerous entities are currently collecting foster care case data; however, there is not a process for providing data to the juvenile courts in a uniform and consistent manner. The Juvenile Court Data Report will include data that could have an impact on court hearing timeliness and permanency within 12 months. The data will be made available to courts via a web-based platform and also emailed in hard copy. The report will be updated every six months. The Juvenile Court Data Project will focus on timely reunification, specifically:

- Timeliness of court hearings, including time from removal to adjudication and time from removal to permanency planning hearing.
- CFSR measures that are highlighted as troublesome areas for Michigan, including:
 - Safety Outcome 2, Item 2, Services to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care.
 - Permanency Outcome 1, Item 4, Stability of Foster Care Placement.
 - Permanency Outcome 1, Item 6, Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Arrangement,
 - Well-Being Outcome 1, Item 15, Caseworker Visits with Parents.
 - Other factors that impact timeliness of court hearings and case closure, including:
 - Time between a child's removal from the home and attorney appointment.
 - Time between removal from the home and the conclusion of the preliminary hearing.
 - Whether a respondent parent has collateral legal issues, such as a criminal case on the same matter, or any other legal charges jeopardizing the parent's ability to parent the child.
 - Frequent placement changes for the child.
 - Frequency of changes in the lead foster care worker and supervisor.
 - Time between the child's return home and case closure.
 - Whether mediation is involved and impacts timeliness.

Examining or Improving Quality of Court Hearings

- Meetings regularly occurred with SCAO, the Federal Compliance Division, and the Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.

- SCAO provides quarterly trainings in collaboration with MDHHS for child welfare funding specialists.
- SCAO partnered with MDHHS to implement the historic change in federal Title IV-E funding policy to allow states to draw down federal reimbursement dollars to cover the costs of attorney fees for parents and children in child protective proceedings with the goal of improving quality legal representation. MDHHS established new Child and Parent Legal Representation Grants that were offered to all 83 counties in Michigan. SCAO and MDHHS collaborated to host virtual listening, training, and grant information meetings with courts to assist them with applying for the grant. Continued collaboration occurs to ensure the 44 participating courts can successfully implement and maximize the new funding. These grants will continue in FY 2022 and SCAO will continue to partner to increase the number of courts that apply.
- SCAO participated on the Child Welfare Partnership Council throughout 2020 and into 2021 to steer statewide planning and implementation of FFPSA. This included a court workgroup to develop legislation, court rules, and court forms specific to the QRTP requirement of the act. The court workgroup continued to meet throughout 2021 to monitor implementation of program rules and processes. The workgroup collaborates on barriers identified by the counties to ensure successful implementation. In 2022, SCAO is partnering with MDHHS to provide a best practices tutorial on how to properly issue QRTP compliant court orders as well as the benefit of heightened judicial review for youth placed in a residential setting.
- In March 2021, SCAO and MDHHS provided updated joint training to courts, tribes, and agencies on Title IV-E funding requirements, as well as the QRTP requirements for heightened judicial review and oversight of a child’s placement into a residential facility. Four hundred-thirty multidisciplinary stakeholders participated in this training.
- SCAO developed a comprehensive online self-paced training program for Lawyer-Guardians ad Litem. The training is hosted on SCAO’s learning management system and the training modules include:
 - Meeting and Communicating with your Client.
 - Conducting an Independent Investigation.
 - Advocacy in Court.
 - Child Development.
 - Cultural Competency and Trauma.

Improving Timeliness of Hearings and Permanency Outcomes

- SCAO, in collaboration with MDHHS, continues to support the Quality Legal Representation pilot projects developed as a strategy within the CFSR PIP to reduce the number of children entering foster care, and to provide more timely permanency for those who do enter care. SCAO assisted with identifying two pilot counties to participate in the Quality Legal Representation project and offers technical assistance to assist with implementation and evaluation.
 - Van Buren County Quality Legal Representation Pilot: The court restructured

their attorney contracts and hired a social worker to work with parents' attorneys to reduce the number of removal petitions, and to achieve faster permanency for children already removed. Attorney contract changes included:

- Increased attorney pay to attract and retain high quality attorneys.
 - Paying for attorneys to handle ancillary legal matters such as custody orders that can help resolve the child protection case.
 - Reimbursing attorneys to attend out-of-court meetings such as family team meetings and trainings.
- Wayne County Quality Legal Representation Pilot: In coordination with the local MDHHS office, the court developed processes for a pre-petition legal representation project to reduce the number of removal petitions. In November 2021, two contracted legal firms began receiving referrals for the pilot, which provides legal assistance for ancillary legal issues that put children at risk of removal. In 2021, Wayne County reported 30 cases were successfully resolved without a petition for removal as a result of ancillary legal issues being addressed.
- SCAO's Court Improvement Program developed a Youth Advocacy Pilot to teach self-advocacy skills to youth in foster care and encourage increasing youth voice in court and case planning. The Court Improvement Program worked with Tuscola County court, attorneys, and the local DHHS office to develop the program, which began in 2022.
 - Through a one-time supplemental Court Improvement Program grant, SCAO provided COVID-19 Supplemental Grants to selected circuit courts. Funding will be used to ensure foster care cases continue toward permanency despite the pandemic that has caused delays. Following an application process, SCAO selected nine counties to receive this grant. Projects funded by the grant can be used for one of the following purposes:
 - Administrative solutions to resolve the backlog of child protection cases due to COVID-19.
 - Access to technology to increase party participation in the case.
 - Compensation for attorneys to attend out of court client meetings or handle ancillary legal matters to expedite safe permanency.
 - Other strategies to help avoid delays in legal proceedings, or to assist juvenile courts with needs that have resulted from COVID-19.

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

All 12 tribal courts filed for reciprocity in recognition of tribal court orders. Tribal court orders are recognized if the tribe or tribal court has enacted a reciprocal ordinance, court rule, or other binding measure that obligates the tribal court to enforce state court judgments, and that ordinance, court rule, or other measure has been transmitted to SCAO.

- In 2009, SCAO established the Tribal Court Relations Committee of state and tribal court judges, tribal social services directors, tribal prosecutors, ICWA law professors,

and other key stakeholders. The Tribal Court Relations Committee continues to function as a collaborative vetting body for court rules, court forms, training and policy development concerning ICWA application in child welfare cases. The committee contributed to the codification of ICWA into state law in 2013 with the creation of the Michigan Indian Family Preservation Act (MIFPA). The committee meets quarterly, and SCAO facilitates the meetings.

- SCAO participates on MDHHS quarterly Tribal-State Partnership regional meetings to provide updates and discuss ICWA and MIFPA compliance concerns.
- SCAO has held 23 multi-disciplinary trainings on ICWA or MIFPA since 2009. In 2021, a special ICWA Mini-Series Training was developed by the Tribal Court Relations Committee, which included five lunch time webinars on the topics of Cultural Competency, the Heart of ICWA, Notice Requirements, Indian Child Removal Standards, and a Case Law Update. Over 200 multidisciplinary stakeholders participated in the legal series.
- In 2021, the SCAO Tribal Court Relations Committee focused on updated training for judicial and legal advocates, increasing tribal notice, and improving timely permanency for guardianship cases. The Tribal Court Relations Committee recommended court form changes that were immediately implemented to include a direct link for the courts to access the Bureau of Indian Affairs search engine for designated ICWA tribal agents to improve notice procedures. A new and specific list of Michigan's 12 federally recognized tribal contacts was also created as a second reference sheet to the ICWA notice court form that SCAO agreed to maintain and routinely update to ensure accuracy.
- SCAO participates on the national Children's Bureau ICWA Constituency Group to share best practices and innovative solutions to improve state compliance.
- SCAO incorporated the Native American Inquiry and Notice into the Court Observation Project Tool to evaluate consistency and compliance with requirements in state courts where the project has been completed.
- In 2021, SCAO engaged in tribal consultation with all 12 federally recognized tribes and MDHHS Native American Affairs to improve review of Native American children by the Foster Care Review Board Program in both foster parent appeals and foster care case review meetings. Consultation included improving meeting notice procedures, updating the board member training manual and enhancing interview questions specific to ICWA cases.
- In the summer of 2021, SCAO partnered with the Federal Compliance Division to provide direct Title IV-E funding consultation to the Hannahville Indian Community. This included training for the tribal court and tribal social services agency, as well as technical assistance to enhance tribal court forms.

Foster Care Review Board

The SCAO Child Welfare Services Division administers the statewide Foster Care Review Board program, which consists of citizen volunteers dedicated to helping ensure children in foster

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

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

- Data regarding Foster Care Review Board performance on reviews of individual cases.
- Aggregate Foster Care Review Board case-specific recommendations for safety, permanency, and well-being.
- Barriers to permanency.
- State and regional data pertaining to foster parent appeals of children being moved from their care.

The Foster Care Review Board annual report is distributed to all Michigan courts to share systemic issues or trends the board is identifying when reviewing cases. The information is also shared with the media and legislators upon request. Michigan law requires the Foster Care Review Board to identify system-wide barriers that impede the timely achievement of permanency for children and make related recommendations to address these problems. The 2021 Foster Care Review Board annual report presented the following top three systemic issues and recommendations:

1. Frequent changes in the child's placement.
2. Lawyer-Guardian ad Litem not actively involved in representation of the child.
3. Child has unmet behavior or mental health needs.

The Foster Care Review Board is continuing to update and develop new data reports so that the caseload data can more directly assist with identifying program priorities and efforts. Foster Parent Appeal caseload data trends, including primary reasons for agency placement changes were analyzed and shared with various stakeholder groups including MDHHS leadership in 2021. Throughout 2021, board program representatives who serve on various state-level child welfare workgroups and committees analyzed the data and promoted discussion about trends, issues, and possible strategies for positive interventions regionally. The Foster Care Review Board continues to review cases listed with MARE in which there were identified barriers in the recruitment of an adoptive family or in finalization of a planned adoption. The board also reviews foster care cases upon request of an interested party, as well as a random selection of cases of children who have been in foster care for less than 90 days. In 2021, local Foster Care Review Boards met on 144 days to review 250 foster care cases involving 482 children. Cases are reviewed every six months. Recommendations made in cases reviewed include the following:

- Recommendations related to child safety: 70

- Recommendations related to permanency: 255
- Recommendations related to well-being: 1,705

The boards also held 83 foster parent appeals statewide in 2021. Foster Care Review Board decisions in the foster parent appeals resulted in the following:

- The board supported the foster parent’s appeal of the move of the child from their home in 40 cases (48 percent).
- The board supported the agency’s decision to move the child in 43 cases (52 percent).

COORDINATION OF CHILD WELFARE SERVICES

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

CSA Realignment

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

- The Bureau of Administration focuses on child welfare policy, funding and payments, technology, and regulatory services including:
 - Legislation and policy.
 - Adoption and guardianship assistance.
 - Federal Compliance and Child Welfare Funding.
 - DCWL.
 - Michigan Statewide Automated Child Welfare System (MiSACWIS).
 - Comprehensive Child Welfare Information System development (CCWIS).
- The Bureau of In-Home Services focuses on the front end of the child welfare system, including prevention, safety, family preservation, and child protection, including:
 - Centralized Intake Division.
 - Prevention, Preservation, and Protection Division.
 - Preservation and reunification services.
 - CPS and Front-End Redesign.
- The Bureau of Out-of-Home Services focuses on development and delivery of foster

care and juvenile justice programs that achieve positive outcomes for children and their families, including:

- Foster and adoptive parent recruitment and retention.
- Child welfare medical and behavioral health.
- Foster care, guardianship, and adoption.
- Juvenile Justice Programs.
- Michigan Children’s Institute.

Restructured Quality Improvement Council (QIC)

To ensure that the CSA infrastructure supports MDHHS’ current priorities and builds on successful strategies, CSA modified the QIC structure in 2022 from monthly to quarterly gatherings featuring research and conversations around child welfare focus areas. QIC quarterly meetings are chaired by the DCQI director and include the input of CSA staff, directors, BSC analysts, DCQI, and leadership from the field. The QIC shares current research and initiatives, reviews data, and identifies the need for quality improvement activities. Gatherings often feature a county MDHHS office or private agency that presents local data and activities, with a focus on successful practices that have led to improved outcomes.

State and BSC Level Support for Local CQI Efforts

MDHHS developed a structure that links state-led initiatives with local CQI activities and provides guidance for local activities. Key positions that facilitate communication and provide technical assistance relative to CQI efforts include:

- BSC child welfare analysts that work directly with BSC directors and facilitate technical assistance and communication to local offices.
- BSC MiTEAM quality assurance analysts report to BSC directors and provide support to local quality assurance analysts and promote the case practice and CQI in local offices. These analysts are also responsible for completing quarterly CQI team Infrastructure Assessments to gauge the status and progress of CQI teaming and functioning at a local level.
- Private agency support analysts provide technical assistance in CQI and coordinate quality improvement activities with the private agencies, serving as a liaison for policy implementation.
- DCQI quality improvement analysts work collaboratively with all CQI internal and external partners to ensure adequate data is available, relevant technical assistance is provided and training is offered when requested or necessary.
- Local office quality assurance analysts report to the county director. These analysts coordinate local CQI teams to complete assignments issued by the county director or the CSA and BSC directors. Quality assurance analysts provide regular reports on CQI activities and progress and support their local teams.

Emerging state-level concerns that require responsive activities at the local level may become quality improvement activities which are filtered to local offices and agencies through BSCs

and private agency support analysts, who offer technical assistance. Quality improvement activities can be initiated at the state, county, or BSC level. Activities and progress are tracked and reported regularly. Ongoing coordination and regular reporting of local and BSC activities allow for monitoring the effectiveness of each initiative. Quality improvement activities implemented in 2021 include:

- April 12, 2021 - Trauma Protocol. The purpose was to assess MDHHS and private agency adherence to the CSA Trauma Protocol, utilization of services, and staff perspective on trauma-informed practice.
- Oct. 1, 2021 – Foster Care Contacts. The goal of the quality improvement activity was identification of strengths and barriers pertaining to the following foster care visits: parent/child, worker/parent, worker/child, return home, and sibling visits.

Local CQI Teams

County CQI teams guide local efforts, address barriers, and ensure adherence to the MiTEAM model in case management. These teams have continued to develop in their scope and focus as CQI knowledge and skills have developed. CQI teams align their focus to reflect the outcome areas identified by leadership to ensure a shared understanding and collective solutions for practice improvements.

- County CQI teams receive information including federal requirements and national trends through their BSCs, through meetings with the CSA executive director, membership on state-level sub-teams, through communication issuances, and from their designated DCQI analyst.
- DCQI analysts collaborate with local CQI teams on a regular basis and provide technical assistance for data collection and analysis, as well as ongoing consultation.
- Local CQI teams ensure that CQI efforts are data-driven through analysis of local service data that measures the performance of their respective offices, showing where attention is needed. This baseline data can effectively guide decision-making related to CQI focus. Subsequently generated data provides feedback as to whether improvement strategies were effective and guide future efforts. Local data is aggregated monthly to track state-level results, which drive ongoing strategizing statewide. Some of the useful tools generated at a state level and shared with the field include the monthly CFSR Dashboard, Relative Safety Assessment Dashboard, Adoption and Court Order Dashboards, Licensing Dashboard, MIC Calculator, and recurrence data.

County Infrastructure Assessment

Each county establishes a goal regarding CQI infrastructure sustainability in their CQI plan. Each quarter, a joint meeting is held to review and complete the Infrastructure Assessment Tool. Meeting participants include the county director, district manager, program manager, BSC quality assurance analyst, DCQI analyst, MiTEAM quality assurance analysts and CQI team members. BSC quality assurance analysts are responsible for completing the assessment form with the data and feedback gathered in the joint meeting. The Infrastructure Assessment Tool

is utilized as the method of measurement to demonstrate progress toward sustainability of the CQI infrastructure. Once a county reaches level 5, joint meetings occur annually.

- As of March 2022, 75 of Michigan's 83 counties had CQI teams that were assessed as either established, accomplished, or proficient in conducting comprehensive CQI activities on an ongoing basis.

CFSR Program Improvement Plan Update

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

- **Engagement 1.1.1:** MDHHS will develop and operationalize a state level CQI structure with identified priorities, analysis capacity, tasks and requirements that align with areas needing improvement including CFSR, Modified Improvement, Sustainability and Exit Plan (MISEP), and community partnerships.
Update: This strategy was completed in Quarter 3. Local CQI teams are formed and meet monthly. CQI infrastructure meetings, noting progress with increasing participation of community partners and local CQI activity.
- **Engagement 1.1.2:** MDHHS will establish an annual strategic planning and service array assessment that relies on engagement with families and community partners at the state and local level.
Update: This activity was completed in Quarter 4. Michigan established annual strategic planning, and service array assessments that rely on engagement with families and community partners at local and statewide levels.
- **Engagement 1.1.3:** MDHHS will develop and operationalize local CQI structures in every county with identified priorities, analysis capacity, tasks and requirements that align with areas needing improvement including CFSR, MISEP, and community partnerships.
Update: This activity was completed in Quarter 3. Michigan developed and operationalized local CQI structures in every county.
- **Engagement 1.1.4:** MDHHS will conduct data validation and analysis on specific points that may reveal information specific to the engagement of parents in case planning and service delivery. These include:
 - Worker-parent visits.
 - Parent-child visits.
 - Absent Parent Protocol.
 - TDM completion rate.
 - TDM parent involvement.
 - TDM community partner participation.**Update:** This activity was completed in Quarter 3. Data was analyzed, and a report was completed.
Engagement 1.1.5: The state will support local CQI teams to develop a network of community partners for collaboration that creates greater community support for

families connected to the child welfare system.

Update: This activity is targeted for completion in Quarter 8. CMH, private agencies, and partners are attending local office CQI meetings, to which youth and parents are also invited. Each team completes county assessment tools with directors and DCQI, BSC and QA analysts. In Quarter 7, a resource guide on how to improve engagement skills was developed for staff.

2022 Update: This activity was completed in Quarter 8. Michigan developed a podcast of caseworker interviews with clients that demonstrated interview skills as a resource for caseworkers. The state held focus groups of parents, youth, community partners, and stakeholders. One county within each BSC is reviewing information on mental health for children in foster care through a survey. Scenarios were developed about teaming, engagement, and safety as a resource for caseworkers. Local CQI teams meet and update their CQI assessments and review infrastructure on a regular basis. Private agencies attend monthly CQI meetings and share resources.

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

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

Update: This activity was completed in Quarter 7. Michigan received the group comparisons and identified themes in the results of the Comprehensive Organizational Health Assessment/Secondary Traumatic Stress, which is being used to assess organizational health and inform support for secondary trauma to the statewide workforce. The final report was completed.

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

Update: This activity was completed in Quarter 6. The Leadership Development Tool design is complete, and implementation has occurred.

Workforce: 2.1.3: MDHHS will offer targeted training in areas identified as low performance by the Comprehensive Organizational Health Assessment and the Leadership Development Tool.

Update: This activity was completed in Quarter 6. The Secondary Traumatic Stress/Culture and Climate Toolkit was released to all public and private child welfare staff on Sept. 22, 2020.

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

Update: This activity was completed in Quarter 5. The county plans were completed by county directors and a template is part of the toolkit.

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

Update: This activity was completed in Quarter 5. The Rapid Cycle releases of work

process simplification over the past year were aimed to support all frontline staff. **Workforce: 2.2.2:** MDHHS will evaluate child welfare requirements to identify redundancies and inefficiencies by surveying child welfare staff to identify the top three inefficiency issues, commit those issues to the Lean process and implement suggestions identified by the process.

Update: This activity was completed in Quarter 5. Michigan implemented a rapid policy review process that supports the requirement to identify redundancies and inefficiencies. Annually, three issues will be assigned to a lean process.

Workforce Strategy 3: Hiring and training child welfare workers in adequate numbers and with the appropriate job fit, which include:

- **2.3.1:** Full implementation and subsequent review of enhanced candidate screening.

Update: This activity was completed in Quarter 6. The PriceWaterhouseCoopers Job Fit Tool initial analysis was completed, and additional analysis was recommended.

2.3.2: Development of enhanced regional training and support teams for MDHHS employees and managers.

Update: This activity was completed in Quarter 6. OWDT continues to offer regional training and support to each BSC based on their identified needs.

- **2.3.3:** Enhanced foster parent recruitment through professional marketing strategies.

Update: This activity was completed in Quarter 5. Michigan contracted with a professional marketing firm to facilitate enhanced marketing-based foster home recruitment strategies.

- **2.3.4:** Implementation and review of mentoring enhancement period. This activity is targeted for completion in Quarter 8. In Quarter 6, Michigan reviewed the data regarding the mentoring pilot that occurred in Ingham County. Based on the information gathered, the state developed a best practice guide.

2022 Update: This activity was completed in Quarter 8. Michigan focused on implementation and review of three mentoring enhancement projects in Macomb, Ingham, and Genesee counties. After implementation of these projects, guidance for statewide use was drafted.

Ongoing Workforce Development Efforts

CSA continues to actively address challenges related to workforce recruitment, training, and retention. Efforts to support a strong and supported workforce continue to evolve as needs change and information is gathered. Current efforts are outlined in the table below:

Initiative	Brief Description/Areas of Focus
University Partnership	Work with Michigan’s University Consortium to address various concerns related to recruitment,

	retention, and training.
Child Welfare Certificate Program Revamp	Partnership with universities to update competencies and redo application process for the Child Welfare Certificate Program.
Mentoring and Onboarding Guidance	Project initiated from University Partnership to draft best practice guide for effective child welfare onboarding and mentoring.
Recruitment Workgroup	Functions as primary contact for workforce initiatives.
CSA Turnover Dashboard	Dashboard indicating turnover and other demographics to assist with decision-making on recruitment and retention efforts.
Pre-Service Institute Redesign Contract	Contract with Wayne State University (on behalf of University Consortium).
Title IV-E Stipends for Child Welfare Workers	Partnership with universities to secure a Title IV-E consultant with the goal of developing a plan for Michigan to utilize Title IV-E funds for recruitment and retention.
CSA Culture/Climate Workgroup	Identify strategies and implementation plan to address challenges identified as part of Alia focus groups.
Workforce Proposal for Change FY 2023	Proposal to fund a workforce unit within CSA. Also includes funding for an enhanced mentoring pilot and a lived experience recruitment project.
Boilerplate 541	Exploration of student loan forgiveness for foster care workers.
Boilerplate 578	Exploration and development of proposal for foster care apprenticeships.
Hiring Challenge Document	Document outlining field suggestions for expedient recruitment and onboarding.
Hiring Survey	Survey to gather information from existing students regarding what is important for a career search.
State Division Administrator Succession Planning	Planning for professional development of mid-level managers.
Child Welfare Marketing Campaign	Create new advertising for recruitment.
Alia Innovations Contract	Contract to offer child welfare staff webinar to focus on self-care, secondary trauma.

CHILD AND FAMILY SERVICES CONTINUUM

Michigan provides a continuum of services for children and families in the child welfare system, from prevention to post-permanency, including transitional services for young people

leaving foster care. Services are community-based, coordinated with other government benefits, culturally relevant, and family-focused. The continuum begins with a trauma-informed service approach that incorporates an understanding of the effects of trauma on children and families.

Trauma-Informed Services

To ensure children and families are provided services that effectively address trauma resulting from child abuse and neglect, MDHHS has implemented several efforts focused on trauma-informed practice and intervention. Efforts addressing trauma continue in various capacities across the state. Major efforts include:

- Statewide Secondary Traumatic Stress training for child welfare staff began in January 2018 as part of a contract with Western Michigan University's Children's Trauma Assessment Center. The training included role-specific information for county directors and program managers, supervisors, and caseworkers, and established local secondary traumatic stress teams. Training in the final BSC region was completed in March 2020.
- Secondary Traumatic Stress Teams were implemented in county offices to respond to secondary trauma on a peer-to-peer level. This training was a component of the Secondary Trauma/Culture and Climate contract with Children's Trauma Assessment Center.
- A Secondary Traumatic Stress Toolkit addressing secondary trauma and culture and climate enhancement was released to the field in September 2020. The toolkit mirrors the assessments that were completed in counties to help easily identify strategies that can be used to enhance areas that demonstrated low scores.
- Use of the Trauma Screening Checklist developed by Children's Trauma Assessment Center is required for children who have been identified as victims of a substantiated CPS case and at various points throughout the duration of the case. Training provided guidance for case planning and intervention based on the results of the screening tool. Trauma Screening training was added to the Pre-Service Institute curriculum plan in 2021.
- QRTPs, as defined by the FFPSA, were implemented effective April 1, 2021. Provisions include utilization of a trauma-informed approach within CCIs, including engaging the youth's family, and ensuring an adequate aftercare plan for the youth during the first six months post-discharge.
- Comprehensive Trauma Assessment Services contracts were implemented in June 2017 and continue across the state. These contracts ensure that quality comprehensive trauma assessments are available and provided statewide to foster children as needed based on trauma screening. New bids and awards for contractors were completed in 2022.
- The Trauma and Toxic Stress website includes information on trauma screening, assessment, intervention, training, and resources for caregivers and building trauma-informed communities and organizations. This site is reviewed at least biannually for

necessary updates.

- The Guiding NEAR Collaborative addresses neuroscience, epigenetics, adverse childhood experiences and resiliency. The group is focused on engaging state-level leadership and building state and community-level strategies to educate and integrate knowledge of NEAR science into applicable policies and programs. In 2022, the collaborative is focused on piloting a Trauma-Informed State Systems Roadmap, as well as building strategies to be seen as the premier resource for Adverse Childhood Experiences across the state.
- Intensive Crisis Stabilization Services were established statewide in January 2018. The mobile teams are intended to proactively address crisis situations. The service is available for children and youth ages 0-21 with Serious Emotional Disturbance or Intellectual and Development Disability and their parents or caregivers to maintain a child or youth in their home and community environment.
- The Children's Trauma Initiative includes training and coaching in trauma screening, trauma assessment, caregiver education, and Learning Collaboratives for CMH Service Provider networks to prevent and address trauma. Training cohorts are provided on a regular basis, and service providers' involvement is solicited via communication with program directors. The initiative is focused on the use of evidence-based practices and programs in the provision of mental health services to children and their families.
- MDHHS Trauma Policies have been developed for various service providers, including the Behavioral Health and Developmental Disabilities Administration. The Trauma Protocol was updated in spring 2022 and includes training opportunities for staff.
- In February 2021, Michigan contracted with Alia Innovations to provide training related to trauma-informed workforce well-being and leadership. The goal of the contract is to help improve culture and climate in preparation for systemic shift toward a more prevention focused child welfare system. The contract was extended to include trainings in 2022.
- In 2018, a class action lawsuit, *K.B. v. Lyon and Snyder*, was brought against the State of Michigan and MDHHS alleging that Medicaid-eligible children were not receiving medically necessary behavioral health services that they are required to receive pursuant to the Early and Periodic Screening, Diagnostic, and Treatment Medicaid regulations. In August 2020, MDHHS reached an interim settlement agreement that requires implementation of a plan to: 1) increase the array of services to Medicaid-eligible children with behavioral and mental health needs, 2) improve the way services are delivered and accessed, 3) monitor the services for quality and performance, and 4) undergo an extensive education and outreach effort to ensure child-serving agencies, families, and youth are aware of these services and how to access them. Appropriate provision of these services will help mitigate trauma for children in the child welfare system. Resources have been identified to expand staffing to support these efforts, known as MI Kids Now.
- Trauma-informed relative and caregiver support efforts are underway. These include an enhanced foster care pilot, family finding, rapid relative licensing, caregiver support

and resource planning, and increased access to behavioral health services. These initiatives are aimed at providing timely supports to caregivers to help address child needs and mitigate trauma associated with child welfare system involvement.

- In 2022, CSA is focused on enhancing staff culture and climate, including helping staff become aware of trainings and resources available to them to address secondary trauma. A workgroup focused on identifying and implementing culture/climate enhancement strategies meets regularly.

Services to Prevent Abuse and Neglect

- Michigan’s home visiting system is a robust system of eight models, which served nearly 22,000 families in FY 2021. The home visiting programs currently supporting families who are eligible under the FFPSA include the following:
 - Healthy Families America is based on the belief that early nurturing relationships are the foundation for healthy development. Home visitors provide support, encouragement, guidance, and education. The enrollment time frame is pregnancy to 24 months, and home visitors can support families for three to five years.
 - Parents as Teachers home visitors support parents in developing healthy relationships with their children and support parents in their role as first teacher. The enrollment period is pregnancy through kindergarten entry.
 - Nurse Family Partnership involves registered nurses providing home visits to build trusting and therapeutic partnerships with first-time pregnant parents, aimed at improving pregnancy outcomes, improving child health and development, and improving the economic self-sufficiency of the family from pregnancy through two years.
 - Family Spirit was developed by and for Native American communities, and supports the health of the family, building strong and healthy parents. The enrollment period is pregnancy through ages 3 to 5 for families in the tribal population.
 - Home visiting expansion to support families with infants prenatally exposed to substances is underway. Following a formalized needs assessment in 2021, the top 10 counties were approached to expand home visiting in their communities. Through a community-led decision-making process, these counties made recommendations as to which models to expand to support the needs of the target population. Eight counties are currently in the process of expansion including Wayne, Macomb, Oakland, Genesee, Kent, Calhoun, Bay, and Grand Traverse. Expansion into other counties is under consideration pending funding availability.
- Prevention services are provided by success coaches in schools with the Pathways to Potential program to families receiving financial and other assistance statewide. Many counties utilize child welfare specialists as prevention staff as well. Wayne County has six prevention specialists providing services to families in the three districts.

- Success coaches, based in Community Resource Centers in schools with high numbers of families receiving financial assistance, offer assistance and referrals for food, housing, and other needs.
- MDHHS merged Child Protection Community Partners and Child Safety and Permanency Plan into one fund source to support local service contracts, Child and Family Safety, Stability, and Permanency. Funding is provided to all 83 MDHHS local offices to contract for services to families with children at elevated risk of removal for abuse and neglect, or families with children in out-of-home placement. The purpose of the funding is to:
 - Reduce recurrence of abuse and neglect.
 - Improve the safety and well-being of children and enhance family functioning.
 - Keep children safe in their homes and prevent the unnecessary separation of families.
 - Return children in care to their families in a safe and timely manner.
 - Provide safe, permanent alternatives when reunification is not possible.
- The Children Trust Michigan supports a statewide network of 73 local councils that fill the critical role of prevention in a full array of services for children and families in all Michigan counties. The Children Trust Michigan provides resources to 30 community direct service programs, which target the needs of the most vulnerable and challenged families. The Children Trust Michigan is leading or collaborating on critical policy and education efforts on research and innovative approaches to serving families. The Children Trust Michigan serves as the Citizen Review Panel on Prevention, providing ongoing feedback and information about preventive services to families. Children Trust Michigan provides grants to support three home visiting programs including Healthy Families America, Parents as Teachers, and Nurturing Parenting. The Children Trust Michigan home visiting programs serve approximately 665 families annually.
- Children Trust Michigan Direct Service Grants are awarded to provide prevention services to meet community needs. Services are provided to families that have risk factors for child maltreatment but do not have an active CPS case. The following are some examples of how the direct services grants are used:
 - Parent or guardian skills training and support programs designed to educate and provide peer support in child development, childcare skills, stress management and general advocacy and support.
 - Services that include respite care, parent education programs and support groups, fatherhood programs, home visitation programs, family resource and support centers, early care and education, evidence-based practice, and positive youth development to prevent child abuse.
 - Programs that adhere to culturally competent guiding values and principles.
 - Projects that serve special populations.
- Families Together Building Solutions is an evidence-informed service that provides long-term in-home services to support vulnerable families and prevent abuse and neglect. Families Together Building Solutions provides counseling, parenting coaching,

housing, budgeting assistance, and other services in the family home for up to four months.

- Early On is Michigan’s system of early intervention services that assists families with infants and toddlers from birth to 36 months that display developmental delays or have a diagnosed disability. Early On provides assessment, care coordination, in-home therapy and other services to families and young children. Referral to Early On is a requirement for all substantiated CPS cases of children under 3 years. In 2021, MDHHS referred 13,072 children to Early On. Of these:
 - Approximately 62 percent or 8,146 of infants born were substance affected.
 - Approximately 46 percent or 5,972 were infants less than 12 months old.

Services to Protect Children from Abuse and Neglect

- CPS is provided statewide by MDHHS. MDHHS operates a statewide Centralized Intake hotline, which is available 24 hours each day, seven days a week. Centralized Intake is responsible for receiving reports of abuse and neglect of children statewide and assigning them for investigation.
- CPS investigators in each county office receive reports from Centralized Intake and conduct investigations of suspected child abuse and neglect utilizing a preponderance of evidence standard and either refer the family for ongoing CPS services or dispose the investigation as unsubstantiated. Safety planning in collaboration with the family is provided at all stages in a CPS investigation.
- Ongoing CPS services to children in the home are provided through local CPS staff, who are responsible for assisting the family to alleviate the conditions that are endangering the safety of children in the home. Safety planning with the family is an essential element of ongoing CPS services.
- The Maltreatment in Care unit investigates and provides services to children who have experienced abuse or neglect while in foster care.
- Mandated reporter training is delivered by MDHHS local offices in their communities upon request and is available online.
- Children’s Advocacy Centers are child-focused programs in which representatives from law enforcement, child protection, prosecution, mental health, and victim and child advocacy conduct multi-disciplinary interviews and make team decisions about investigation, treatment, management, and prosecution of child sexual abuse cases. Services include forensic interviewing, crisis counseling, advocacy, medical evaluation, service coordination, support groups, and child and family therapy.

Services to Preserve Families

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

- The HOMEBUILDERS® program is a family preservation contract administered in partnership with the Institute for Family Development, the program’s creators. HOMEBUILDERS® is reserved for families in which only the most intensive services

may prevent a petition for removal, focusing on children ages 0 to 5 and 14-17 years-old. HOMEBUILDERS® provides intensive, home-based services for four to six weeks, with booster sessions available when needed. HOMEBUILDERS® is being piloted in seven counties.

- Families First of Michigan is a home-based, intensive crisis intervention model designed to keep children safe and prevent foster care placement or to provide intervention to return children to their homes. Designated domestic violence shelter programs may refer families with children at risk of homelessness due to domestic violence. The program also accepts referrals from the 12 federally recognized Indian tribes located in Michigan. Families First is available in all 83 Michigan counties.
- The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at risk of experiencing a removal due to child abuse or neglect. The program provides skill-based interventions and support for families when a parent is alcohol- or drug-affected or has been found to have a co-occurring disorder. Participating families are assigned a family support specialist who works with them in their home for at least 90 days. As of spring 2022, 12 counties provide support services.
- Families Together Building Solutions provides home-based support services to help preserve families and improve family functioning. Families Together Building Solutions serves families for up to three months.
- Strong Families, Safe Children is a funding resource for enhanced family preservation and support services. Funds are provided for service needs determined in collaboration with local stakeholders and contracted with private agencies and individuals.

Services to Reunify Families

- Foster care services are provided by foster care specialists in MDHHS local offices and private agencies. Foster care specialists create Parent-Agency Treatment Plans, monitor the parents' progress in goals designed to enhance safety for children in the home, and guide the process to children's permanency, either through reunification with the parents, guardianship, or adoption.
- The Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes. Services may begin as early as 30 days prior to the return of children from foster care and may last up to six months to ensure stability is achieved. Out-of-home placement may include residential treatment, family foster care, relative placement, psychiatric hospitalization, or shelter care.
- Families First of Michigan, described above, is also utilized to assist family reunification when the Family Reunification Program is not available.
- The Parent Partners Program connects parents with children in foster care to "veteran" parents who have been successfully reunited with their children. Parent Partners attend hearings with parents, connect them to other resources in the

community, and provide support and encouragement in working toward reunification. Parent Partners has expanded the service to continue supporting families following reunification.

- Foster Care Supportive Visitation is provided throughout the state to coach parents during parenting time to assist the development of parenting skills and promote parent-child relationships. The intervention responds to the needs of families to improve parenting skills and is based on proven psycho-educational and cognitive-behavioral approaches to learning.

Services to Promote Permanency other than Reunification

- Adoption services in Michigan are provided by private agencies. Adoption services include child evaluations and family assessments that identify immediate and potential needs that the child and family may have as they transition to creating a permanent family.
- The Adoption Assistance Program provides adoption financial subsidy, medical subsidy, and assistance with non-recurring adoption expenses for children and their adoptive families.
- Post-Adoption Resource Centers support families who have finalized adoptions of children from the Michigan child welfare system, children who were adopted in Michigan through an international or a direct consent or direct placement adoption and children who have a Michigan subsidized guardianship agreement. Family participation is voluntary and free of charge. Post-Adoption Resource Centers offer the following services:
 - Case management, including short-term and emergency in-home intervention
 - Coordination of community services
 - Information dissemination
 - Education
 - Training
 - Advocacy
 - Family recreational activities and support
 - Website and newsletter on topics relevant to adoptive families
- Adoption resource consultant services are available statewide and provide services to children who have a permanency goal of adoption and have been legally free for adoption for one year or more without an identified family. Consultants:
 - Utilize a solution-focused model.
 - Develop, review, and amend the Individualized Adoption Plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.
 - Assist with problem-solving to eliminate barriers and enhance the specificity of each Individualized Adoption Plan.
- The statewide Parent-to-Parent Program contracts with the Adoptive Family Support Network and provides support, education, information, and referral services to adoptive parents through:

- Adoption support groups.
- Adoptive parent seminars, trainings, and workshops.
- Adoptive family fun events.
- Parent-to-Parent hotline.
- Regional Resource Teams focus on recruiting, supporting, developing, and training foster families to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, prepare families for the challenges associated with fostering and develop foster family skills to enable them to foster children with challenging behaviors. The six Regional Resource Teams are located across the state and provide regional recruitment, retention, and training for foster and adoptive parents.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships. The purpose of the Guardianship Assistance Program is to provide financial support to ensure permanency to children who may otherwise remain in foster care until reaching the age of majority.
- Permanency resource managers lead individualized efforts to establish permanency for children who have been out of the home for over 24 months. Efforts include targeted recruitment and assistance with relative searches to identify potential placements.
- MARE operates a registry of children available for adoption and employs many strategies to increase awareness of the need for adoptive families. These include operating the Heart Gallery, a traveling exhibit of photos of waiting children, and an online catalogue which provides photos, information, and descriptions of waiting children.

Services for Youth Transitioning to Adulthood

- Foster care specialists provide assistance to older youth to transition to independence. After age 14, quarterly meetings are held with the youth to identify supports, assess their independent living needs, assist them in learning budgeting and home management skills, and provide information about resources available in the community.
- Michigan's John H. Chafee Foster Care Program offers assistance to current and former foster youth between ages 14 and 21 statewide to achieve self-sufficiency, including juvenile justice youth, tribal youth, and unaccompanied refugee minors. Services include supervised independent living and independent living stipends, an opportunity to join MYOI, local and state-level groups for mutual support and leadership skills. In 2019, eligibility extended to age 23. MYOI is available in all 83 counties.
- The Tuition Incentive Program is available to foster youth to help them attend college. MDHHS also collaborates with the public universities in Michigan to provide scholarship funds and support to foster and former foster youth attending college.
- Young Adult Voluntary Foster Care was implemented in 2012 and allows youth who

are in foster care at age 18 either to remain voluntarily in foster care when their abuse and neglect case is dismissed, or to return later up to age 21. This program offers case management services and financial supports if the youth meets eligibility criteria.

- The ETV Program provides resources to meet the education and training needs of youth transitioning out of foster care. The program provides vouchers of up to \$5,000 per fiscal year to eligible youth attending post-secondary educational and vocational programs.
- The Michigan Youth Re-Entry Initiative operates through a contract for care coordination, with an emphasis on assisting young people with medical, mental health or other functional life impairments that may impede success when re-entering the community. Juvenile Justice Programs also provides re-entry services to youth with disabilities who are adjudicated through an Interagency Agreement with Michigan Rehabilitation Services.
- Homeless and Runaway Youth Services include crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, case management, counseling, skill-building, and placement. Homeless and Runaway Youth Services are also provided to young people ages 16 and 17 who require support for longer periods. Services are available statewide and include crisis management, community education, counseling, placement, and teaching life skills.
- MDHHS' Unaccompanied Minor Program provides living expenses and assistance to more than 200 unaccompanied minors each year.

Behavioral Health Services for Children and Youth

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

- Applied Behavior Analysis is a behavioral health service for eligible Medicaid enrolled children, youth, and young adults with Autism Spectrum Disorder birth to age 21. Applied Behavioral Analysis services are individually tailored to address social behaviors, improve communication, socialization and teach daily living skills, as well as increase inclusion in general educational and community settings by addressing or averting aggressive or self-injurious behaviors. As of April 2022, there are 9,469 children and youth with Autism Spectrum Disorder enrolled in the Medicaid Applied Behavior Analysis service benefit.
- Wraparound is a Medicaid-covered service that assists youth with serious emotional disturbance. Wraparound offers a team planning process and is one of the few mental health services that can be used when a youth in out-of-home placement is

transitioning to the community. Outcomes for Wraparound show clinically significant improvement in functioning at 67 percent for youth ages 0-6 and 81 percent for youth ages 7-19. In FY 2021, 2,339 youth received Wraparound services.

- Youth Peer Support is a Medicaid-covered service under the behavioral health managed care waiver. This service provides a Youth Peer Support Specialist that engages a youth with serious emotional disturbance currently receiving services. The Youth Peer Support Specialist provides guidance, shares information about resources and helps in skill development. Youth Peer Support Specialists are available in 18 CMH service areas, with 42 working in the state within 23 agencies in 2022. Since 2015, 139 Youth Peer Support Specialists have been trained.
- Parent Support Partners is a statewide initiative that provides peer-to-peer support to eligible families as part of Michigan's Early Periodic Screening, Diagnosis, and Treatment State Plan. Parent Support Partners increases family involvement and engagement in the mental health treatment process and equips parents with the skills to address the challenges of raising a youth with special needs. There are 96 Parent Support Partners currently providing services throughout Michigan within 39 CMH agencies. Since 2010, 309 parents have completed the five-day training, 293 have completed the three-day training, and 181 have been certified.
- The Family Support Subsidy Program provides financial assistance to families with a child who has a diagnosis of severe developmental disabilities. The goal is to provide essential services for children with developmental disabilities so they can safely remain with or return to their birth or adoptive families. The program provides a monthly payment which families can use for special expenses incurred while caring for their child. In 2021, the program served 4,538 children and only 12 children (0.03 percent) within these families served were placed out-of-home. In 2021, four children returned to their family from out-of-home placement.
- Parent Management Training is an evidence-based service for parents and caregivers of children with serious emotional disturbance. Parent Management Training provides individual, group, and home-based services. Michigan currently has 131 clinicians delivering services through local CMH agencies. MDHHS has partnered with Michigan State University, Generation Parent Management Training-Oregon to develop a free informed web-based program for all caregivers in the state to obtain information from parents that have gone through the Parent Management Training-Oregon or Parenting through Change programs. Over 1,000 have contacted the website and 730 participate in the online web-based Parent Management Training-Oregon program.
- Parenting Through Change - Reunification is training for parents of children who are currently in foster care. Parenting Through Change – Reunification is available in five counties. The goal is to expand the number of trained clinicians across the state.
- Intensive Crisis Stabilization for Children Services is a Medicaid CMH service for children and youth ages 0 to 21 with serious emotional disturbance or Intellectual and Developmental Disability, including autism or co-occurring serious emotional disturbance and substance use disorders, and their parents or caregivers. Intensive

Crisis Stabilization Services provides structured treatment and support delivered by a mobile intensive crisis two-person stabilization team that travels to the child or youth in crisis for a face-to-face contact within one hour or less in urban counties, and in two hours or less in rural counties. In FY 2021, based on the Medicaid encounter data there were 4,353 hours of mobile crisis provided statewide. There is a new policy effective April 1, 2022, that expands this service to be delivered 24:7.

- Crisis Residential Services provide a short-term alternative to inpatient psychiatric services for children experiencing an acute psychiatric crisis. Services are designed for children who meet psychiatric inpatient or substance use disorder residential criteria or are at risk of admission to a more restrictive setting. In 2021, there were 6,881 days of encounters for children and youth up to 21 who received services. There are currently four MDHHS-enrolled programs statewide.
- Infant Mental Health Services provide home-based support and intervention services to families in which the parent's condition and life circumstances, or the characteristics of their infant threaten the parent-infant attachment. Therapeutic interventions support attachment and the consequent social, emotional, behavioral, and cognitive development of the infant. The infant mental health specialist provides weekly visits to enrolled families during pregnancy and around the time of birth up to 47 months. In FY 2020, over 1,745 infants, toddlers and young children and their parents were provided this individualized, intensive service. Data from 2021 was not available at the time of this report.
- The Serious Emotional Disturbance Children's Waiver provides intensive home and community-based services for children up to age 21 with serious emotional disturbance who meet current MDHHS admission criteria for state psychiatric hospital for children and those who are at risk for hospitalization without waiver services. The SEDW serves two priority populations, traditional (non-child welfare involved) and MDHHS-Project (children with open foster care cases through MDHHS and children adopted from the child welfare system). The Serious Emotional Disturbance Children's Waiver is a managed care program administered by the Prepaid Inpatient Health Plans in partnership with CMH service providers and other community agencies. Wraparound is a mandatory component of the service array. There were 840 youth served through the waiver during FY 2021.
- The Michigan Child Collaborative Care program, developed as a collaboration between University of Michigan and MDHHS, targets child and adolescent populations through supporting local primary care providers who treat behavioral health issues. The Michigan Collaborative Care program offers same-day telephone consultation to primary care providers on children and youth from birth through 26 years and pregnant and peripartum women by child, adolescent, and perinatal psychiatrists, telehealth evaluation for complex patients, and behavioral health consultants to coordinate care. The goal of the Michigan Child Collaborative Care CONNECT is to expand and enhance the program to all 83 Michigan counties, educate providers by developing a series of culturally sensitive webinars based on requested topics, link children and youth to evidence-based intervention programs, and integrate screening

and referral within primary care processes.

- The Michigan Treatment Foster Care Oregon Initiative is a collaboration between MDHHS and Wayne State University. Implementing Treatment Foster Care Oregon evidence-based practice directly supports the expansion of Children’s Therapeutic Foster Care Medicaid service in Michigan. Children’s Therapeutic Foster Care is a voluntary mental health service that serves as an alternative to psychiatric hospitalization for children enrolled in the SEDW. As of February 2022, there are four active Treatment Foster Care Oregon sites in Michigan, three of which are preparing to begin full clinical services in 2022. Fifteen youth have been served in Treatment Foster Care Oregon, all of whom achieved the fidelity-based success standard of exiting treatment to a lower level of care in the public mental health system. The Michigan initiative had a milestone completion rate of 92 percent in 2021, meeting 49 of 52 total project objectives.

PERFORMANCE-BASED CHILD WELFARE SERVICES

Michigan developed the performance-based funding model as a component of child welfare reform in Michigan, in addition to the MiTEAM practice model and a CQI approach. The department utilizes performance-based contracting for adoption services. Contractors receive differential rates of reimbursement for adoption services based on the length of time between accepting the adoption case and when the adoption petition is filed with the court, the child was photo-listed on MARE or placed with an adoptive family after being in a residential setting.

Defining Consistent Performance Measures for Child Welfare Agencies

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

Performance-Based Funding Pilot Progress in 2021

The Kent County performance-based funding pilot consists of a consortium of five private child-placing agencies (CPA) with the goal to achieve better outcomes for children and families through a prospective funding model. Year five of the pilot began on Oct. 1, 2021.

Performance-Based Funding Pilot Progress - Data Overview

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

- Reducing the rate of MIC
- Increasing relative licensure
- Worker-parent visits
- Parent-child visits
- Permanency in 12 months
- Reduced days in care in emergency shelter
- Reduced percentage of children first placed in shelter
- Reduced days in residential care
- Increase in county placements

Performance Goal Summary	FY19	FY20	FY21	Standard	Goal	Achieved
Maltreatment in Care	11.88	12.95	7.31	9.67	9.67	Yes
Licensed Relative Placements	41	27	20	-	10% Increase	No
Permanency in 12 Months	19.8%	18.2%	22.7%	42.7%	24%	No
Worker-Parent Contacts	66%	69%	60%	85%	71%	No
Parent-Child Contacts	49%	45%	52%	85%	55%	No
Reduce Days in Shelter	3,095	1,999	471	-	2% Reduction	Yes
Reduce First Shelter Placement	30%	4%	.04%	-	Not Exceed 25%	Yes
Reduce Days in Residential	26,205	24,876	15,602	-	8% Reduction	Yes
In County Placements	66%	65%	64%	-	68%	No
Permanency in 12 to 23 Months	54.5%	39.5%	40.5%	45.9%	45.9%	No
Permanency in 24+ Months	49.1%	48.3%	59.5%	31.8%	31.8%	Yes
Re-Entry in 12 Months	7.6%	3.2%	3.5%	8.3%	8.3%	Yes
Placement Stability	3.71	3.25	3.76	4.12	4.12	Yes

Source: CFSR measures retrieved from the Dept. of Technology, Management, and Budget. All other measures retrieved from the data warehouse on Oct. 25, 2021.

According to the third-party evaluation, from FY 2020 to FY 2021:

- Congregate care days decreased by 37 percent.
- Emergency shelter care days decreased by 68 percent.
- Overall care days decreased by 20 percent.

According to a third-party evaluation, children in Kent County spent fewer days in care and were more likely to achieve permanency within six and 12 months of entering care. For children that entered care after implementation on Oct. 1, 2017, 16.8 percent achieved permanency within six months and 31.75 percent achieved permanency in 12 months. There was a reduction of foster care entries in Kent County by 8 percent and a reduction of foster care exits by 9 percent.

Key Innovations

- The Parent Engagement Program was launched to support birth parents of children ages 0-5 in foster care.

- The Enhanced Shelter Home program was initiated for youth in need of emergency placement.
- Enhanced foster care continues to decrease utilization of congregate care settings.
- The performance and quality improvement team continues to analyze performance data and engage providers quarterly to discuss key performance measures, data quality, outcome measures, and quality improvement plans.
- Affirming and Listening to our LGBTQ+ Youth Project partners with a local nonprofit to lead a Gender and Sexuality Alliance that will serve children in foster care as well as other interested Kent County youth.
- Expectations related to DEI in private agencies' contracts are incorporated including a requirement of a local program advocate and 20 hours of DEI training for staff.

Planned Activities for 2023

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

PROGRAM SUPPORT

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

- MCHHS hired five community service analysts, one for each BSC, to support statewide CQI activities for FFPSA prevention services, including contract monitoring and provision of oversight of those programs. In partnership with existing MiTEAM quality assurance analysts and BSC quality assurance analysts, the community service analysts will analyze and incorporate information into the larger CQI process within MDHHS at the local and state level to refine and improve services.
- DCQI provides technical assistance to counties for data analysis in preparation for ChildStat presentations. Data around entries and exits from foster care, permanency in 12 months, timely face-to-face visits, recurrence of maltreatment, placement with relatives and parents, timely and accurate relative safety assessments, and use of the MiTEAM Fidelity Tool are reviewed and validated.
- Dashboards and reports displaying state and county data on MDHHS priority areas are created by DMU and made available to the field for tracking and monitoring progress in local offices. Dashboards and reports available to the field include:
 - Relative Assessment and Safety Dashboard.

- CCI Dashboard.
- CFSR Dashboard.
- Fidelity Tool Switchboard.
- Days to Adoption Report.
- Foster Home Licensing Dashboard.
- DCQI analysts provide training and technical assistance to local MDHHS administrations and CQI teams on the use and analysis of dashboards and data reports, as well as ongoing consultation. Private agency support analysts provide training, technical assistance, and consultation on data analysis and key performance indicators to the private agencies.
- Health liaison officers focus on addressing system barriers at the county level to ensure children in foster care receive all required medical and dental examinations timely and that children's health needs are addressed thoroughly and appropriately.
- MiTEAM quality assurance analysts provide training and technical assistance for the enhanced MiTEAM practice model to local child welfare staff. Statewide utilization of the MiTEAM Fidelity Tool continues to assist local child welfare managers to monitor their staffs' skill using the MiTEAM practice model in providing services.
- DCQI provides feedback and technical assistance for current child welfare cases through Quality Service Reviews, intensive reviews of current cases in local offices and agencies through interviews with case members, local courts, and community service providers.
- Local CQI teams use data from Monthly Management Reports, the CFSR dashboard, relative case review dashboard, MIC calculator, and other sources to track progress for key performance indicators. The reports provide county service data that can be drilled down to the frontline worker level to track timeliness and performance of necessary functions. Report data helps counties identify barriers that may affect outcomes and can guide decision-making through the CQI process. The monthly report data demonstrates whether efforts are reflected in improved scores and whether other strategies or changes are needed. Such feedback facilitates the development of innovative efforts to target specific areas and needs.
- Trauma-informed caregiver training is provided in 12 counties, with plans for expansion. This training assists foster parents' understanding of the underlying issues related to children's behaviors and help increase empathy toward foster children based on improved awareness of the effects of trauma.
- CSA created a Trauma Protocol to guide MDHHS and private agency staff in:
 - Identifying children who have experienced trauma and understanding and engaging with families about the impact of childhood trauma on their child's growth, emotions, and behavior.
 - Effectively responding to children impacted by trauma to help them cope, heal, and build resiliency.
 - Preventing re-traumatization for children and families.

- Using effective tools, strategies, and resources to advocate for the best interests of the children being served.
- Building relationships and collaborating with caregivers and community service providers and organizations to support the education of and development of a trauma-informed community.
- Recognizing the impact of secondary trauma on staff and implement a safe, supportive, trauma-informed office culture and climate.
- The Foster Care Psychotropic Medication Oversight Unit addresses persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- Training for mandated child abuse and neglect reporters is provided by local MDHHS staff in their communities. Mandated reporter training was enhanced to include training for specific professional roles in child welfare.
- MiSACWIS project support staff are continuing MiSACWIS Academy training. The academy includes end-user classroom workshops, webinars, web-based trainings, and new worker training. MiSACWIS project staff also conducts new worker juvenile justice residential training.
- The Foster Care, Guardianship, and Adoption program office provides materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans and to track whether county goals are met.
- OWDT provides child welfare staff and tribal governments in Michigan access to child welfare training through Title IV-E and Chafee funding. Tribal governments have access to the learning management system to view training schedules, track staff training, access computer-based training and register for training sessions.
- OWDT and Native American Affairs provide ICWA and MIFPA training in Pre-Service and New Supervisor Institutes, as well as a refresher course.
- MDHHS includes information about Youth in Transition and ETV services at each quarterly Tribal-State Partnership meeting as a standing agenda item. Services are described, as well as how tribal youth can access them. Tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes as requested.
- MDHHS offices in areas with tribal populations employ Native American Outreach Workers, who work within the tribal community to provide access to all MDHHS services to Native American families, and to assist MDHHS and private agency workers complete outreach to tribal communities.
- To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in initial and ongoing training. Technical assistance is provided as requested. Information is shared with child welfare management and staff through communication issuances and monthly supervisory phone calls.
- The Office of the Family Advocate investigates child welfare-related complaints and all fatalities of children and wards who had recent contact with CPS or are under the care and supervision of the department.

- The Capacity Building Center for States is partnering with Wayne County to explore the need for a supervisory-coaching model to strengthen workforce retention, engagement, and communication supported by a supervisory-coaching framework.

EVALUATION AND RESEARCH ACTIVITIES

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

- **Casey Family Programs.** Michigan receives guidance and support from Casey Family Programs on various efforts related to CSA priorities, including co-chairing the Child Welfare Improvement Task Force, development of the Trusted Advisors/Lived Experience Cooperative, and the Front End Redesign of the CPS system, among others described throughout this report.
- **Annie E. Casey Foundation.** Michigan participates in the Consortium on Improved Placement Decision-Making and utilizes the Foster Home Estimator, with guidance and support from the Annie E. Casey Foundation.
- **Evident Change and Ideas42.** Michigan is collaborating with Evident Change and Ideas42 on the Front End Redesign, which began with an evaluation of the CPS intake process. To ensure case decision-making is equitable and consistent, CSA partnered with Evident Change and ideas42 to develop a Structured Decision Making tool for centralized intake. Customization of the tool began in April 2021. Final rollout of the tool is planned for January 2023.
- **Maximus.** Michigan is contracted with Maximus to guide development of QRTP independent assessment of children prior to placement in a residential setting as well as technical assistance on the requirements of the FFPSA. During the testing phase in January to March 2021, Maximus assisted in creating a system for credentialing independent assessors.
- **The Harvard University Government Performance Lab.** The Harvard University Government Performance Lab has partnered with CSA to provide analysis of data and technical assistance in several areas. This includes an evaluation of congregate care utilization and efforts to reduce the overall congregate care population, technical assistance, and support to enhance coordination between behavioral health and CSA in several communities, assessment of relative placement utilization and improvement strategies to enhance safe placements as well as contract assistance to guide the enhancement and to reinvent congregate care oversight in Michigan.
- **Capacity Building Center for Courts and University of Michigan.** Wayne and Van Buren counties, which are involved in Michigan's Quality Legal Representation Pilot, worked with the above groups to develop measurement activities to demonstrate improvements based on the specific model of pre-petition or post-petition or a hybrid of both activities by court-appointed attorneys assigned to the pilot.

- **Capacity Building Center for States.** The Capacity Building Center partnered with Wayne County to explore the need for a supervisory-coaching model to strengthen workforce retention, engagement, and communication supported by a supervisory-coaching framework. Wayne County leadership has completed exploration to determine a theory of change and two root causes. The root causes are the lack of supportive/educative supervision and perception of inequity in growth/development/promotional opportunities for staff. In 2021 the county worked on addressing the root causes and identified a coaching model that is being implemented in 2022.
- **University of Michigan.** The University of Michigan continues to serve as a lead for validation of data reported through the Modified Implementation, Sustainability, and Exit Plan. In addition, the university developed a tool to evaluate disparities in the child welfare system from intake through entry, the “Youth Flow in the Child Welfare System,” utilized by frontline staff to evaluate data relative to each county. The University of Michigan has provided research data and technical analysis to support the agencies’ efforts in improving permanency within 12 months. The University of Michigan will also serve as the evaluator for eligible Title IV-E prevention services such as SafeCare, and Family Spirit. Finally, MDHHS enlisted the assistance of the University of Michigan to evaluate the effectiveness of family preservation programs in preventing placement in foster care and reunifying families from foster care.
- **Chapin Hall.** Michigan has partnered with Chapin Hall to conduct a needs assessment to identify target populations for the FFPSA, classify evidence-based prevention services that meet the requirements of the act and develop and implement robust CQI processes across the MDHHS continuum of prevention services.
- **The John Praed Foundation.** Michigan contracted with the John Praed Foundation to develop and validate the Child Assessment of Needs and Strengths (CANS) assessment tool that guides caseworker decision-making around service planning based on safety and risk. The re-validated assessment is an instrumental element of Michigan’s QRTP decision-making process. An amendment is also being added to focus on work related to the MI Kids Now initiative, enhancing service provision to better address behavioral health needs of youth.
- **HOMEBUILDERS®.** Michigan is piloting the HOMEBUILDERS® model of family preservation services. Wayne, Kent, Ingham, Muskegon, Jackson, Calhoun, and Kalamazoo counties have access to the HOMEBUILDERS® model, an intensive, crisis-oriented family preservation program.
- **Michigan Public Health Institute and University of Michigan.** Michigan is working with the institute and the university to study race equity issues along the child welfare continuum, with the goal of eliminating bias in child welfare decision-making, child placement and service provision to families.
- **PriceWaterhouseCoopers.** As a component of enhanced job candidate screening, MDHHS engaged PriceWaterhouseCoopers to create and evaluate a Job Fit Tool. The contract with PriceWaterhouseCoopers was extended for ongoing assessment,

monitoring, and support.

- **National Youth in Transition Database.** Since 2011, Michigan has gathered demographic and outcome information on young people receiving independent living services and entered the data into the National Youth in Transition Database. The state uses this data to improve understanding of the needs of young people and identify areas for improvement.

MDHHS TARGETED PLANS STATUS

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

- 1. Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan, Attachment M:** The Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan was assessed in 2022, and it was determined no substantive changes were necessary.
- 2. Health Care Oversight and Coordination Plan, Attachment N:** The Health Care oversight and Coordination Plan was assessed in 2022 and updated to include activities required by the FFPSA.
- 3. Child Welfare Disaster Plan, Attachment O:** MDHHS county offices, BSCs, Child Welfare Services and Support and Centralized Intake reviewed Michigan's Child Welfare Disaster Plan in 2022 and determined that no changes were necessary.
- 4. Staff and Provider Training Plan, Attachment P:** The MDHHS Staff and Provider Training Plan was reviewed in 2021 and it was determined changes were necessary to describe the training redesign which is underway.

SAFETY

Michigan remains focused on improving child safety. Significant policy and systemic changes in 2020 and 2021, as well as increased supervisory oversight, provide CPS investigators and supervisors greater confidence in investigations and their outcomes. In 2019, MDHHS implemented the Supervisory Control Protocol and continues to utilize the protocol to address findings from the 2018 CPS Investigation Audit conducted by the Office of the Auditor General. The Supervisory Control Protocol focuses on child safety assessment and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.

Front End Redesign

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

that a well-designed and efficient response to CPS complaints will help staff protect children and support families by:

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

To help ensure that decision making is equitable and consistent, CSA is partnering with Evident Change and ideas42 to develop a structured decision-making tool for Michigan's Centralized Intake. This tool will provide structured support to guide decisions, ensure families are treated fairly, reduce repeat system involvement, reduce racial and ethnic disproportionality, and reduce trauma experienced by families who do not require system involvement.

Workshops for the structured decision-making workgroup began in April 2021. The workgroup began tool customization in April following a structured plan. While a final tool is expected in the fall of 2022, full implementation of the tool, including tool automation and training, is expected by 2023. Currently, the structured decision-making intake tool is at the inter-rater reliability testing phase. Structured decision-making Centralized Intake is currently slated for implementation in January 2023.

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

In addition to the development of a new structured decision-making tool for Centralized Intake, CSA is partnering with the Harvard University Government Performance Lab to create a referral pathway to community prevention services from Centralized Intake. Currently in Michigan, almost one in three families screened-out at Centralized Intake are screened-in for investigation within one year. A large proportion of these families may have underlying service needs that contribute to the likelihood of a future screened-in report if unaddressed. By proactively connecting these families with support services and resources, CSA can help strengthen families and reduce the likelihood of subsequent child welfare interactions, particularly among Black or multi-racial families who are nearly twice as likely to be involved in a screened-in report as their white peers. CSA is collaborating with Michigan 211, which will

be reaching out to families with screened-out complaints with identified risk factors, to refer them to available, accessible, and culturally sensitive community resources. The proposed plan is for Michigan 211 to engage with the family to complete an assessment to connect them to services and provide follow-up to ensure the services have addressed their needs. This prevention pathway is being piloted in Kalamazoo and Calhoun counties to assess and determine planning for implementation statewide in 2023. The pilot launched on July 5, 2022, and since that date 25-30 families have been referred from the hotline to specialist staff at 211 each week. As of July 29, 2022, it has been reported that approximately 14 families were successfully contacted, with many of those scheduling follow-up calls and being referred to services such as public benefits, concrete supports, and childcare.

CSA is partnering with Evident Change to develop new safety and risk assessment tools for Michigan's CPS program. Safety and risk assessment tools are used by workers to assess child safety and to help determine the likelihood of future system involvement. The development of new tools will help ensure equity, consistency, and accuracy in decision-making and service provision. Initial analysis of the current use of the safety and risk assessment is complete, with analysis of the use of the risk reassessment currently underway. Initial recommendations have been made to the department and will be explored further throughout 2022 within the Bureau of In-Home Services. Currently, the safety assessment is at the customization phase; workgroups were developed with various stakeholders to make recommendations and provide feedback for development of the new safety assessment. Full implementation is expected in 2024. The risk assessment work is currently pending legislative changes. The SDM safety assessment is currently slated for implementation in May/June 2023; however, this is subject to change based on any additional time needed to assess and incorporate stakeholder and tribal government feedback. The SDM risk assessment customization is expected to begin in the fall of 2022 and is slated for implementation in 2024.

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

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

Michigan's CFSR PIP Case Reviews scored 94.1 percent for Item 1, setting the baseline for improvement. The goal for PIP completion in this area is 94.2 percent by Oct. 31, 2022, which the state currently surpassed at 96.1 percent based on CFSR case reviews.

Monthly Management Reports provide data via MiSACWIS for timely commencement and completion of reports. Data from the reports show a progression of improvement in rates of investigation initiation and face-to-face contacts from FY 2018 through FY 2021.

Monthly Management Reports

Requirement	Timeliness of Initiating Investigations - Statewide			
	2018	2019	2020	2021
12-hour	96%	96%	97%	98%
24-hour	96%	96%	98%	98%
Timeliness of Face-to-Face Contacts - Statewide				
24-hour	92%	93%	91%	95%
72-hour	93%	93%	92%	95%

February 2022 Monthly Management Report for the prior 12 months.

Progress in 2021

Ongoing improvements to child welfare programs and policies include:

- MDHHS continues to focus on child and family safety through continued training and appropriate utilization of effective safety plans. In 2021, those efforts included:
 - Continued training of Safety by Design for all new child welfare staff.
 - Ongoing Safety by Design training for child welfare staff.
 - Providing safety planning policy and practice guidance to frontline staff.
- A grant from the Substance Abuse and Mental Health Services Administration funded suicide prevention training for 800 child welfare workers each year. The training modules include suicide awareness training and applied suicide intervention skills training. In the current version of the grant, the MDHHS Injury, Violence, and Prevention Section is committed to training 350 child welfare staff on suicide prevention annually. Additional suicide prevention trainings are planned.
- MiTEAM re-established focus on fundamental social work practice skills of working collaboratively with families. The model guides Michigan’s child welfare system on case management activities to ensure children remain safe, are raised by their families whenever possible, and are provided support and guidance to ensure their well-being.
- In 2021, supervisors used the MiTEAM Fidelity Tool to rate MiTEAM skills at least twice a year for each worker they supervised. Results from the tool show local leadership where additional training and support may be needed.
- The development and implementation of a new structured decision-making intake tool for Centralized Intake was developed by Evident Change in collaboration with CSA to ensure accuracy, consistency, and equity in assignment decisions made by intake.
- Implementation of the intake tool will include the development of a new prevention track at Centralized Intake to provide services and resources to children and families who are the subject of a screened-out referral to address any identified risk factors. The pilot for this program began in May 2022 in Kalamazoo and Calhoun counties.
- The prevention pathway will include contracting with Michigan 211, which will be reaching out to families who have a screened-out CPS complaint with identified risk factors to provide community resources and follow-up to ensure the family’s service needs are met to reduce the likelihood of interaction with CPS.

Item 1 Progress Made to Improve Outcomes

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

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

Measure: CFSR PIP Case Review

Baseline:

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

Benchmarks 2020-2024:

- **2020:** 94.1% **2020 Performance:** 94.1%; PIP Baseline
- **2021:** 94.1% **2021 Performance:** 94.3%; CFSR PIP Q8
- **2022:** 92.6% **2022 Performance:** 96.1% CFSR Case Review
- **2023:** Maintain at 94.2% or above
- **2024:** Maintain at 94.2% or above

Item 1 Planned Activities for 2023

- The Supervisory Control Protocol will ensure supervisors check the status of policy requirements at three checkpoints during the investigation phase of CPS complaints.
- The Mobile Investigator Application will be utilized to give workers the ability to enter contacts quickly and accurately from the field and to upload documents directly into MiSACWIS. The application provides workers with the questions for each interview as required by policy and enhances worker safety by allowing workers to “check in” and “check out” to assist in monitoring their whereabouts when making home calls. Should a worker not check out timely, their supervisor will receive an alert.
- MDHHS will continue to utilize the Peer Review Team to review CPS and MIC cases. This team provides support to local offices regarding best practices occurring across the state and encourages supervisors to engage with frontline staff to determine how policy is applied in the field. The peer review process enhances supervisory skill and oversight and strengthens child welfare practice.
- MDHHS is working with Casey Family Programs to assess current child protection practice and policy and make improvements to better protect children and support families. The project focuses on Centralized Intake, CPS investigation, and connections to community-based prevention and early intervention services.
- CSA will continue conducting a quality assurance case review process for all relative placements, including rapid return of results to local office directors.
- To reduce incidents of MIC and ensure child safety, the Placement Collaboration Unit will continue to focus on screened-out CPS complaints involving court wards placed in their home or in out-of-home care to address concerns before they rise to the level of child abuse and neglect. Every complaint transferred to the Placement Collaboration Unit is reviewed by a supervisor to ensure it has been appropriately transferred and

does not meet criteria for CPS-MIC assignment. When it is determined a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

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

Item 2 Services to the Family to Protect Children in the Home

Assessment of Current Performance

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

Family preservation services are provided to prevent the need for placement or to allow an early return from placement. These evidence-informed services include Families First of Michigan, the Family Reunification Program, Families Together Building Solutions, HOMEBUILDERS®, Parent Partners, and the Substance Use Disorder Family Support Program. Each of Michigan's family preservation models is based on collaboration with the family to assess their strengths and needs and individualized services focused on the family's specific needs and circumstances. Michigan's family preservation services are listed below and described in the Child and Family Services Continuum section of this report.

- HOMEBUILDERS® is a new service being piloted in Wayne, Kalamazoo, Ingham, Jackson, Kent, Calhoun, and Muskegon counties. HOMEBUILDERS® is a 28-day crisis intervention program that works with families to reduce abuse or neglect through cognitive-behavioral intervention.
- Families First of Michigan, available in all 83 Michigan counties, is a home-based, intensive crisis intervention model designed to keep children safe and prevent foster care placement. Families First also provides intervention to assist in the reunification process when children return to their homes.
- Families Together Building Solutions provides services for lower-risk families that need support. The program consists of in-home counseling utilizing a strength-based, solution-focused model. Families Together Building Solutions is a 90-day program that can be extended to six months.
- Parent Partners is a mentoring program for parents who currently have children in care. The program utilizes parents who have successfully worked with the foster care system to mentor parents currently involved with the foster care system.
- The Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes or when children are placed with a non-respondent parent who has not had physical custody.
- Michigan's system of evidence-based home visiting programs provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0 to 5.

- The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at risk of experiencing a removal due to child abuse or neglect. As of 2022, this program is available in 12 counties.

Safety Item 2 is measured through the results of the self-reporting surveys showing whether children remained with their families for 12 months following the conclusion of family preservation services. All families served in each of the three programs were asked to complete follow-up surveys. Based on the follow-up surveys, success rates for 2021 are below:

Family Preservation Service Effectiveness

Family Preservation Service	Number of Families Served	Number of Children Served	Percent Intact after 12 Months
Families First of Michigan	2,315	5,851	75%
Family Reunification Program	712	1,452	67%
Families Together Building Solutions	1,839	3,896	90%
Total Served	4,866	11,199	

Substance Use Disorder Family Support Program Effectiveness

The University of Michigan School of Social Work conducted an evaluation of the Substance Use Disorder Family Support Program between 2018 and 2021 and found the following:

- Participants who received full programming show a lower incidence of any substantiated allegation of maltreatment at a statistically significant rate.
- Children of program participants were removed at a lower rate than children in the matched groups (7.8 percent vs. 12.4 percent).
- Children of caregivers in the matched groups were removed from the home within significantly less time than children of program participants.

Quality Service Review Results

The Quality Service Review measures child safety in two forms, exposure to threat and behavioral risk. Results from 2018 to 2021 are below.

Performance Indicator	2018 Percent Acceptable	2019 Percent Acceptable	2020 Percent Acceptable	2021 Percent Acceptable
Safety – Exposure to Threat	94.1%; 29/31 children	95%; 75/79 children	95%; 38/40 children	97.1%; 66/68 children
Safety – Behavioral Risk	100%; 29/29 children	88%; 66/75 children	87%; 34/39 children	92.3%; 60/65 children

Analysis

In 2021, the data demonstrated that of the youth reviewed, 97.1 percent are safe from

exposure to threats. During 2019 and 2020, safety and behavioral risk appear to have trended lower, however, in 2021, 92.3 percent of the youth reviewed continue to be within the acceptable range of managing safety and mitigating for risk. The change in this data is due to the sampling variation including youth placed in residential settings. The placement setting is aimed to address specific behavioral or treatment needs and focus on the presenting safety or at-risk behavior of the youth including self-harm, mental health decompensation or mental health instability. In addition, if the youth experienced a recurrent maltreatment while residing in a parental home or an incident of MIC within 30 days of the review, the rating is impacted.

Protecting Children in their Community

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

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

Some of the services purchased through local funding include:

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

Item 2 Progress Made to Improve Outcomes

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

- **Objective:** MDHHS will provide services to prevent removal from the home or re-entry into foster care.
Outcome: Effective and timely provision of services will increase child safety.

Measure: CFSR PIP Case Review

Baseline:

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

Benchmarks 2020-2024:

- **2020:** 82.8% **2020 Performance:** 82.8%; PIP Baseline
- **2021:** 82.8% **2021 Performance:** 77.8%; CFSR PIP Q8
- **2022:** 77.9% **2022 Performance:** 82.6%; CFSR Case Review
- **2023:** Maintain at 86% or above
- **2024:** Maintain at 86% or above

Analysis

MDHHS case reviews are selected from a random statewide sample by specific BSC each quarter. The samples represent the state child welfare system but there are variations in case dynamics across the state. Safety-related services available to families can vary by regions for reasons including not having a contracted service in the area or waitlists for services. These variations can influence measurement comparisons. For example, in Quarter 9, the 25-case sample noted a performance of 92.3 percent when compared to the Quarter 8 25-case sample performance of 64.3 percent. Comparing data among measurement periods offers more stability as noted among measurement period 4 at 77.9 percent compared to measurement period 5 at 80.6 percent. MDHHS offers an array of services to safely support children in the home with their parents.

Plan to Show Continued Improvement

The Item 2 drop in 2021 performance demonstrating achievements in 2020 may have been influenced by the COVID-19 pandemic, which forced many service providers including CPS to provide services to families virtually, via telephone or video chat, possibly resulting in less effective services. Resumption of face-to-face services in 2021 is expected to show improvement in Item 2. Michigan continues to see improvement in Item 2 provision of safety related services. Current performance is 94.1 percent.

MDHHS continues to expand and further refine services to families in ongoing efforts to improve Item 2. Messaging to counties involved in the ChildStat process in 2021 emphasized the importance of providing supportive services to families to prevent recurrence of maltreatment and MIC. During 2022, ChildStat is focusing on permanency and barriers to reunification for children in care. Collaboration at the local and state level with CMH, and domestic violence and substance use disorder providers continues to address trends in CPS complaints through:

- Substance Use Disorder Family Support Program.
- Home visiting services, expanded in eleven counties.
- Family preservation services:
 - HOMEBUILDERS®.
 - Families First of Michigan.

- Family Reunification Program.
- Families Together Building Solutions.

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

Item 3 Risk and Safety Assessment and Management

Assessment of Current Performance

Michigan’s CFSR PIP Case Reviews scored at 68 percent for Item 3, setting the baseline for improvement. The goal for PIP completion in this area is 71 percent by Oct. 31, 2022, which Michigan has met. The current performance is at 84 percent. Staff have been trained to accurately assess youth and families using the structured decision-making tool.

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

During each CPS investigation, the specialist completes a safety assessment in MiSACWIS prior to case disposition. Where a preponderance of evidence of child abuse or neglect is found, a child assessment is completed by the CPS caseworker with family input. The assessment identifies areas the family needs to focus on to reduce risk of future child abuse or neglect. CANS are used to:

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

The FANS is used to evaluate the presenting needs and strengths of each household with a legal right to the child. CPS caseworkers engage the parents and child, if age-appropriate, in discussion of the family’s needs and strengths. The family assessment is used in the initial services plan, due 30 days after removal from the family home, and in each quarterly updated services plan.

Other Assessment Tools

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

- **Trauma Screening Checklist (ages 0-5 and 6-18)**, developed by the Southwest Michigan Children’s Trauma Assessment Center, is administered to all children within 30 days of placement into foster care and is a requirement for all CPS and foster care

cases.

- **Safety Assessment and Plan - DHS-1232** identifies safety factors and protective strategies and documents a plan to be used if a crisis occurs. Safety is assessed each time staff visits the family and the plan is updated as often as necessary.
- **Risk Assessment - DHS-257** identifies risk factors which indicate future risk of abuse or neglect to a child. Future risk levels are assessed prior to the disposition of a case, as well as during the completion of the updated service plan.

CFSR Program Improvement Plan Update

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

Update: This activity is targeted for completion in Quarter 8. The original PIP plan was to develop a valid and reliable CPS risk assessment tool; however, Evident Change noted that workers were scoring two risk assessment questions in error. Making changes to those two questions would increase the validity and reliability of the risk assessment tool. MDHHS provided procedures to frontline staff to ensure accurate scoring of the risk assessment tool and modified CPS policy to provide guidance. Policy updates were published in April 2021. Changes were also made to MiSACWIS to match the functions outlined by the review and recommendations of Evident Change. Training to Risk Assessment scoring questions was rolled out by OWDT via webinar and offered statewide.

2022 Update: This activity was completed in Quarter 8. Michigan provided updated policy specific to changes in application of questions A2 and N2 in the current risk assessment tool. Risk assessment definitions were updated in policy to reflect proper scoring of the risk assessments. CSA has not seen any significant change in error rates for A2 and N2 since the policy changes in 2021.

- **Assessment and Services 3.1.2:** MDHHS will revalidate the CPS safety assessment tool and develop a safety assessment policy.

Update: This activity was completed in Quarter 6. Based on guidance from Evident Change and supported by MDHHS leadership, there is not a need to revalidate the safety assessment tool at this time.

Assessment and Services 3.2.2: MDHHS will develop a comprehensive training curriculum to support supervisory oversight of the assessment of risk and safety.

Update: These activities are targeted for completion in Quarter 8. Michigan continues to collaborate with Evident Change and the training team to develop a training plan on the use of assessment tools.

2022 Update: These activities were completed in Quarter 8. Michigan's Leadership Development Division and the REDI office worked with the CPS program office to complete a communication guide and webinar for improved oversight by supervisors for accurate and thorough assessments. The training was available statewide on April 1, 2021.

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

Update: This activity was completed in Quarter 5. Michigan has implemented the Supervisory Control Protocol for CPS investigations. DCQI developed a tracking tool to communicate CSA and BSC leader themes and to address safety concerns on cases and inform CQI practices.

- **Assessment and Services 3.3.2:** As a result of implementation of the Supervisory Control Protocol for CPS investigations, MDHHS will track by county compliance with Supervisory Control Protocol Activity 19.2 to determine compliance with the requirement that alternatives to removal were sufficiently considered and ruled out.
Update: This activity was completed in Quarter 5. Michigan has implemented the Supervisory Control Protocol for CPS investigations. The state is tracking information by county to ensure each county is considering alternatives to removal sufficiently and that alternatives are ruled out before the decision to remove is made. Each BSC receives data quarterly.

Item 3 Progress in 2021

- ChildStat meetings featuring the work of 21 local offices and all Wayne County districts were conducted during 2021 and are continuing through 2022. In 2022, ChildStat is addressing permanency and barriers to reunification for children in care.
- MDHHS reduced the standard for foster care caseloads from 15:1 to 13:1 in 2017. The state is continuing work to reduce caseloads to meet that goal. As of January 2022, children's foster care caseload compliance for the 13:1 standard was:
 - MDHHS county offices: 97 percent
 - Private agencies: 86 percent
 - State overall: 93 percent

Of those MDHHS and private agency foster care workers that are not in compliance with the 13:1 caseload standard, the average caseload is 17.

- OWDT continued to provide Safety by Design training for new child welfare workers and supervisors to improve safety assessment skills, develop effective safety plans and ensure an awareness of threatened harm.
- MDHHS developed a Safety by Design 2.0 training for foster care caseworkers to assess and improve the safety of children in foster care. These trainings have continued as needed.
- Threatened harm training was offered to CPS workers on an as-needed basis, or as policy modifications occurred.
- Threatened harm policy is under review with the goal of reducing recurrence and clarifying ambiguity in interpretation.
- The Safe and Together model is used for improving assessment and planning case response for families when domestic violence is a factor. Ongoing support includes

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

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

Item 3 Progress Made to Improve Outcomes

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

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

Measure: CFSR PIP Case Review

Baseline:

- 55%; Area Needing Improvement; CFSR 2018
- Safety – Exposure to threats at home: 97.4%; QSR 2018
- 68% - CFSR PIP Baseline

Benchmarks 2020-2024:

- **2020:** 68% **2020 Performance:** 87.5%; CFSR PIP Q2
- **2021:** 68% **2021 Performance:** 69.1%; CFSR PIP Q8
- **2022:** 72% **2022 Performance:** 77.1%; CFSR Case Review
- **2023:** Maintain at 71% or above
- **2024:** Maintain at 71% or above

Other Safety 2 Goals

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

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

- **Objective:** MDHHS will decrease maltreatment of children in foster care.
Outcome: Decreasing maltreatment of children in foster care will enhance child safety

and improve permanency outcomes.

Measure: CB Data Profile; DMU Report: CFSR Monthly Scores

Baseline: 14.68; Area Needing Improvement; CFSR 2018

National Performance: 9.67

Benchmarks 2020-2024:

- **2020:** 14 **2020 Performance:** 13.83; CB Data Profile
- **2021:** 11 **2021 Performance:** 12.44; CFSR Dashboard
- **2022:** 10.5 **2022 Performance:** 4.69; CFSR Dashboard¹
- **2023:** 10
- **2024:** 9.67

- **Objective:** MDHHS will reduce the number of children experiencing recurrence of maltreatment.

Outcome: Reducing recurrence of maltreatment will enhance child safety and improve permanency outcomes.

Measure: CB Data Profile; DMU Report: CFSR Monthly Scores

Baseline: 13.6%; Area Needing Improvement; CFSR 2018

National Performance: 9.5%

Benchmarks 2020-2024:

- **2020:** 13.5% **2020 Performance:** 14.7%; CFSR Scores
- **2021:** 13% **2021 Performance:** 22%; CFSR Dashboard
- **2022:** 11.5% **2022 Performance:** 11.3%; CFSR Dashboard
- **2023:** 10.5%
- **2024:** 9.5%

Analysis

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

The MDHHS CFSR dashboard data for MIC and repeat maltreatment is based on recent timeframes that differ from the timeframes of the federal CFSR outcomes. The measure uses rolling monthly data, permitting consistent tracking of progress and responses to analysis in current case practice between releases of older data used in Children’s Bureau data profiles. MDHHS expects differences in the measures between the state dashboard and Children’s

¹ This figure is derived from monthly files that are produced through the Michigan Department of Technology, Management, and Budget (DTMB) that approximate the federal syntax, rather than AFCARS and NCANDS data files.

Bureau data profiles as the populations used in the measures are not the same; in time, the Children's Bureau data profile will reflect the MDHHS dashboard data.

Safety Planned Activities for 2023

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

CFSR Program Improvement Plan Update

- **Engagement 1.5.2:** MDHHS will determine a pilot site to utilize community representatives to attend family team meetings to help prevent removal or increase timeliness to permanency.

Update: This activity is targeted for completion in Quarter 8. MDHHS implemented a pilot to test whether the SAFE TDM process results in reduced MIC and other desired outcomes. Key decision points when the SAFE TDMs occur include:

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

The decision was made to expand TDMs across the state and permanency resource monitor positions were identified as facilitators. Wayne South Central District, Western Wayne District, and Oakland County began conducting TDMs for the decision points listed above on March 3, 2021. In Engagement Activity 1.5.2, MDHHS established pilots in two counties without Parent Partners, Ingham and Kalamazoo, to utilize community representatives to attend family team meetings. Community representative presence aided parents with concrete needs and provided resources.

2022 Update: This activity was completed in Quarter 8. MDHHS concluded its pilot in Ingham and Kalamazoo counties inviting community representatives to attend family team meetings. Ingham County increased community representative participation by two percent from 2020 to 2021. Kalamazoo increased community representative

participation by 26 percent from 2020 to 2021. Presence of a community representative correlated with higher out-of-home placement recommendations in Kalamazoo County. Focus group observations were that the presence of community representatives aided parents with concrete needs and resources. Kalamazoo DHHS made additional efforts to increase participation and support in SAFE FTMs by having a dedicated person to coordinate invitation of community members to FTMs. A CMH Mobile Crisis Representative attended initial SAFE FTMs (considered and emergency removals). A CMH representative also attended SAFE FTMs re: CCI discharges.

Engagement 1.5.3: MDHHS will assess funding streams to develop and test a prevention model that pairs resource families with high-risk families or families with children at risk of removal due to abuse or neglect.

Update: This activity is targeted for completion in Quarter 8. MDHHS will continue to seek out potential funding sources.

2022 Update: This activity was completed in Quarter 8. A meeting occurred with a Bay County representative about their Make Parenting a Pleasure Program. The representative agreed to put together a specifications sheet about their program and funding that will be shared with the BSC directors and county directors across the state for potential replication.

Maltreatment in Care (MIC)

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

MIC CQI Workgroup Activities

- Quarterly CPS-MIC management meetings are held with all programs involved in MIC investigations to discuss barriers, best practices, and need for policy clarification or revision.
- The CPS-MIC director reviews all investigation dispositions for CCIs where there have been three or more assigned investigations in a six-month period. The purpose of these reviews is to determine patterns or trends in complaint allegations, findings, and history for the facility.
- For approximately 20 percent of the MIC investigations disposed of each month, a secondary review of the investigation is completed by a neutral supervisor to ensure the quality of the investigation. These reviews occur prior to supervisory approval of the investigation and any additional requirements must be completed prior to approval.
- A MIC case review tool was developed and is managed by DCQI. The case review tool is completed by the county management team with court responsibility over the child

identified as a victim of repeat maltreatment. The purpose of the review is to identify any prior gaps, best practices, and ongoing needs to assess and prevent repeat maltreatment.

- Private agency analysts conduct monthly reviews of visit contacts to ensure caseworkers are visiting children each month. They identify reasons for missed visits with the goal of reducing barriers leading to missed visits.
- The Bureau of In-Home Services and CPS-MIC unit staff meet as needed to discuss issues involving CPS-MIC cases.
- Each month, DCQI reviews a significant sample of all approved CPS-MIC investigations from the prior month. The Preservation, Prevention, and Protection Division also coordinates a subsequent review of 10 percent of the DCQI sample.
- The CPS Compliance Review Team reviews a random sample of CPS cases disposed the previous month to ensure compliance with policy and applicable laws. CPS-MIC cases are now being reviewed by the Compliance Review Team.

Data and Reporting

- The CPS-MIC director provides a weekly report to BSC and county directors that identifies all substantiated MIC incidents so counties responsible for foster youth victims can follow up accordingly.
- CPS-MIC analysts validate data monthly and roll up an annual data report of patterns and trends for out-of-home placement investigations. These reports are provided to the field to assess trends in their areas.
- DCQI is improving reporting on MIC cases for AFCARS and NCANDS submissions to the Children's Bureau on an ongoing basis.
- MiSACWIS staff is working to assess requested changes and fix any existing defects related to MIC cases.

Policy and Practice

- Case conferences must be convened for all CPS-MIC dispositions that require cross-program participation.
- The Initial Relative Safety Assessment (DHS-588) and the Relative Placement Home Study forms (DHS-3130A) were revised in 2019 to focus more clearly on verification and resolution of safety factors. Training for staff who are assessing relatives was provided to all counties.
- Supportive visitation contracts offer coaching to biological parents during visits, which helps improve safety for children and provides strategies to reduce maltreatment during unsupervised visits.
- Safety plans are required for:
 - Any child with a history of being the aggressor in sexually acting out. The plan should be realistic and developed with the provider at the time of placement.
 - Any household where a 30-day notice of a placement change has been provided. The plan must be developed and implemented during the transition

to the new placement and requires more frequent contact with the provider to assess safety and risk until a replacement foster home is located.

- Caseworkers must constantly assess safety and the need for protective interventions concerning any children during an investigation.
- Beginning April 1, 2019, unlicensed, approved relative providers are now paid the same daily foster care rate as licensed providers, allowing the same financial supports for children in unlicensed relative care as those in licensed provider care.
- Foster care policy was updated to require case action by the assigned foster care worker and supervisor when a CPS case is received regarding a child with an active foster care case. The urgency of action is determined by assignment decision and ability for the perpetrator to access the child(ren).
- The Placement Collaboration Unit focuses on screened-out CPS complaints involving court wards placed in their home or in out-of-home care to address any concerns before they rise to the level of child abuse or neglect. Every complaint transferred to the unit is reviewed by a supervisor to ensure it has been appropriately transferred and does not meet criteria for CPS-MIC assignment. When a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.
- On March 1, 2022, the Placement Collaboration Unit began addressing screened out complaints for children who are current court wards, when the allegations reported occurred prior to the child becoming a court ward. The purpose is to ensure adequate safety planning is completed to address concerns.
- The Placement Collaboration Unit provides two training opportunities each month for MDHHS and private agency foster care staff to learn about safety planning and how to address allegations for transferred complaints. This assures foster care staff are creating both proactive and reactive safety plans. Gaps in services for foster children can also be identified and addressed.
- The Placement Collaboration Unit provides monthly data that identifies compliance for foster care staff in making face-to-face contact with all foster children identified on transferred CPS complaints. These reports also show compliance rates for foster care staff meeting with caregivers to discuss concerns and safety planning around allegations in transferred complaints.
- The Placement Collaboration Unit also provides a monthly report to BSC directors that outlines cases that have resulted in a CPS-MIC substantiation when there was prior involvement with the unit. This assists counties in identifying areas for improvement in safety planning, service array, and support in the time when the Placement Collaboration Unit was involved, but before the MIC substantiation occurred.
- TDM facilitators complete TDMs prior to or immediately after placement with a relative and before return to the parental home. The team works with relative caregivers to create safety and visitation plans that ensure the well-being of the children in their care. They also work with parents when children are being returned

home to implement safety plans and help support the family in the reunification process.

- In 2021, ChildStat convened collaborative discussions of data analysis and case review to examine the factors and performance indicators that affect the counties' rate of MIC. In addition to MIC, ChildStat included recurrence of maltreatment as an area of focus.

Licensing and Contractual Corrective Action

DCWL is responsible for conducting special evaluations of homes and institutions when a rule violation is identified or suspected.

Training

- CPS-MIC and Placement Collaboration Unit staff are engaging with private agencies, Regional Resource Teams, and CCIs to provide training on mandated reporting, safety planning, and roles and responsibilities during a CPS investigation and when complaints are not assigned for an investigation. The Placement Collaboration Unit holds monthly virtual training on reporting, safety planning, and roles and responsibilities for complaints not assigned. These trainings are tracked by the Placement Collaboration Unit using a spreadsheet designed for that purpose. There is no requirement for frequency of attendance at the trainings. Training sessions are held monthly so that new staff have the opportunity to attend.
- Licensing workers and supervisors are required to attend certification and complaint training. The curriculum focuses on thorough assessment of the applicants' history of criminal activity, CPS involvement as a victim or perpetrator, trauma, overall social history, and the ability to effectively parent children with trauma and challenging behaviors.

Safety Planned Activities for 2023

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

connection teams are designed to increase timely permanency, placement stability, child safety and well-being, and relative licensure.

- Trauma screening of children in CPS and foster care continues as a case management practice. Trauma training for caregivers is likely to expand to additional counties.
- Improvement of relative safety screening by frontline staff prior to out-of-home placement is occurring. Planned future initiatives include:
 - Development of podcasts and webinars to enhance training and utilization of the initial relative safety screening form.
 - Evaluating data for opportunities to prevent abuse and neglect and assessing for possible maltreatment and identifying areas for intervention. Efforts are focused on validating MiSACWIS foster care data. Once validation is completed, information is shared with BSC directors to identify areas needing attention.
 - Evaluating the effectiveness of services provided to children and families to ensure appropriate focus on their needs.
- MDHHS will continue evaluation of and updates to the MDHHS structured decision-making tools through a contract with Evident Change. These assessment tools provide workers with guidance for proper safety and risk assessment and provision of appropriate services.
- The Supervisory Control Protocol focuses on critical child safety assessment points and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.
- The Supervisory Control Protocol Dashboard allows local and state administration to review investigation status and policy compliance.
- The Michigan Child Welfare Professional’s Safety Protocol was distributed in fall 2021 to address worker safety. The protocol focuses on uniform response to incidents at the local and state level and identifies available resources. Each MDHHS county office must create a safety workgroup that reviews reported safety incidents, creates a uniform response to incidents that do occur, and ensures their local office procedures are updated as needed. Many local offices updated policy and procedures regarding worker safety. Some highlights are below:
 - Many offices made repairs and improvements to lighting, locks, door mechanisms, and other safety enhancements.
 - Multiple offices provided additional items for vehicles such as maps, vests, first aid kit, snow scrapers, and washer fluid.
 - Several counties obtained a portable air compressor to ensure vehicles do not leave the office with low tire pressure.
 - Many counties updated their local office protocols, procedures, and management directive letters based on information in the protocol.

Implementation and Program Supports

- MDHHS will utilize the CAPTA state grant fund increase resulting from the

Consolidated Appropriations Act of 2019 to enhance collaboration with health care systems on implementing Plans of Safe Care.

- In 2021, the Governor’s Task Force on Child Abuse and Neglect developed a Plan of Safe Care Protocol. The protocol identifies how to develop and implement Plans of Safe Care at three distinct timeframes: pre-natal, at birth, and post-natal. The protocol will be available to all child welfare staff, medical professionals, and service providers.
- A Plan of Self Care training Steering Committee was created.
- The Michigan Public Health Institute in collaboration with MDHHS and the National Center on Substance Abuse in Child Welfare is developing training for child welfare staff and external partners including medical personnel and community partners.
- MDHHS’ participation in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation resulted in the following activities:
 - QIC collaborated with OWDT to develop training to improve placement outcomes, “A Guide to Critical Thinking in Child Welfare.”
 - “Abbreviated Licensing Training for Child Welfare Workers” provides a general overview of licensing rules for non-licensing staff. The training assists workers to improve information for relative providers about the children being placed in their homes to promote safer placements.
- Michigan was one of 10 states selected to participate in the “2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers.” With the support of the National Center on Substance Use in Child Welfare, Michigan will continue to develop a cross-system plan to address the needs of infants affected by opioids and their caregivers, as well as ensure the development of Plans of Safe Care for substance-affected newborns.

Training and Technical Assistance

- DCQI assists local offices on the use of the MiTEAM Fidelity Tool to track use of the MiTEAM practice model.
- The Supervisory Control Protocol focuses on critical child safety assessment points and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.

Technical Assistance and Capacity Building

- CSA In-Home Services Bureau is working with the Carter Leadership Collaborative and Casey Family Programs in the development of a team of advisors with lived experience within the child welfare system, the “Trusted Advisor/Lived Experience Cooperative.” Listening circles with various stakeholders and participants occurred during 2021 and is continuing in the development of a new and established team of advisors.
- MDHHS will continue to participate in the Consortium for Improved Placement

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2021, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 31 percent of total child victims. The percentage of identified victims ages 3 and younger has been between 31 and 33 percent during the previous three reporting years (2019: 32 percent, 2020: 33 percent, 2021: 31 percent; DCQI Data Management Unit).

The policies and services described below are directed toward this vulnerable population and remained in place in 2021. Policy enhancements and services described earlier are applicable and available to all children regardless of their age, except where specific populations are noted. Factors included in identifying the population of children at greatest risk of maltreatment include vulnerability due to their age and stressors on parents because of the children's dependent status. The following areas of policy and practice focus on this population in Michigan:

- **Multiple Complaint Policy.** The multiple complaint policy requires that whenever Centralized Intake receives a third complaint in a home with a child under 3-years-old, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and their service needs.
- **Safe Sleep Policy.** The Safe Sleep policy requires that workers include in their assessments of children under 1-year-old the factors that place a child at risk of suffocation in their sleep environment.
- **Birth Match System.** This screening system identifies when a parent who previously lost parental rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This service includes automatic case assignment and requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each year, this system identifies nearly 1,000 matches, leading to investigation and services for many children at elevated risk of maltreatment.
- **Early On.** All child victims ages birth to 36 months in substantiated cases of CPS Categories I or II are referred to Michigan's Part C-funded early intervention service, Early On. Early On assists families with infants and toddlers that display developmental delays or have a diagnosed disability.
- **Infant Mental Health Services.** Infant mental health services provide home-based parent-infant support and intervention to families when the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral, and cognitive

development of the infant. Infant mental health specialists provide home visits to families who are enrolled during pregnancy, around the time of birth, and during the infant's first year.

- **Plans of Safe Care.** In accordance with the 2016 federal Comprehensive Addiction Recovery Act, Michigan modified policies to address the needs of infants exposed to medications or substances.
- **Safety Planning.** In February 2019, PSM 713-01, CPS Investigation – General Instructions and Checklist was updated to include guidance regarding safety planning. The policy outlines the requirements of safety plans as well as how to document them in the record. The following requirements were added to policy:
 - Safety plans should address immediate concerns.
 - Safety plans should be developed with the input of parents.
 - Safety plans should include formal and informal supports.
 - Safety plans should be realistic, achievable, and understood, as well as specific, modifiable, and based on parent strengths.

Planned Activities for 2023

In 2022 and 2023, MDHHS continues to focus on the following activities related to the needs of infants:

- Service coordination between MDHHS staff and Early On to enhance and maintain a comprehensive early intervention system of services, referring children who are eligible for Early On services.
- Training for MDHHS frontline staff regarding the Early On referral process and providing information regarding the services Early On provides.
- Resources provided to MDHHS frontline staff through the Early On link in MiSACWIS, so MDHHS staff can readily access information related to the 0 to 3 population.
- Collaboration with Early On partners and remaining abreast of projects and policies.
- Coordination with the Governor’s Task Force, which developed the Plan of the Safe Care Protocol. The final draft protocol is being reviewed by CSA leadership for approval.
- Plan of Self Care Training for child welfare staff and external partners.
- Online substance use training modules pertaining to working with substance-affected families, added to the training array for MDHHS frontline staff.
- Continued technical assistance from the National Center on Substance Abuse in Child Welfare, including a Plan of Safe Care protocol training implementation plan.

PERMANENCY

In Michigan, local courts authorize removal of children from the care of their parents and refer them to the MDHHS children’s foster care program for placement, care, and supervision. Foster care intervention is directed toward assisting families to rectify the conditions that

brought the children into care through assessment and service provision. Foster care maintenance in Michigan is funded through a combination of Title IV-B(1), Title IV-E, and state, local, and donated funds.

The provision of foster care services in Michigan is a joint undertaking between the public and private sectors. As of March 1, 2022, approximately 56 percent of foster care case management services were contracted with private agencies. Foster care contracted with private agencies varies by BSC. As of March 1, 2022, the following percentage of foster care cases were served by private agencies. :

- BSC 1: 50%
- BSC 2: 46.4%
- BSC 3: 45.8%
- BSC 4: 51.9%
- BSC 5: 67.2%

The goal of the foster care program is to ensure the safety, permanence, and well-being of children through reunification with the birth family, permanent adoptive home, permanent placement with a suitable relative, legal guardianship, or another permanent planned living arrangement. Permanency goals are developed through federal CFSR outcomes.

Permanency 1

Item 4 Stability of Foster Care Placement Assessment of Current Performance

Michigan’s CFSR PIP Case Reviews scored at 89.1 percent for Item 4, setting the baseline for improvement. The goal for PIP completion in this area is 90 percent by Oct. 31, 2022, which Michigan has surpassed at 90.6 percent.

Quality Service Review Results

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

As can be seen in the table below, Michigan exceeds the national performance standard of 4.44 moves per 1,000 days of foster care, with a score of 3.44 moves in 2019, 2.64 moves in 2020, and 2.98 moves in 2021. For this item, a lower score is preferred.

Permanency Outcome 1 Data Indicators					
	2017	2018	2019	2020	2021
Placement Stability – CB state data profile	3.64	3.64	3.44	2.64	2.98
Placement Stability – CFSR PIP Case Review			91%	86%	90.6%
Placement Stability – QSR, cases rated satisfactory	86.3%	86.6%	87%	87%	91.5%

Analysis

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

Item 5 Permanency Goal for the Child Assessment of Current Performance

Michigan’s CFSR PIP Case Reviews scored at 84.4 percent for Item 5, setting the baseline for improvement. The goal for PIP completion in this area is 87 percent by Oct. 31, 2022, which Michigan has surpassed at 92.6 percent.

Quality Service Review Results

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

Permanency Outcome 1 Data Indicators					
	2017	2018	2019	2020	2021
Permanency goal for the child – QSR	89.7%	75.4%	78%	80.6%	82%
Permanency goal for the child – CFSR PIP Case Review			91%	80%	92.6%

Analysis

The Quality Service Review measures the degree to which an outcome has been achieved over the past 30 days, considering factors of placement fit, demonstrated success, security and durability, and attainment of legal permanency. The CFSR considers concerted efforts to achieve the desired permanency goals within a period under review. Michigan observed substance use and mental health instability among parents as factors impacting permanency

outcome measures. Parental substance abuse and mental health instability require adjustment in treatment plans and often vacillate between one extreme to another, impacting goal trajectory during a child welfare proceeding at points when decisions are required by policy or legal mandates. In addition, parents may also have concurrent legal matters such as drug court or criminal sentencing that directly compete with or impact child welfare decisions. COVID-19 had a large impact on the court system statewide. Mandated stay-at-home orders and limitations on how many persons could be in state or federal buildings during the pandemic influenced the number of hearings that could be held. This had an impact for a significant period. In addition, Michigan has reduced the number of youth entering foster care which has reduced the total denominator from which the measurement is calculated.

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

Assessment of Current Performance

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

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

Quality Service Review Permanency Outcome 1 Data Indicators					
	2017	2018	2019	2020	2021
Living arrangement	97.8%	97.4%	96%	100%	97.1%

Permanency 1 Data Indicators

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

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

- The Absent Parent Protocol provides guidance for identifying and locating absent parents of children involved in the child welfare system. The protocol was developed in response to a broad-based consensus that failure to identify and involve absent parents is a barrier to timely, permanent placement for children. The protocol provides information on the need for, and methods of, locating an absent parent to ensure all viable placement options for children in foster care are considered. Locating

an absent parent may provide valuable information about the parent's health history. Children may also benefit from their parent's Social Security benefits and inheritance. The protocol was updated in 2018 to include new means of locating and engaging absent parents.

- **Systems Transformation on Reducing Residential Placements:** In 2016, MDHHS convened a workgroup consisting of representatives from child welfare, CMH, courts, and residential treatment providers to analyze Michigan's continuum of mental health and behavioral health services. With the passage of the FFPSA, in 2018 and 2019 the group worked on implementation of the provisions of the act that focus on reduction of use of congregate care. This aligns with previous efforts, shifting the focus to outcomes beyond a specific intervention episode and ensuring practices address long-term outcomes for youth.

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

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

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

Permanency 1 Progress in 2021

- MDHHS is contracting with the Building Bridges Initiative to provide technical assistance to residential providers through three learning collaboratives and two leadership trainings.

- MDHHS worked with the Building Bridges Initiative to create training opportunities for residential providers on various topics related to child safety and improved outcomes including Six Core Strategy training.
- Permanency resource monitors completed time-restricted cohort reviews. Each cohort was reviewed for six months and include the array of activities that monitors use with foster care staff to identify and overcome barriers that delay achievement of permanence. The first cohort in 2020 was comprised of children available for adoption with identified families for longer than six months. The second cohort for 2020 was comprised of children with reunification goals experiencing out-of-home placement for four to nine months and have supervised parenting time.
- Two hundred children were reunified in the first round of rapid permanency reviews in April 2020.
- MDHHS updated policy regarding parent-child visits to further emphasize the need to increase and expand parent-child contact during out-of-home placement and increase parental engagement in daily care for children placed out-of-home.
- MDHHS implemented QRTP requirements in April 2021.
 - As of April 1, 2022, 37 CCIs have QRTP Certification.
 - MDHHS contracted with Maximus to perform independent assessments for each youth referred for residential services to determine whether the child's needs can be met in a community setting and, if not, whether a QRTP is appropriate to meet those needs. Between April 2021 and March 2022, approximately 6 percent of youth referred for an assessment were recommended for community placement.
 - A discharge plan must be established within 30 days of a youth entering residential to continue focus on permanency.
- MDHHS launched Sustaining Performance Improvement to help support CPA and CCI providers in strengthening their ability to understand and reflect upon data-driven performance indicators, learn about best practices of their peers, build on strengths that improve performance, test new strategies, and evaluate impact.

Permanency 1 Planned Activities for 2023

- MDHHS is contracting with Building Bridges Initiative to provide technical assistance to residential providers in collaboration with the Residential Collaboration and Technical Assistance Unit.
- MDHHS is partnering with Evident Change to evaluate the TDM model in Michigan for continuous quality improvement, outcome assessment, and statewide expansion.

Permanency 1

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

Item 4 Progress Made to Improve Outcomes

- **Goal:** MDHHS will ensure children placed in foster care have stable placements.
Outcome: Stable foster care placements will assist in achieving permanency for children.
Measure: CFSR PIP Case Review
Baseline: 89.1%; CFSR PIP Case Review
Benchmarks 2020-2024:
 - **2020:** 89.1% **2020 Performance:** 89.1%
 - **2021:** 89.1% **2021 Performance:** 90%; CFSR PIP Q8
 - **2022:** 90% **2022 Performance:** 90.6%; CFSR Case Review
 - **2023:** Maintain at 90% or higher
 - **2024:** Maintain at 90% or higher

Item 5 Progress Made to Improve Outcomes

- **Goal:** Children in foster care will have permanency goals in the best interest of the child’s permanency, timely, and based on the needs of the child and case circumstances.
Outcome: An appropriate permanency goal will assist in achieving timely permanency for the child.
Measure: CFSR PIP Case Review
Baseline: 84.4%; CFSR PIP Case Review
Benchmarks 2020-2024:
 - **2020:** 84.4% **2020 Performance:** 84.4%
 - **2021:** 84.4% **2021 Performance:** 86.3%; CFSR PIP Q8
 - **2022:** 87% **2022 Performance:** 90.6%; CFSR Case Review
 - **2023:** Maintain at 87% or higher
 - **2024:** Maintain at 87% or higher

Item 6 Progress Made to Improve Outcomes

- **Goal:** Children in foster care will achieve reunification, guardianship, adoption, or other planned permanent living arrangement.
Outcome: Achieving permanency will provide children with stability and continuity.
Measure: CFSR PIP Case Review
Baseline: 60.9% CFSR PIP Case Review
Benchmarks 2020-2024:
 - **2020:** 60.9% **2020 Performance:** 60.9%
 - **2021:** 60.9% **2021 Performance:** 57.5%; CFSR PIP Q8
 - **2022:** 65% **2022 Performance:** 59.4%; CFSR Case Review
 - **2023:** Maintain at 65% or higher
 - **2024:** Maintain at 65% or higher

Analysis

The MDHHS leadership team in partnership with SCAO and university research is developing data reports as well as completing a root cause analysis to gain a better understanding of the factors contributing to the decline in achievement in permanency. MDHHS has conferenced with other states that implemented strategies that have impacted the rate to achieve permanency but focusing on key metrics such as caseworker visits with parents, engagement in services within first thirty days of coming to the child welfare system's attention and implementing an accountability plan among field teams. MDHHS expects that these actions will have a positive impact on case review assessments of this item. The University of Michigan continues to develop data reports for the SCAO CIP data team. The team has defined the metrics for consideration and the data to produce those reports are provided by MDHHS. A data share agreement was updated to support this work. Data reports are expected to be available in 2023.

The analysis for court delays is being led by the SCAO Court Improvement Program data team. SCAO provides child welfare training to the legal community and has the established structure to consider court rule needs or changes that systematically have impacted court delays.

Other Permanency Goals

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

Note: Performance for this objective is expected to be impacted by the COVID-19 pandemic, and benchmarks for 2022 through 2024 were adjusted accordingly.

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

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

Measure: CFSR Round 3; DMU CFSR Dashboard

Baseline: 32.3%, Risk Standardized Performance (RSP); 15A-17B

National Performance: 42.7%

Benchmarks 2020-2024:

- | | |
|----------------------|--------------------------------|
| ○ 2020: 33.3% | 2020 Performance: 27.6% |
| ○ 2021: 28% | 2021 Performance: 27.4% |
| ○ 2022: 31% | 2022 Performance: 27.5% |
| ○ 2023: 36% | 2023: 36% |
| ○ 2024: 38% | 2024: 38% |

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

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

Measure: CFSR Round 3, CB Data Profile; DMU Monthly CFSR Data Report

Baseline: 47.4%, RSP; 17A-17B

National Performance: 45.9%

Benchmarks 2020-2024:

- **2020:** 47.5% **2020 Performance:** 46.4%
- **2021:** 46.5% **2021 Performance:** 44.7%
- **2022:** 46.8% **2022 Performance:** 44.6%
- **2023:** 47.1%
- **2024:** 47.5%

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

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

Measure: CFSR Round 3; DMU CFSR Dashboard

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

National Performance: 31.8%

Benchmarks 2020-2024:

- **2020:** Maintain at 36.6% **2020 Performance:** 36%
- **2021:** Maintain at 36.6% **2021 Performance:** 42%
- **2022:** Maintain at 36.6% **2022 Performance:** 42.9%
- **2023:** Maintain at 36.6%
- **2024:** Maintain at 36.6%

- **Objective:** MDHHS will decrease the percent of children who re-enter foster care within 12 months of discharge to relative care or guardianship.

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

Measure: CFSR Round 3; DMU CFSR Dashboard

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

National Performance: 8.1%

Benchmarks 2020-2024:

- **2020:** 7% **2020 Performance:** 7.1%
- **2021:** 6.8% **2021 Performance:** 6.3%
- **2022:** 6.6% **2022 Performance:** 4.8%
- **2023:** 6.4%
- **2024:** 6.2%

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

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

Measure: CFSR Round 3; CB Data Profile; DMU CFSR Dashboard

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

National Performance: 4.44

2020 Performance: 3.44

Benchmarks 2020-2024:

- | | |
|---------------------|-------------------------------|
| ○ 2020: 3.64 | 2020 Performance: 3.44 |
| ○ 2021: 3.62 | 2021 Performance: 2.64 |
| ○ 2022: 3.6 | 2022 Performance: 2.81 |
| ○ 2023: 3.58 | |
| ○ 2024: 3.56 | |

Progress in 2021

- The contract between MDHHS and CMH service providers changed, allowing children to receive services from the CMH program in the area where they are placed, regardless of their county of origin or where the parents reside. This change has eliminated the need for payment negotiation between multiple CMH service providers, which was a longstanding barrier to timely services for children in foster care.

Planned Activities for 2023

- Implementation of the Regional Placement Unit in Wayne, Oakland, Macomb, and Genesee counties allows for streamlined initial placement of youth in these counties with a goal of keeping children in their communities and improving placement stability.
- Six contracted Regional Resource Teams will continue to provide consistent regional foster parent training, assistance with local recruitment and retention, foster parent navigator services, and caregiver training opportunities.
- The SCAO Court Improvement Program continues to work collaboratively with MDHHS to provide county-specific placement data to courts and assists judges to pinpoint challenging areas to improve performance.

Implementation and Program Supports

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

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

- Michigan has been holding Meet and Greets virtually since March 2020. Virtual Meet and Greets have been well-received, with much higher attendance from prospective adoptive parents than previous Meet and Greets, as well as the ability to reach a wider variety of families since geographical limitations were reduced. It has also allowed Michigan to host more events due to the reduction in travel time and the need for event space. MARE will continue to host virtual Meet and Greets in addition to in-person events, which began in August 2021.
- The MARE Match Support Program is a statewide service for families who have been matched with a child from the website and are moving forward with adoption. The Match Support Program provides up to 90 days of information and referral services.

Training and Technical Assistance

- MDHHS is developing a process to implement TDMs facilitated by permanency resource monitors, who will function as impartial meeting facilitators. TDM implementation includes providing training to all CPS, foster care, and MIC specialists and supervisors for MDHHS and private agencies.

Technical Assistance and Capacity Building

- Building Bridges Initiative was contracted by MDHHS to offer guidance and support on implementation of the Six Core Strategies to help reduce use of seclusion and restraint in CCIs.
- MDHHS participates in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- MDHHS participated in Permanency Roundtable training sponsored by the Annie E. Casey Foundation.

Permanency 2

Items 7-11 Assessment of Current Performance

For years 2015-2018, scores were derived from the Quality Assurance Compliance Review, which is no longer being utilized. For Items 7-11, 2019 and 2020 scores were derived from CFSR PIP case reviews from Quarter 2 (2019) and Quarter 8 (2020).

Permanency Outcome 2 – Continuity of Family Relationships and Connections					
	2017	2018	2019	2020	2021
Item 7: Placement with siblings – CFSR PIP Case Review	41%	43%	86%	46.6%	93.2%
Item 8: Visiting with Parents in Foster Care – CFSR PIP Case Review				Mother:	Mother:
Mother	100%	88%	75%	85.4%	90.4%
Father	94%	84%	53%	Father:	

				76.7%	Father: 85.7%
Item 8: Visiting with Siblings in Foster Care – CFSR PIP Case Review	83%	66%	67%	66.7%	87.9%
Item 9: Preserving Connections with community – CFSR PIP Case Review	94%	84%	69%	87.3%	90.3%
Item 10: Relative Placement – CFSR PIP Case Review	56%	49%	81%	88.3%	95.2%
Item 11: Relationship of Child in Care with Parents – CFSR PIP Case Review	62.3%	Mother 48.4% Father: 53.3%	Mother: 52% Father: 43%	Mother: 79.2% Father: 62.1%	Mother: 69.8% Father: 66.7%

Analysis

Caseworker challenges to completing visits with parents include parental issues including use of substances and mental health instability, which has direct impacts on familial relationships. It is not uncommon for a parent to have alienated familial supports because of substance abuse or as an unintended consequence of mental health instability. During the 2018 onsite review, mothers were often the parent struggling with substance abuse or mental health challenges, which was a trend that had been observed leading up to the review. Emphasis on case practice, SAFE family team meetings, facilitated TDMs, and engagement of parents contributes to enhanced performance since 2018 in continuity of family relationships and connections, as well as enhancing access to substance use treatment. The goal for all siblings is to place them together when safe to do so. Factors contributing to separation include blended families when siblings have different parents and are placed with their respective relatives. The focus is to place youth with relatives, and this can influence a placement apart from a sibling. The COVID-19 pandemic caused a statewide stay-at-home order which lasted for months. Children were not changing placements for a period as there was a conscious effort to not infect households. Over the period of the COVID-19 pandemic, much was learned about the disease spread and vaccinations became available. Upon those improvements, efforts to place siblings together were able to be more easily achieved.

Case reviews revealed increased parental substance dependence and/or mental health conditions that inhibited the mother’s relationship with the child. In these examples, the mother was absent from a treatment plan, absent from the community with no leads on the mother’s location or the mother was serving a long-term incarceration.

In 2020 and 2021, parents challenged with substance use or mental health conditions disengage from services designed to support recovery or stability. MDHHS has worked to provide prevention services to families at risk, and the challenges are elevated for youth with the highest needs. Parents were challenged to trust systems designed to help impact items outlined in Permanency 2.

Items 7 – 11 Progress Made to Improve Outcomes

MDHHS has taken several approaches aimed at ensuring continuity of family relationships and preservation of connections for children in out-of-home care.

- The MiTEAM case practice model is built on maintaining family connections and family involvement in case planning. Central to the model are TDMs, family-centered planning sessions that guide decisions concerning a child’s safety, placement, and permanency. In TDMs, information is shared to locate absent parents and mobilize supportive adults. Meetings are held at key decision points in a foster care case and ensure that:
 - Family members are actively involved in decision-making and service participation from the time of removal through achievement of permanent homes for children.
 - Family members are viewed as a valuable resource for ensuring safety for children.
 - Family members are the first placement considered if removal is necessary.
- The MiTEAM Fidelity Tool measures the extent to which the MiTEAM skills are practiced in case management as designed. To aid in tracking fidelity to the model, supervisors complete MiTEAM Fidelity Tool worksheets for each of their staff twice yearly and a fidelity tally worksheet for their unit.
- The Fidelity Tool Switchboard was developed in 2021 to encourage use of the Fidelity Tool and to monitor use of the tool by each supervisor.
- Foster Care Supportive Visitation/In-Home Parent Education contracts were implemented. This program facilitates parent-child visits and provides parents with support before and after visits. The Bavolek Nurturing Parent Program is an evidence-based model that teaches skills to prevent and treat abuse and neglect. All 83 counties in Michigan have Foster Care Supportive Visitation services.
- The Kent County Race Equity Workgroup was initiated and includes partners across the continuum of care coming together to identify and address issues of overrepresentation of children of color coming into care. The workgroup includes representatives from K-12 and higher education, law enforcement, faith-based leaders, former foster youth, MDHHS staff, attorneys, local judges, and private agency staff.
- Michigan has fatherhood initiatives to improve engagement with fathers. BSC 2 reported increased engagement of fathers as a result of the Safe and Together trainings designed to engage with domestic violence perpetrators, who are more often fathers. In BSC 5, both Genesee and Oakland counties have increased efforts toward engagement of fathers, both through partnership with community partners and internal workgroups. Several counties reported seeking out services or resources specifically focused on parenting skills for fathers. It is believed that supporting fathers in this way has led to increased parenting skills and self-efficacy among fathers, which may then translate into improved participation in family time.

Permanency 2 Progress in 2021

- MDHHS continued to enhance the TDM model, expanding use to 20 additional counties and two more Wayne County district offices in 2021 and additional counties in BSCs 1 through 4 in 2022.
- MDHHS is currently exploring a new database to improve the quality and accuracy of TDM data collection and analysis.
- MDHHS is working with congregate care providers to reduce length of stay and return children to a less restrictive, more family-like setting at the soonest point possible, while ensuring that a high level of mental and behavioral health interventions is available to the child and family.
- MDHHS is working on development of a placement array that will ensure that children not assessed as needing congregate level of care services can receive services in the community that address their identified needs.
- BSC quality assurance analysts are engaging in quality assurance activities targeted at assessing practice skills, identifying gaps in skills, and creating plans for addressing gaps regarding relative placement and assessment.
- MDHHS is contracting with the Building Bridges Initiative to provide training for residential providers on engaging family in treatment as well as aftercare services to increase successful community placement for youth with mental and behavioral health needs.

Permanency 2 Planned Activities for 2023

- MDHHS will continue working with residential providers in the development of more robust aftercare services for youth who have experienced a residential intervention.
- MDHHS is collaborating with the Behavioral Health and Developmental Disabilities Administration on consistent access to mental and behavioral health services for children in foster care.
- MDHHS will continue development of a placement array that will ensure children not assessed as needing congregate level of care services receive services in the community to address their needs. One pilot will be Enhanced Foster Care services that will wrap services around a caregiver with a child who is experiencing increased mental or behavioral health needs or is transitioning out of a residential setting with a high level of needs.
- BSC quality assurance analysts are engaging in quality assurance activities targeted at assessing practice skills, identifying gaps in skills, and creating plans for addressing gaps regarding relative placement and assessment.
- MDHHS will continue contracting with the Building Bridges Initiative to provide technical assistance opportunities to residential providers through three learning collaboratives and two leadership trainings.

Implementation and Program Supports

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

- The policy definitions of “sibling” and “relative” were expanded in 2019 to encourage connections with family.
- Policy was strengthened to encourage increasing the frequency of parent-child visits and emphasizing the importance of involving parents in their child’s care whenever possible when the child is placed outside of the home.
- Trauma-informed practice was piloted in 2017 in Genesee, Lenawee, Mecosta/Osceola, Kalamazoo, and Kent counties to address factors that may limit the quality of engagement with children and families. Results of the trauma-informed practice pilot were used to develop the following initiatives:
 - Statewide trauma screening training was offered starting in summer 2017. Use of the Trauma Screening Checklist, developed by the Children’s Trauma Assessment Center at Western Michigan University, continues to be required for all children coming into care. Training includes guidance for case planning and intervention based on the results of the screening tool.
 - A CSA Trauma Protocol was developed and released in 2019. It was modified using CQI assessment in 2020 and 2022 and remains in use across the state.
 - Statewide secondary traumatic stress training for child welfare staff began in summer 2017. The training included role-specific training for county directors and program managers, supervisors and caseworkers, the establishment of trauma crisis teams and resiliency building.
- A state law was enacted in 2018 that outlined the child’s right to visit with their parents and relatives.
- MDHHS will continue to collaborate with tribal governments and contracted tribal foster care agencies to maintain family connections for Native American children.

Training and Technical Assistance

- MDHHS provides training for utilization of TDMs effectively as a resource for developing and revising parenting time plans. Services program monitor staff presented the model training to all CPS, foster care and MIC specialists and supervisors in MDHHS and private agencies. The services program monitors are the facilitators of TDMs and received model and facilitation training from Evident Change.
- DCQI staff assists county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.
- MiTEAM materials were enhanced to reinforce the use of TDMs to engage parents, caregivers, and others in the development of parenting time plans.

Technical Assistance and Capacity Building

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

SERVICES FOR CHILDREN UNDER THE AGE OF 5

- As of March 31, 2022, 3,761 children under age 5 were in foster care, which is approximately 35 percent of the total foster care population.
- At the conclusion of FY 2021, two children under age 5 did not have an identified permanent family upon termination of parental rights. As of March 1, 2022, both of those children had an identified family.

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

Child-specific recruitment efforts are mobilized when an adoptive family has not been identified at the time of adoption referral. A written, child-specific recruitment plan must be developed within 30 calendar days. The child specific recruitment plans are individualized for each child without an identified adoptive family. Success is defined as a child being adopted. Over 1,500 adoptions from foster care are finalized each year. During the quarterly reviews, a child's recruitment plan is evaluated for effectiveness and updated as needed. The plan may include locating relatives or friends with an established relationship with the child or photo listing the child on state and national websites, as well as distribution of information about the child. Quarterly reviews of the plan continue until the child is placed with a family that plans to permanently care for the child.

Special Reviews for Children with a Goal of Reunification for 15 Months

Cases involving temporary court wards who have a goal of reunification and have been in care for 15 months are reviewed by DCQI. DCQI staff reviews the cases for appropriateness of the goal, barriers to achieving the goal, reasonable efforts being made, and provide feedback to local office or agency management.

Adoption Resource Consultants

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

MARE Match Support Program

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

MARE Waiting Family Forums

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

Family First Prevention Services Act (FFPSA)

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

- Public and private agency caseworkers and contracted family preservation workers make referrals to Early On for children ages 0 to 2.
- Early Head Start and Head Start services are provided to children in home and in out-of-home care across the state.
- Child welfare staff conduct trauma screenings and referrals to targeted services based on findings.
- Michigan offers the Early Childhood Home Visiting program, which provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0 to 5.

Progress in 2021

- MDHHS has expanded foster care supportive visitation services, which are available statewide.
- MDHHS received additional funding to support visitation efforts between children and parents. This funding can be used for local services to ensure transportation and visit observation.
- With the move to video conferencing during the state executive order to shelter in place, MDHHS used supportive visitation funding to provide cell phones and data packages to parents who do not already have them to promote continued face-to-face video contact while in-person visits could not occur.
- MDHHS worked with the Praed Foundation to develop a Michigan QRTP version of the Child Assessment of Needs and Strengths functional assessment used as part of the

initial assessment for youth referred for residential intervention.

- MDHHS continues to collaborate with the Dave Thomas Foundation for Adoption to explore the possibility of expanding Wendy’s Wonderful Kids services in Michigan. This would include incorporating the Wendy’s Wonderful Kids child-focused model into adoption resource consultant contracts.
- Based on opportunities offered through the FFPSA, MDHHS will develop additional programming for young children with the goal of reducing time to permanency, increasing placement stability, and assessing and addressing trauma and developmental needs.
- MDHHS implemented GROW, the new foster parent training statewide. The curriculum focuses on co-parenting and relationship building. Other curriculum highlights are the inclusion of supporting a child’s sexual orientation, gender identity, and gender expression, diversity, equity, and inclusion, and trauma-informed parenting techniques.
- A contract with Eastern Michigan University was implemented to develop a web-based version of the GROW training for caregivers.
- Surveys were sent out to capture caregiver needs and ensure caregivers had the supports needed to appropriately care for children placed with them.
- MDHHS, in partnership with the Michigan Public Health Institute, is offering a training for child welfare staff, private agency partners, and internal and external stakeholders to increase awareness of resources that provide support services to families with infants and young children and how to partner with families to ensure infant safe sleep practices.

Planned Activities for 2023

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

WELL-BEING

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

Well-Being 1 Assessment of Current Performance

Well-Being 1 achievements are tracked through CFSR case reviews and Quality Service Reviews.

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

- Workers must conduct family team meetings at specific case points to involve youth, families, and caregivers in case planning through a facilitated meeting of family and their identified supports.
- For foster care cases, caseworkers must engage the family in creation of the parenting time plan, including the frequency, duration, and location of parenting time and specific behaviors expected of the parents during parenting time. Parenting time should be expanded, including increased duration and frequency of parenting time and reduction of supervision whenever safely possible. Parenting time plans must also incorporate planned opportunities for supplemental contact between parents and children such as phone calls and videoconferencing.
- Parents should continually be involved in activities and planning for their children in foster care unless such contact is documented as harmful to the child. These activities facilitate additional contact above the minimum number of required visits and include involvement in medical and dental appointments and attendance at school conferences, sporting events, and other activities.
- Unless there is documented evidence that parenting time or contact would be harmful to the child or there is a no-contact order in place, the caseworker must arrange for regular visits or contact between an incarcerated parent and the child.
- Siblings in foster care who are not placed together must have regular visitation. Siblings placed apart must have one visit within the first 30 days of a placement that results in separation and one visit per calendar month thereafter.

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

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

- Families First of Michigan.
- Families Together Building Solutions.
- Family Reunification Program.
- Substance Use Disorder Family Support Program.
- In-home Family Services.
- Family Assistance Program.
- Counseling.
- Foster Care Supportive Visitation.

- Parent Partners.
- HOMEBUILDERS®.
- Foster Care Navigator Program.

Item 13 Child and Family Involvement in Case Planning

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

- CPS case opening
- Court intervention
- Case plan reassessment
- Case closure
- At the request of the family

For foster care, family team meetings must take place at the following times:

- Prior to the initial service plan
- Prior to each updated service plan
- After the child has been in care for six months
- At the time of a permanency goal change
- For placement preservation or to prevent placement disruption
- At each semi-annual transition meeting for youth 14 or older
- Within 90 days before court dismissal, or within 30 days after an unplanned court dismissal
- At case closure
- At the request of the family

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

TDMs are currently utilized at critical decision points in CPS and foster care cases in 25 of Michigan's 83 counties. A key element of the TDM is the collaboration between the family, agency, other professionals involved with the family, and community partners to make an informed placement-related recommendation. The goal of a TDM is to reach a consensus by the team regarding placement and related issues, which protects children and seeks to preserve or reunify family.

TDMs differ from family team meetings in that they are facilitated by a trained, objective facilitator who is not the caseworker or supervisor assigned to the family using a specific six-

stage model and are intended to be held prior to key decision points to ensure a “live” decision. TDMs are used to make decisions or recommendations regarding:

- Considered or emergency removals.
- Changes in placement.
- Transitions from supervised to unsupervised parenting time.
- Return home to a parent.

In Wayne, Oakland, Macomb, and Genesee counties, TDMs are also required prior to a parent allowing their child to reside outside of the home under the temporary voluntary agreement. A temporary voluntary agreement allows a parent with physical custody to voluntarily place their child with the other parent, a relative, or trusted friend while a CPS investigation is conducted, while the family takes steps to complete a specific task or tasks necessary to ensure the child’s safety in the home, or until services that will allow the child to remain safely in the home can begin.

Items 14 – 15 Caseworker Visits with Child and Parents

CPS policy for caseworker visits with children and parents includes:

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

Foster care policy outlines the following contact standards:

- For children in out-of-home placement or placed with a non-respondent parent, the caseworker must see the child:
 - Twice per month in the first two months after initial placement or a placement change, with the first visit occurring within five days of initial placement or placement change and at least one contact per month occurring in the child’s placement.
 - Subsequently, at least once per calendar month in the child’s placement.
- For children being reunified or placed with a respondent parent, the caseworker must see the parent and child weekly for the first 30 days, then twice each month for subsequent calendar months.
- For parents pursuing reunification with children placed outside of the home, the caseworker must see the parent:
 - Twice per month in the first 30 days after initial placement, with at least one contact occurring at the parent's home or living environment.
 - Subsequently, at least once per month, with at least one contact per quarter occurring in the parent’s home or living environment.

Monthly Management Report on Face-to-Face Contacts²

Category	2020 Performance	2021 Performance
CPS Ongoing Visits with Child	80%	86%
CPS Ongoing Visits with Parent	75%	78%
Foster Care Visits with Child	89%	88%
Foster Care Visits with Parent	60%	52%

MDHHS utilizes CFSR PIP case review data in several ways with staff and leadership at private agencies, county offices, and BSCs, as well as executive leadership. At the direct staff level, all cases are debriefed with the immediate caseworker and supervisor to determine next steps for current open cases, and lessons from closed case reviews are offered for application to current cases. In addition, each agency and county leadership team have an opportunity to hear about the case findings and receives specific case summaries for review and consideration. BSC and executive leadership receive summary statements following each quarterly review. Statewide CQI analysts receive quarterly updates on trends from the reviews and are offered recommendations for improvement strategies. MDHHS continues to share the case review findings with the court audience on a quarterly basis.

Well-Being 1 Progress in 2021

- Policy requiring family team meetings at regular and frequent intervals and at critical points ensures all family members and supporters are involved in case planning and support of the family.
- CMH Mobile Crisis Services continue to be available across the state.
- The Bureaus of In-Home Services and Out-of-Home Services work on an ongoing basis to identify statewide and regional service needs, resulting in expansion of services to additional areas, including Foster Care Supportive Visitation, the Family Reunification Program, Families Together Building Solutions, and other services.
- A statewide focus on trauma-informed services has led to an awareness of the results of adverse childhood experiences and the need to build resiliency in children and families. The state continues to explore how this knowledge can be used to create a more effective and responsive service array.
- An increasingly mobile child welfare workforce with access to MiSACWIS in the field has enhanced staff members' ability to document contacts quickly and accurately, ensuring all contacts are documented in the case record.
- MDHHS implemented GROW, the new foster parent and relative foster parent training statewide.

² CPS Ongoing and Foster Care Visits scores are based on the 12-month scores posted in February 2022 and reflect cumulative averages for the prior 12 months.

- A contract with Eastern Michigan University was implemented to develop a web-based version of the GROW training for caregivers to utilize.
- Caregiver training classes continue to be included in the university partnerships program on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- The Reasonable and Prudent Parent Standard in policy and case management provides guidance to foster parents when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities while maintaining a child's health, safety, and best interests. Training was provided to staff, CCI staff, and foster parents.
- All youth recommended for residential treatment receive an independent assessment from a third party to determine whether the youth's needs can be met in the community and, if not, the appropriate level of care for the youth.
- MDHHS continued to enhance the TDM model, expanding use of the model to 20 additional counties and two more Wayne County district offices in 2021 and additional counties in BSCs 1 through 4 in 2022.
- MDHHS is currently exploring a new database to improve the quality and accuracy of TDM meeting data collection and analysis.
- MDHHS updated contact policies to allow for caseworkers and supervisors to conduct case consultation/supervision using videoconferencing technology to allow greater flexibility in meeting supervision requirements while still ensuring child safety and well-being.
- MDHHS provided training webinars to CCIs on engagement of families in treatment for the youth receiving services through their programs.
- MDHHS launched Sustaining Performance Improvement to help support CPA and CCI providers in strengthening their ability to understand and reflect upon data-driven performance indicators, regularly share, and learn about best practices of their peers, build on strengths that improve performance, test new strategies, and evaluate impact. Feedback is used to modify or expand the strategy.
- MDHHS has convened the MiFamily Advancement and Leadership for LGBTQ Youth (ALLY) Task Force, which is reviewing current policies and practices to develop recommendation to enhance service provision, address identified gaps, and meet the needs of LGBTQ caregivers and youth involved with Michigan's child welfare system.

Well-Being 1 Planned Activities for 2023

- MDHHS is partnering with Evident Change to evaluate the TDM model in Michigan for the purpose of continuous quality improvement, outcome assessment, and statewide expansion.
- MDHHS will continue to work with the Praed Foundation to develop a Michigan version of the Child Assessment of Needs and Strengths functional assessment tool and pilot for use at entry into care.
- MDHHS will continue developing partnerships between local CMH and MDHHS

agencies.

- MDHHS, in partnership with the Governor’s Task Force on Child Abuse and Neglect, gathered feedback from a variety of citizens on their knowledge of and access to the Michigan Adverse Childhood Experiences Initiative. Recommendations for education, training, and use of adverse childhood experience measurement for child-centered, trauma informed, and equitable practice will be finalized in 2022 and implemented in 2023.
- MDHHS is collaborating with Medicaid to streamline access to aftercare services for youth leaving residential care.
- MDHHS will provide a statewide foster, adoptive and kinship caregiver virtual conference available at no cost to caregivers. This conference will have multiple sessions including:
 - Implementing Relationship-Based Parenting Strategies.
 - Prioritizing Sibling Relationships for Children in Care.
 - Race Matters: A Panel Discussion on Race-Related Trauma.
 - Trauma-Based Parenting.
 - It Takes More Than Love: Adoption, Delinquent Behavior, and the Juvenile Justice System.
 - The Art of Parenting Teens.

Well-Being 1

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

Item 12 Progress Made to Improve Outcomes

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

- **Goal:** The needs of children in foster care, their parents and foster parents will be assessed and identified needs will be addressed through services.

Outcome: Assessing the needs of children in foster care, their parents and foster parents and providing services to address identified needs will assist in achieving permanency.

Measure: CFSR PIP Case Review

Baseline: 48%; CFSR PIP Case Review

Benchmarks 2020-2024:

- **2020:** 48% **2020 Performance:** 48%
- **2021:** 48% **2021 Performance:** 52.4%; CFSR PIP Q8
- **2022:** 51% **2022 Performance:** 49.5%; CFSR Case Review
- **2023:** Maintain at 51% or higher
- **2024:** Maintain at 51% or higher

Item 13 Progress Made to Improve Outcomes

Michigan’s CFSR PIP Case Reviews scored at 56.5 percent for Item 13, setting the baseline for improvement. The goal for PIP completion in this area is 60 percent by Oct. 31, 2022, which Michigan has surpassed at 61 percent.

- **Goal:** Children in foster care and their families will be involved in case planning.
Outcome: Children’s and family involvement with case planning will ensure address their needs and case circumstances.
Measure: CFSR PIP Case Review
Baseline: 56.5%; CFSR PIP Case Review
Benchmarks 2020-2024:
 - **2020:** 56.5% **2020 Performance:** 56.5%
 - **2021:** 56.5% **2021 Performance:** 52.9%; CFSR PIP Q8
 - **2022:** 60% **2022 Performance:** 61%; CFSR Case Review
 - **2023:** Maintain at 60% or higher
 - **2024:** Maintain at 60% or higher

Analysis

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

Item 14 Progress Made to Improve Outcomes

Michigan’s CFSR PIP Case Reviews scored at 79 percent for Item 14, setting the baseline for improvement. The goal for PIP completion in this area is 82 percent by Oct. 31, 2022, which Michigan has surpassed at 86.2 percent.

- **Goal:** Caseworkers will visit children in foster care with the frequency and quality necessary to ensure the child’s safety and address the child’s needs.
Outcome: Caseworker visits of sufficient frequency and quality will assist in achieving timely permanency for the child.
Measure: CFSR PIP Case Review
Baseline: 79%; CFSR PIP Case Review
Benchmarks 2020-2024:
 - **2020:** 79% **2020 Performance:** 79%
 - **2021:** 79% **2021 Performance:** 76.9%; CFSR PIP Q8
 - **2022:** 82% **2022 Performance:** 86.2%; CFSR Case Review

- **2023:** Maintain at 82% or higher
- **2024:** Maintain at 82% or higher

Analysis

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

Item 15 Progress Made to Improve Outcomes

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

- **Goal:** Caseworkers will visit parents with the frequency and quality necessary to address the parent’s needs and promote reunification or other permanency goal.
Outcome: Caseworker visits of sufficient frequency and quality will assist in achieving permanency for the child.
Measure: CFSR PIP Case Review
Baseline: 48.2%; CFSR PIP Case Review
Benchmarks 2020-2024:
 - **2020:** 48.2% **2020 Performance:** 48.2%
 - **2021:** 48.2% **2021 Performance:** 43.8%; CFSR PIP Q8
 - **2022:** 52% **2022 Performance:** 46.8%; CFSR Case Review
 - **2023:** Maintain at 52% or higher
 - **2024:** Maintain at 52% or higher

Analysis

MDHHS case reviews are selected from a random statewide sample by BSC each quarter. The samples represent the state child welfare system but there are variations in case dynamics across the state. In quarter 8 for the CFSR sample of 25 cases, there was a decline compared to the aggregate case reads during FY 2020 from 48.2 percent to 43.8 percent. Using aggregate data for measurement period five, Michigan is at 47.6 percent, which is a more consistent comparison of state performance. Factors that negatively impact caseworker visits with parents is lack of engagement by the child welfare system with non-respondent parents, substance dependence by parents and mistrust of the child welfare system. Michigan’s PIP goal is 52 percent.

CFSR Program Improvement Plan Update

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

- **Engagement 1.2.1:** MDHHS will determine the need for additional fidelity tool guides or training for MDHHS and private agency staff.

Update: This activity was completed in Quarter 1. Michigan assessed and determined the needs for additional case practice model fidelity tool guides and training.

Engagement 1.2.2: MDHHS will revise the MiTEAM Fidelity Tool based on first and second quarter feedback concentrating on coaching by supervisors and usability of the tool.

Update: This activity is targeted for completion in Quarter 8. Fidelity tool alterations will require technology changes and approval through executive leadership. Based on statewide budget restrictions, the proposed revisions to the fidelity tool and web application have not yet been approved. Efforts continue to focus on supporting supervisor usability of the tool.

2022 Update: This activity was completed in Quarter 8. For additional analysis, a Fidelity Switchboard was created and shared with the field statewide. The switchboard is a database that provides for ad hoc reporting and analysis by local CQI analysts who can populate reports locally. The additional reports include high and low scoring questions to identify strengths and areas for continued training development with staff members in local communities. The Fidelity Switchboard was distributed to MiTEAM quality assurance analysts and county directors for analysis on April 29, 2021.

Engagement 1.2.3: MDHHS will implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems.

Update: This activity is targeted for completion in Quarter 8. Quality improvement activity 4 - MiTEAM sustainability was implemented. Local office data collection occurred. Local CQI teams reviewed data and developed interventions for inclusion in their CQI plans. The Fidelity Dashboard has been created by the DMU. Ongoing collaboration continues between the DMU and analysts to test and refine the dashboard and ensure it adheres to its intended purpose.

2022 Update: This activity was completed in Quarter 8. Counties and agencies have reviewed their fidelity data and implemented strategies to improve adherence to the MiTEAM practice model. Best practices have been defined. The fidelity tool training has been shared with OWDT as well as the fidelity tool workgroup for alignment, messaging, and content collaboration.

Engagement 1.2.4: Develop and pilot family team meeting facilitation and coaching program.

Update: This activity was completed in Quarter 6. On Dec. 16, 2019, MDHHS implemented the SAFE pilot in Ingham, Kalamazoo, Genesee, Macomb, and North Central Wayne counties. It was recommended to expand SAFE family team meetings to additional counties.

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

- **Assessment and Services 3.1.4:** MDHHS will develop a valid Family Assessment of Needs and Strengths (FANS) and Child Assessment of Needs and Strengths (CANS).
Update: This activity was completed in Quarter 7. Michigan executed a contract with the Praed foundation to develop and train on the CANS to be used as part of the full assessment of QRTP. The Praed Foundation trained and certified the Maximus trainers in April 2020 and February 2021. All contracted staff who are administering the assessments were trained and certified. MDHHS developed a Michigan-specific structured decision-making model to help make decisions on best placement. Piloting use of the CANS for QRTP occurred between Feb. 1 and April 1, 2021. Following the pilot, the use of the child assessment rolled out statewide.

Implementation and Program Supports

- MiTEAM enhancement training for individual counties continues through collaborative efforts between MiTEAM staff and DCQI.
- Policy was updated in the following areas:
 - A requirement that young people in foster care ages 14 and older assist in the development of their case plan and may select two individuals to advocate on their behalf.
 - A requirement that young people ages 18 years and older or those leaving foster care are provided with a driver's license or state-issued identification card, educational documents, and proof they were in foster care.
 - Limiting use of the Another Planned Permanent Living Arrangement permanency goal to youth ages 16 and older.
 - Policies regarding assessment of children and families, documentation of assessments, and the service and treatment plans were updated to clarify requirements for assessments, permanency planning recommendations, and parenting time plans.
 - When a child who is a member of, or is eligible for membership in, a federally-recognized tribe changes placements, the tribe must be provided notice prior to the placement change and notified if the caregiver appeals the move with the Foster Care Review Board. This change was made with significant input from Michigan's federally-recognized tribes as well as SCAO.

Training and Technical Assistance

- Caregiver training courses were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- DCQI assists county CQI teams to implement the MiTEAM Fidelity Tool to track utilization of the MiTEAM practice model in case management. The MiTEAM practice model requires coordination of a family team meeting for service planning and implementation.
- DCQI developed the MiTEAM Fidelity Tool Switchboard to promote and monitor use of

the tool.

- In the Quality Service Review, DCQI provides feedback to caseworkers and supervisors on current case practice in local offices and agencies.
- MDHHS has made additional free training resources available to CCI partners, including multiple trainings regarding QRTP and trainings on recognizing and affirming youth and families with diverse sexual orientations, gender identities, and gender expressions.

Technical Assistance and Capacity Building

- CSA In-Home Services Bureau is working with the Carter Leadership Collaborative and Casey Family Programs in the development of a team of advisors with lived experience within the child welfare system, the “Trusted Advisor/Lived Experience Cooperative.” Listening circles with various stakeholders and participants occurred during 2021 and is continuing in the development of a new and established team of advisors.

Well-Being 2

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

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

Well-Being 2, Item 16 Educational Needs of the Child

Assessment of Current Performance

From 2010 to 2022, MDHHS education planners provided educational support to referred youth to address specific educational needs. Although predominantly working with youth 14 years and older, education planners assisted youth at any age with the following:

- Education transportation and payment to maintain school stability
- Records transfer
- Education placement determinations
- Advocacy to remain in the school of origin
- Resolving special education issues
- Resolving disciplinary issues

- Assisting with financial aid applications for youth entering post-secondary education
- Arranging college tours
- Post-secondary preparation and attendance

As a requirement of the federal Every Student Succeeds Act, all school districts must designate a foster care liaison. MDHHS also designated education points-of-contact in every county office. When a new point-of-contact is assigned, the education analyst provides a training webinar, which offers guidance on education policy and practices, including education best interest determinations, transportation plans, and payments.

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

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

Item 16 Progress in 2021

- The education analyst and the Michigan Department of Education foster care consultant completed trainings to staff across the state throughout FY 2021. After the start of the COVID-19 pandemic in March 2020, all trainings were held virtually. Attendees included public and private foster care staff and school district staff. Training sessions offered information about policy and law at the federal, state, and local levels as well as procedures and best practices.
- The education analyst presents updates and reminders of any education requirements on monthly child welfare supervisor phone calls when needed.
- The education analyst continues to monitor an email box that is specifically for education questions from frontline staff.
- In FY 2021, education planners worked with 533 youth during the first six-month period.
 - For the first six months of FY 2021, most referrals to education planners were for enrollment and academic record transfer issues. The next two highest reasons for referral were special education/Individual Education Plan assistance, and transportation assistance.
 - Of the 533 youth referred to education planners:
 - Two hundred and seven were reported as having a foster home placement change either immediately prior to the referral or soon after the referral.

- Of those, 117 (56.5 percent) required a school move.
- Of the 117 school moves, 102 (87.2 percent) were reported as being enrolled within the required five days.

Item 16 Progress to Date in 2022

- As of January 2022, the education planner position was eliminated. In place of the education planners, each county MDHHS office is required to have an identified education point-of-contact. This point-of-contact receives an initial specialized training from the education analyst and the Michigan Department of Education foster care consultant, and ongoing training about education policy requirements. They serve as a go-to person for their local school district and the child welfare staff in their county.
- Virtual trainings were offered to child welfare staff since the elimination of the education planner positions. Trainings were held on March 1, 2022, and March 29, 2022. These covered education federal and state policy, the responsibilities of foster care staff, and the Michigan Merit Curriculum and personal curriculum. A training was held on April 27, 2022, to cover all post-secondary opportunities for youth who have been in foster care. Future training will cover special education and Individual Education Plans, surrogate parents, and any other topics that staff may request.

Well-Being 2, Item 16 Progress Made to Improve Outcomes

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

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

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

Measure: CFSR Round 3

Baseline:

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

Benchmarks 2020-2024:

- | | |
|--------------------|--|
| ○ 2020: 70% | 2020 Performance: 86%; CFSR PIP Q2 |
| ○ 2021: 87% | 2021 Performance: 83.6%; CFSR PIP Q8 |
| ○ 2022: 88% | 2022 Performance: 86.4%; CFSR Case Review |
| ○ 2023: 89% | |
| ○ 2024: 90% | |

Analysis

A hypothesis is that with COVID-19, educational needs were not as appropriately addressed by way of virtual education as it needed to be and/or it was not documented as thoroughly during this time. In general, Michigan saw all students (general population and all the special

populations including foster care) struggle during the pandemic, as they were being taught virtually rather than in-person. Graduation rates for all groups decreased during that time, after an initial increase for foster care for a few years prior. This could explain the drop in 2021 and the increase in the 2022. MDHHS will continue to collaborate with school districts and, at the state level, the Michigan Department of Education, to address educational needs, as well as continue to train foster care staff in education rules and policies

- **Objective:** Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.
Outcome: Maintaining children in their school of origin will minimize disruption caused by placement in foster care.
Measure: QACR
Baseline:
 - 93% QACR 2018**Benchmarks 2020-2024:** Maintain a score of 90% or above.
 - **2020 Performance:** For the baseline year, this measure was completed by the Quality Assurance Compliance Review, which has since been discontinued. Although a data warehouse report was developed that provides school enrollment information and allows local MDHHS staff and management to monitor education enrollment data, it is only pulling correct data at a child level. The report is still in testing for an accurate statewide report.
 - **2021 Performance:** The data warehouse report for county and BSC level was made available at the end of FY 2020. However, there needs to be communication to the field and further training regarding these reports, so that supervisors and directors are better aware of how they can be used within their county or agency.
 - **2022 Performance:** The Foster Care, Guardianship, and Adoption program office is working with the MISACWIS and Department of Technology, Management, and Budget teams to better ensure education information is updated. Options being considered are adding a tickler in the system or sending email notifications to staff and supervisors as a reminder that the education section needs to be updated.

- **Objective:** MDHHS will monitor the dropout rate of children and youth in foster care.
Outcome: Tracking dropout rates of foster children will allow the development of strategies to increase the rate of high school graduation.
Measure: Michigan Department of Education annual MI School Data Report; MiSACWIS data report
Baseline:
 - 31.73% dropout rate for five-year cohort of 2017-2018 Graduation Dropout Cohort.**Benchmarks: 2020 - 2024:** Demonstrate improvement each year.

- **2020:**
 - 26.17% dropout rate for four-year cohort of 2018-2019 Graduation Dropout Cohort.
 - 28.96% dropout rate for five-year cohort of 2018-2019 Graduation Dropout Cohort.
- **2021:**
 - 25.93% dropout rate for four-year cohort of 2019-2020 Graduation Dropout Cohort.
 - 25.57% dropout rate for five-year cohort of 2019-2020 Graduation Dropout Cohort.
- **2022:**
 - 27.01% dropout rate for four-year cohort of 2020-2021 Graduation Dropout Cohort.
 - 29.06% dropout rate for five-year cohort of 2020-2021 Graduation Dropout Cohort.

Item 16 Planned Activities for 2023

- Strategies to improve data collection will be identified to improve assessment of educational outcomes for children in foster care.
- MDHHS will improve maintenance of children in their schools of origin when possible by assisting with transportation.
- MDHHS will improve educational assessment of children through training in assessment skills within the enhanced MiTEAM practice model through coaching and mentoring.
- MDHHS will assist with improvement of graduation rates for youth in foster care by ensuring that if school-aged children must change schools, they are enrolled in the new school as soon as possible.

Implementation and Program Supports

- An education point-of-contact is identified in each local MDHHS office to serve as the county's liaison with the school district's foster care liaison and a resource to child welfare staff in their geographic area.
- In 2017, Michigan Department of Education hired a state foster care consultant, as required by the federal Every Student Succeeds Act of 2015. The MDHHS education analyst and the consultant collaborate to train child welfare and school district staff.
- A data warehouse report available in MiSACWIS provides school enrollment information and allows local MDHHS staff and management to monitor education enrollment data.

Training and Technical Assistance

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

Technical Assistance and Capacity Building

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

Well-Being 3, Item 17 Physical Health of the Child

Assessment of Current Performance

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

- Every child entering foster care must receive a comprehensive medical examination including a psychosocial and behavioral assessment, accomplished by either surveillance or screening within 30 calendar days of placement, regardless of the date of the last physical examination.
- Every child in foster care between ages 3 through 20 years must receive annual comprehensive medical examinations.
- Every child in foster care under 3-years-old must receive more frequent comprehensive medical examinations as outlined in the Early and Periodic Screening, Diagnosis, and Treatment guidelines.
- Every child 1 year of age and older entering foster care must receive a dental examination within 90 calendar days if one was not completed within the three months prior to foster care entry and must receive a dental exam every six months thereafter.
- Every child under 3-years-old listed as a victim in a confirmed abuse or neglect report will be referred to Early On for assessment and services. Children with preexisting

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

Initial Physical Examination

Progress in 2021

- During the COVID-19 pandemic, MDHHS tracked barriers to achieving timely health services and provided technical assistance to health liaison officers and foster care workers regarding coordination with the health care providers in each community, including in-person and telehealth visits as appropriate to the health needs of each youth.
- Child Welfare Medical and Behavioral Health unit staff continue to leverage information from the Fostering Health Partnerships Project and ongoing relationships across Michigan systems to identify and address barriers to health care services for children in foster care.
- Webinars for MISACWIS health screen completion continue to be accessible to CPS and foster care staff in the MDHHS learning management system. Job aids are also accessible in the communications website in MISACWIS.
- MDHHS continues to partner with the University of Michigan to maintain a foster care clinic and added capacity to provide bridging service for youth taking psychotropic medications.
- All foster care and juvenile justice staff, public and private, continue to have access to CareConnect360. This application provides workers with Medicaid claims information for children under MDHHS supervision.
- Child Welfare Medical and Behavioral Health unit staff provided support to the field to maximize timely completion of medical and dental examinations during COVID 19 restrictions by obtaining qualitative data from the health liaison officers that informed technical assistance efforts.
- Child Welfare Medical and Behavioral Health unit staff provided guidance and monitored compliance with COVID-19 vaccinations for all children in foster care.

- Child Welfare Medical and Behavioral Health unit staff tracked active status of COVID infections for children in residential facilities.
- Michigan was accepted to participate in the Center for Medicare and Medicaid Services Affinity Groups to improve timeliness of medical and dental exams for children in foster care.
- Child Welfare Medical and Behavioral Health unit staff worked closely with residential providers to establish protocols for exchange of health information during transitions of care.
- A lean process improvement was conducted to assess the receipt of Supplemental Security Income for children in foster care with disabilities.

Item 18 Mental and Behavioral Health of the Child

Assessment of Current Performance

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

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

Impact of Protocols on the Use and Monitoring of Psychotropic Medications

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

Item 18 Progress in 2021

- Statewide training on using the Trauma Screening Checklist is available for new workers.
- The comprehensive trauma assessment contracts were updated to include children adopted from child welfare.
- Policy regarding the use of trauma assessments was updated and training provided to counties upon request.
- Child Welfare Medical and Behavioral Health unit staff monitors counseling, comprehensive trauma assessment and QRTP independent assessment contracts.

- Child Welfare Medical and Behavioral Health unit staff continues to leverage information from the Fostering Health Partnerships Project and ongoing relationships across Michigan systems to identify and address barriers to health care services for children in foster care.
- Child Welfare Medical and Behavioral Health unit staff held mandatory foster care worker instructor-led trainings on Behavioral Health and Wellness: Case Practice that educated workers on mental health disorders, autism, and intellectual and developmental disabilities, when to seek treatment, available interventions, psychotropic medication information, and Supplemental Security Income. Key segments of this instructor-led training are available as computer-based training in the learning management system.
- The medical consultant continues to provide training on behavioral health systems and policies for each pre-service institute for new workers.
- The Child Welfare Medical and Behavioral Health unit continues to staff exhibit tables with information about psychotropic medication informed consent when children are in foster care at physician group annual conferences and at the Michigan Federation for Children and Families annual residential services conference.
- The MDHHS mental health core team identified three priority areas to improve behavioral health services for children in foster care and continues to work with MDHHS leadership to address these priority areas.
- Members of CSA participate in workgroups with MI Kids Now to reform behavioral health services for children in Michigan.
- The Child Welfare Medical and Behavioral Health unit created job aids to assist the field in addressing challenges related to access to inpatient psychiatric admission for children in foster care and navigating the CMH appeals process following service denial.
- The medical consultant led a workgroup to implement forms and protocols to improve coordination of health information for children during transitions into and out of residential services, including admissions and discharges from inpatient psychiatric treatment.
- The Child Welfare Medical and Behavioral Health unit completed a survey and case review intended to profile current practices for conducting and documenting psychiatric assessments in residential settings. The data from this project continues to inform ongoing quality improvement efforts in residential settings and expand to community-based settings.
- A proposal for enhanced treatment foster care was approved by CSA to pilot the program.
- The behavioral health analyst provides trainings to counties about trauma assessments and the Waiver for Children with Serious Emotional Disturbance.
- Quarterly meetings were held with the county leads from MDHHS and the CMH service providers to discuss the Serious Emotional Disturbance Children's Waiver program.

- Health liaison officers received specific health-related training pertaining to:
 - Comprehensive trauma assessments.
 - Implementation of QRTP.
 - COVID 19 updates.
 - Non-scheduled medical and dental payments.
 - Flint water crisis settlement related to lead.
 - Foster care transitional Medicaid and billing process.
 - Bridges resource center training on portal.
 - Dental systems and lock-ins.
 - Lead exposure and resources.

Well-Being 3 Progress Made to Improve Outcomes

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

- **Objective:** MDHHS will address the physical and dental health needs of children.
Outcome: Addressing the physical and dental health of children in foster care will maintain and may improve their health status.
Measure: CFSR Round 3
Baseline - 2017: 62%; CFSR 2018
Benchmarks 2020-2024:
 - **2020:** 62.5% **2020 Performance:** 64.7%
 - **2021:** 63% **2021 Performance:** 70.4%
 - **2022:** 63.5% **2022 Performance:** 80.5%; CFSR Case Review
 - **2023:** 64%
 - **2024:** 64.5%

- **Objective:** MDHHS will address the mental and behavioral health of children.
Outcome: Addressing the mental and behavioral health of children in foster care will maintain and may improve their mental health status.
Measure: CFSR Round 3 PIP
Baseline - 2017: 51%; CFSR 2018
Benchmarks 2020-2024:
 - **2020:** 51.5% **2020 Performance:** 64.3%
 - **2021:** 52% **2021 Performance:** 75%
 - **2022:** 52.5% **2022 Performance:** 81.7%; CFSR Case Review
 - **2023:** 53%
 - **2024:** 53.5%

- **Objective:** Children entering foster care will receive an initial comprehensive physical examination within 30 days of entry.
Outcome: Providing an initial comprehensive physical examination timely will screen for health needs and enable appropriate follow-up care for children.

Measure: Monthly Management Report
Baseline: 83% (average March 2018-January 2019)
Benchmarks 2020-2024: 95% or higher.

- **2020 Performance:** 69%
- **2021 Performance:** 72%*
- **2022 Performance:** 71.2%*

*Performance impacted by COVID 19 restrictions

- **Objective:** Children entering foster care will receive a mental health screening within 30 days of entry.

Outcome: Providing a mental health screening timely will screen for mental health, identify mental health needs, and enable appropriate follow-up care for children.

Measure: Monthly Management Report – initial medical examinations³).

Baseline: 83% (average March 2018-January 2019)

Benchmarks 2020-2024: 95% or higher

- **2020 Performance:** 69%
- **2021 Performance:** 72%*
- **2022 Performance:** 71.2%*

*Performance impacted by COVID 19 restrictions

- **Objective:** Children entering foster care ages 3 and older will have a dental examination within 90 days of foster care entry if the child had no exam within six months prior to foster care entry.

Policy changed on Nov. 1, 2019, resulting in a new objective:

Objective: Children entering foster care ages 1 or older will have a dental examination within 90 days of foster care entry if the child had no exam within three months prior to foster care entry.

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

Measure: Monthly Management Report

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

Benchmarks 2020-2024: 95% or higher

- **2020 Performance:** 65%
- **2021 Performance:** 63%*
- **2022 Performance:** 71.2%*

*Performance impacted by COVID-19 restrictions.

³ Psychosocial and behavioral assessment, accomplished through surveillance or formal screening, is a required activity for all comprehensive examinations under Early and Periodic Screening, Diagnosis and Treatment guidelines. Therefore, documentation of a comprehensive examination by definition includes mental health screening.

Well-Being 3 Planned Activities for 2023

- MDHHS will maintain health liaison officers who focus on addressing system barriers at the county level.
- MDHHS will hold regular conference calls and meetings between the Child Welfare Medical and Behavioral Health unit with health liaison officers to provide policy and practice updates.
- MDHHS will continue work with the Centers for Medicare and Medicaid Services Affinity group to improve timeliness of medical and dental exams for children in foster care.
- MDHHS will provide training and technical assistance to local office staff to ensure timely Medicaid opening and accurate and timely documentation of health care activities in MiSACWIS.
- MDHHS will update and send a brochure, “Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services,” to foster and relative providers at placement to outline updated health care requirements.
- MDHHS will develop and record webinars for child welfare staff on health-related topics such as Supplemental Security Income for youth in foster care and psychotropic medication consent.
- MDHHS will provide ongoing outreach, education, and technical assistance to the primary care community.
- MDHHS will require trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- MDHHS will review projects recommended by the physician leadership team.
- MDHHS will track the receipt of the COVID 19 vaccination for all children and youth eligible for the vaccination and under MDHHS supervision.
- MDHHS will provide training and information about the COVID 19 vaccination to child welfare staff.
- MDHHS will continue to review and expand content on the new www.michigan.gov/childwelfare website.
- MDHHS will implement a pilot program of enhanced treatment foster care.
- MDHHS will implement a day treatment program for youth in foster care.
- MDHHS will host an exhibit table at physician group annual conferences with information about medical and behavioral health needs and policy for children in foster care.
- MDHHS will generate a report for county director follow-up when repeated outreach for an informed consent document is unsuccessful.
- MDHHS will complete case reviews for a sample of children receiving psychotropic medications and ensuring the results of these reviews are communicated to the county of origin to improve overall practice and provision of services in this area.
- MDHHS will understand and consider the needs of children in foster care in the MI Kids Now and other state level efforts to reform behavioral health services.

Health Care Oversight and Coordination Plan Progress Made to Improve Outcomes

- **Objective:** Parents, caseworkers, and children will engage in an informed consent process with physicians prescribing psychotropic medication.
Outcome: Engaging parents, caseworkers, and children in an informed consent process for psychotropic medications will ensure all parties understand the effects of the medication on children.
Measure: Medicaid claims and Foster Care Psychotropic Medication Oversight Unit database; MISEP data.
Baseline: 87% informed consent documentation for each prescribed psychotropic medication prior to medication fill (average January 2018-April 2019)
Benchmarks 2020-2024: Increase by 5% each year.
 - **2019 performance:** 84%
 - **2020 performance:** 86%
 - **2021 performance:** 74% (MISEP 19)*
 - **2022 performance:** 72% (MISEP 20)**Performance impacted by COVID-19 restrictions

Analysis

A review of the last four Modified Implementation, Sustainability, and Exit Plan reporting periods 17-20, the Foster Care Psychotropic Medication Oversight Unit reported informed consent data as follows:

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

In each period the data for item one averaged 74.5 percent and the data for item two averaged 11 percent. Based on these data, the success in achieving informed consent for psychotropic medications did not drop for 2022; rather, the way the data are reported in the 2022 APSR changed.

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

- Conducting training and providing technical assistance for caseworkers on informed consent policy and best practices. Training occurs during the Pre-Service Institute and at statewide trainings initially conducted in person and available as recorded webinars. Technical assistance is provided by the Foster Care Psychotropic Medication Oversight Unit on a case-by-case basis.
- The Foster Care Psychotropic Medication Oversight Unit also conducts outreach to the field when a review of Medicaid claims reveals psychotropic medication starts without accompanying consents. This outreach effort assists workers in rectifying missing

consents, but also should assist workers in improving the practices so that consents occur at the time prescribing clinicians recommend medications.

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

The Child Welfare and Behavioral Health unit continues to provide outreach to these members of the teams through training at foster/kinship care conferences and exhibiting at professional meetings. In 2021, these outreach efforts were slowed because of the COVID 19 pandemic restrictions.

Well-Being 3 Planned Activities for 2023

- MDHHS will continue to ensure that foster care and juvenile justice staff are approved for access to CareConnect360 to view Medicaid claims data to monitor health needs of children on caseloads and requested expansion to include other foster care staff.
- Follow-up with residential treatment providers will continue to address challenges in achieving care coordination and parent or guardian and caseworker engagement in informed consent.
- The Child Welfare Medical and Behavioral Health unit will use the data from the psychiatric assessment documentation profiling project to inform guidance that will improve mental health or psychiatric documentation for children in residential care.
- The Child Welfare Medical and Behavioral Health unit will use the information about challenges and barriers to achieving well-coordinated mental health services gathered during the Fostering Health Partnerships project to develop and implement updates in child welfare policy and practice.
- The Child Welfare Medical and Behavioral Health unit will update and expand content on the www.michigan.gov/childwelfare website.
- MDHHS will pilot a new enhanced treatment foster care program.
- MDHHS will pilot a day treatment program for children in foster care.
- MDHHS will explore other community-based models to support caregivers of children in foster care who have high behavioral needs.

Implementation and Program Supports

- All health liaison officers, county-based foster care workers and supervisors have access to CareConnect360, an online, claims-based electronic record.
- The Foster Care Psychotropic Medication Oversight Unit continues to provide technical assistance to hospitals with psychiatric beds for children.
- The Child Welfare Medical and Behavioral Health unit meets monthly with trauma assessment contractors to discuss any issues with implementation and use of the contracts.

- Quarterly meetings are held with the county leads from MDHHS and the CMH service providers to discuss the Serious Emotional Disturbance Waiver for Children program.

Training and Technical Assistance

- The Foster Care Psychotropic Medication Oversight Unit continues to address challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- The Child Welfare Medical and Behavioral Health unit will update information about Supplemental Security Income and create a webinar that will be available for staff in the learning management system.
- The Child Welfare Medical and Behavioral Health unit conducts annual training for all foster care workers to teach the importance of health and well-being in sustaining safety and permanency and to provide instruction on available tools and best practices to assist workers in achieving health requirements for children on their caseload.
- The Child Welfare Medical and Behavioral Health unit conducts surveys to evaluate the effectiveness of the contracted comprehensive trauma assessments providers.

Technical Assistance and Capacity Building

- The Child Welfare Medical and Behavioral Health unit continues to build on web-based information supports to improve the capacity of child welfare personnel and outside partners to meet the health and well-being needs of children in foster care.
- The Harvard University Government Performance Lab, in consultation with the Child Welfare Medical and Behavioral Health unit and the Bureau of Children’s Coordinated Health Policy and Support, conducted a lean process improvement protocol in two counties to identify and address barriers to behavioral health services access and has since expanded to an additional five counties.

SYSTEMIC FACTORS

In addition to engaging with families, assessment, service provision and evaluation, the quality of child welfare services is impacted by the ability of the child welfare system to provide resources, information, and communication among divisions, agencies, and stakeholders. MDHHS set goals and objectives with yearly benchmarks for the seven CFSR systemic factors:

1. Information System
2. Case Review System
3. Quality Assurance System
4. Staff and Provider Training
5. Service Array and Resource Development

6. Agency Responsiveness to the Community
7. Foster and Adoptive Parent Recruitment, Licensing and Retention

INFORMATION SYSTEM

Item 19 Statewide Information System Assessment of Current Performance

Michigan is committed to maintaining compliance with federal requirements as it transitions to meet the Comprehensive Child Welfare Information System (CCWIS) requirements. Michigan submits the data files for the Adoption and Foster Care Analysis and Reporting System (AFCARS) to the Children’s Bureau semi-annually and the National Child Abuse and Neglect Data System (NCANDS) annually. Monthly meetings are held to discuss data improvement, trends, and gaps. Participants include the Michigan Department of Technology, Management, and Budget, the MiSACWIS team, CSA, DMU, and the CPS, foster care, and adoption program offices.

Comprehensive Child Welfare Information System (CCWIS) Transition

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

The vendor contract for the first module of the CCWIS, Child Welfare Licensing, was finalized on March 2, 2021. Planning meetings with Deloitte Consultants, the selected vendor, were immediately initiated and have been held consistently to date. A product owner for the Child Welfare Licensing module was onboarded in May and immediately integrated with the core product team composed mostly of vendor staff. A CCWIS Transition Team was also in place, which included leaders and key resources from CSA, MDHHS’ Strategic Integration Administration and Department of Technology Management and Budget. This team provides direct support to the product owner. The CCWIS Transition Team, product owner, project management, business owners, and the vendor representatives serve as the central mechanisms in the transition to a CCWIS.

A human-centered design vendor, Civilla, was onboarded in May and was utilized throughout the development of the licensing module. The utilization of a human-centered design vendor established avenues to directly engage end users throughout the project and a vehicle to complete user research and provide documentation of the user engagement and feedback.

The child welfare licensing module is to consolidate business processes that are completed between two technology systems, incorporate various manual processes, and increase

efficiency and automation on Salesforce platform technology. The team is currently on target to meet the June 2022 implementation date.

There are multiple lessons learned documented because of the situations encountered during the design and development of this first module. Several of these items have been incorporated into the development of a new request for proposals seeking a design, development, and implementation vendor for the remainder of the CCWIS modules. The request for proposals was posted publicly on April 6, 2022, requiring vendor proposals to be submitted by June 12, 2022. A vendor is anticipated to be onboarded in October 2022.

A product owner for the Intake and Investigation modules will be hired to lead the business efforts in the design, development, and implementation and serve as the voice of the business. A subject matter expert will be hired to support the design and development of these next two modules and a resource focused on DEI will be hired to be engaged in the remainder of the transition process. Support to the product owner and product team will also be provided by MDHHS MiSACWIS business analysts and other supporting roles.

Preparation for the next modules is actively underway with Civilla continuing their human-centered design work in conjunction with Change and Innovation Agency leading business process redesign activities. These efforts seek to formalize the business preparation activities ahead of the technical vendor being onboarded and will support the establishment of baseline requirements, deliverables, and guidance for the technical vendor. CSA has committed to engage the human-centered design and business process redesign process of each of the remaining modules in the transition to CCWIS to support business preparedness, engagement, and innovation.

Data Quality

The MiSACWIS team has continued to enhance the support of the MiSACWIS and CCWIS data quality planning and management. Data quality presentations continue to be provided to business areas and field representatives to continue the focus on data quality concepts and expectations, and how that translates into their preparation for CCWIS discovery and design sessions. At the onset of CCWIS preparation, presentations were provided to the Division of Child Welfare Licensing that outlined the key elements of data quality, how to build good CCWIS data, and why data quality is important. Specific data was not provided. In addition to these presentations, DCQI presented data quality expectations for state and federal program development in routine trainings with quality assurance analysts, BSC supervisors, and BSC directors.

The data quality oversight team is continuing the biennial review of data quality activities as required by the CCWIS regulations. The team is also engaging with additional stakeholders that work closely with MDHHS to review data so there is awareness, consistency, partnership, and efficiency around child welfare data.

The MiSACWIS team continues to make data quality improvements, including continuing to address duplicate person records and related updates. Duplicate persons are addressed through the person merge process, which identifies Person IDs in MiSACWIS that surpass the match threshold and removes the duplicate Person ID by replacing the remove Person ID with the retain Person ID. The process runs daily. The team continues to evaluate system issues that affect data quality and determine options to address those issues to support the commitment to improved data for the new CCWIS. Data quality planning and monitoring will be a key component throughout the development of the new CCWIS system and will be supported by two new project positions established in 2021. Data quality concepts and checkpoints are also expected to be integrated into the business process redesign and human-centered design activities.

Adoption and Foster Care Analysis and Reporting System (AFCARS)

The federal AFCARS team acknowledged that Michigan successfully exited the AFCARS Improvement Plan following the state's only onsite review in July 2015. Michigan continues to assess data quality by implementing the Information System Review biannually following each AFCARS submission to ensure that the data entered by caseworkers into the statewide child welfare information system is accurately reported in the AFCARS files. Michigan has met all minimum data validation requirements in submissions since the FY 2019A file.

In anticipation of AFCARS 2.1, which requires reporting of 83 new data elements beginning on Oct. 1, 2022, Michigan's statewide child welfare information system and AFCARS teams have implemented updates to the information system. The teams are now testing the data collection to ensure the minimum data quality standards are met in each item. The AFCARS team, in partnership with the MiSACWIS team, is working to identify historical cases which did not require the new data elements to address data gaps ensuring the AFCARS 2.1 standards are met upon first submission in May 2023.

National Child Abuse and Neglect Data System (NCANDS)

Michigan submitted the annual NCANDS file on Jan. 28, 2022. The state's FY 2021 NCANDS file passed the validation and approval process. Michigan continued to see lower reports of child abuse and neglect when compared to pre-pandemic reporting. During FY 2021, the number of reports concerning child abuse and neglect has plateaued. Michigan has continued to work with state and national experts to update standardized structured decision-making tools with staff at the front end of the child welfare continuum. The statewide information system does not require some data elements be answered and reporting of elements in these categories is impacted; efforts to support front line staff in reducing the number of redundant activities is the contributing factor for some data elements not being required for entry by staff. As the Front-End Redesign efforts continue, there is anticipation that some of these unintended consequences will be addressed.

Information System Review

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

DCQI utilizes the Information System Review to test the accuracy of child data in MiSACWIS. The Information System Review takes place following every submission of an AFCARS File. AFCARS files are submitted bi-annually. The FY A file is submitted on or before May 15. The FY B file is submitted on or before November 15. The reviews take place one month following the file submissions every six months. The reviews include 180-190 youth every six months or bi-annually. The total youth reviewed is 360-380 annually.

The Information System Review examines the output of information reported within the AFCARS file from the data entered within the MiSACWIS record of a randomly selected sample of children currently in foster care or who were in foster care within the preceding 12 months for a minimum of seven days. In 2022, 380 cases were pulled for case information to be reviewed with extracted data elements from the AFCARS file. This data was transmitted to local offices and agencies for review. Case information verified included:

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

Foster care caseworkers in MDHHS local offices and private agencies served as reviewers for cases for which they were responsible during the period under review. Cases selected for review were provided on a spreadsheet to local offices or agencies. Workers were asked to complete an online survey asking whether each data element as listed on the sheet and in the MiSACWIS system was correct. Out of a possible 360 surveys distributed, 333 were completed, for a completion rate of 93 percent. Michigan reviewed 2021 data through two Information System Reviews, following submission of the 2021A and 2021B files.

Information System Review Correct Responses				
Required Data element in MiSACWIS		2021A	2021B	2021 Total
Number of surveys completed		175/180 = 97%	158/180 = 88%	333/360 = 93%
1.	Gender	175/175 = 100%	158/158 = 100%	333/333 = 100%

2.	Date of birth	175/175 = 100%	158/158 = 100%	333/333 = 100%
3.	Race/ethnicity	172/175 = 98%	158/158 = 100%	330/333 = 99%
4.	Address at the time of review or at case closure	171/175 = 98%	154/158 = 97%	325/333 = 98%
5.	Placement type at the time of review or at case closure	171/175 = 98%	156/158 = 99%	327/333 = 98%
6.	Disability at the time of review or at case closure	46/51 = 90%	35/40 = 88%	81/91 = 89%
7.	Legal status at the time of review or at case closure	173/175 = 99%	157/158 = 99%	328/333 = 98%
8.	Permanency goal at the time of review or at case closure	174/175 = 99%	155/158 = 98%	329/333 = 99%

The data on disability at the time of case closure is trending lower because of staff changes. Documentation is often updated by the new worker. When a new staff takes on the case management, the staff look to the data and if that data has not been updated over time, the new case manager is noting that – hence the appearance of lower compliance.

Information System Review results are communicated to stakeholders including the Children’s Bureau, CSA leadership, BSC and local office directors, private agency support analysts, who share information with Michigan’s private agency partners, and local CQI teams. The next Information System Review will confirm data accuracy of 180 randomly selected children from the AFCARS 2022A file submission.

MiSACWIS Training and Field Support

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

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

All MiSACWIS trainings conducted after February 2020 have been provided as a virtual instructor led training. MiSACWIS field support staff conducts training workshops. Identifying the training needs for workshops requires analysis of help desk trends, system updates, site support feedback and input from program and policy offices. Each workshop has a focus area based on analysis and feedback. The MiSACWIS field support team delivered 157 support activities impacting 4,333 users throughout 2021. In addition, one computer-based training, 82 online help topics, and 267 jobs aids were updated. Seventeen new job aids were created. Trainings conducted by the MiSACWIS field support team are maintained within a spreadsheet housed in an internal SharePoint site. Trainings are available for both MDHHS and private agencies. There are several tribes that currently have MiSACWIS access.

MiSACWIS Training Academy Virtual Instructor-Led Trainings

CPS and Foster Care Worker Payment Training

MiSACWIS field support staff delivers payment training to new CPS and foster care workers each month as part of the Pre-Service Institute conducted by OWDT. In 2021, there were 32 classes with 724 new workers receiving MiSACWIS payment training. From January 2022 through the end of March 2022, there have been eight classes, with 161 new workers trained. OWDT reported 410 MDHHS and 452 private agency new workers were trained between Jan. 1, 2021 and Dec. 31, 2021. Some workers do not continue up to week eight of training to complete the MiSACWIS Payments training.

Juvenile Justice Residential Worker Case Management Training

New juvenile justice residential workers receive a two-day MiSACWIS case management training as needed per program office. In March 2022, two sessions were held with 32 participants.

Foster Care New Supervisor Institute

MiSACWIS field support staff deliver a half-day training to new CPS and foster care supervisors attending the New Supervisor Institute conducted by the training office. These trainings cover areas in MiSACWIS that supervisors will need to know when assigning cases and reviewing the work that staff completes in MiSACWIS. In 2021, there were 20 classes with 124 new supervisors. From January 2022 through the end of March 2022, six sessions were held with 23 participants.

Based on information obtained from established processes to track timely completion of New Supervisor Institute training by MDHHS and private agency supervisors, all new supervisors who were required to complete the training did so. The MiSACWIS portion of New Supervisor Institute applies to both MDHHS and private agency foster care supervisors.

Additional MiSACWIS Training Academy Support

- BSC in-service support – MiSACWIS supported OWDT and trained five workshops throughout 2021, assisting 29 frontline staff. These trainings included CPS and foster

care case management activities as well as provider entry into MiSACWIS. OWDT provides a survey to the BSCs listing possible child welfare training topics for staff within that particular BSC. As a result of the survey, CPS and/or foster care case management activities are identified as desired training. OWDT reaches out to the MiSACWIS team regarding the topics that will need to be trained. Frontline staff are then able to register for the training in LMS based on their interest or need.

- CPS and Foster Care Worker MiSACWIS Case Management Overview Training Technical Support – MiSACWIS field support staff provide technical support for the training office as they train a two-day MiSACWIS overview training to new CPS, adoption, and foster care workers each month as a part of the Pre-Service Institute. These trainings cover the case management activities that must be completed in MiSACWIS such as updating a person record, completing service plans, and entering case services. The MiSACWIS field support team created and maintains the CPS, foster care and adoption participant guides and training data to support this training. During the two-day training, MiSACWIS staff are available to troubleshoot any technical issues and assist participants who may be struggling with a task in the participant guide. In 2021, there were 32 classes with 724 new workers receiving MiSACWIS case management training. From January 2022 through the end of March 2022, there have been eight classes with 161 new workers. OWDT reported 410 MDHHS and 452 private agency new workers were trained between Jan. 1, 2021 and Dec. 31, 2021.
- Juvenile Justice Specialist Support – In 2021, MiSACWIS staff supported OWDT with three sessions with 20 participants. From January 2022 through the end of March 2022, MiSACWIS staff supported one session with 16 frontline staff. Topics of interest or need are requested through OWDT. Frontline staff are then able to register in the learning management system based on their interest in the particular topic.
- Child Welfare Funding Specialist Support – Training is conducted for child welfare funding specialist users by the Federal Compliance Division. Field support staff created and maintained the participant guide and training data in the MiSACWIS training environment to assist the division in training funding specialists.
- Foster Home Certification and Special Evaluation Training Support – Training is conducted for licensing users by DCWL. Field support staff created and maintain the participant guide and training data in the MiSACWIS training environment to assist in training licensing workers.
- Database Security Application – In 2020, Application Security and MiSACWIS began to transition requests for MiSACWIS access from paper forms to the Database Security Application via MILogin. All MiSACWIS users were transitioned in phases. Webinars were used to instruct staff on how to complete the MiSACWIS access request. In 2021, 49 sessions were trained assisting 1,272 MiSACWIS users. From January 2022 through the end of March 2022, five sessions have been trained assisting 18 MiSACWIS users. Between Jan. 1, 2021 and June 30, 2021, the Database Security Application trainings were held as Microsoft Teams Live events. Beginning July 2021, one-on-one walkthrough trainings were provided to new MiSACWIS end users for onboarding

- purposes as needed and identified by their supervisors.
- CCI Dashboard Overview – With the development of the dashboard to track metrics related to CCI providers, MiSACWIS field support staff provided an overview webinar of the dashboard. There were two sessions trained with 130 participants attending. The CCI Dashboard training was held as a Microsoft Teams Live event that was available to all frontline staff.
 - Muskegon County Case Service Training – A request was received in October 2021 for a case services training for Muskegon County CPS, foster care, and private agencies, as workers were struggling with documenting case services. There were 122 frontline staff and supervisors who received training in entering paid and unpaid case services, case service payments, and case service reviews. This training was open to all Muskegon County CPS and foster care, and private agency foster care staff. Agencies are responsible for tracking attendance at training.
 - QRTP Aftercare Social Work Contact Entry – MiSACWIS field support staff provided trainings which detailed the process to enter Qualified Residential Treatment aftercare social work contacts and assign aftercare workers to cases. One hundred and twenty frontline staff were trained during six training sessions. The QRTP Aftercare Social Work Contact Entry training was a request from foster care residential program office and was available to all foster care staff. The training was held via a Microsoft Teams Live event.
 - Incident Report Training – Training was provided to frontline staff to explain the process of documenting an incident report in MiSACWIS to support updated system functionality and data quality. Forty-five frontline staff were trained during four sessions. Incident Report training was held via a Microsoft Teams Live event for frontline staff. The link to the training was sent to all frontline staff via a Communication Issuance.
 - Wayne County Data Warehouse Training – A training request was received for Wayne County frontline staff to review Data Warehouse and Infoview reports. In March 2021, two sessions were held with 138 participants. MDHHS offices are responsible for tracking staff attendance.
 - Ingham County Book of Business Training – Training request was received to review the Book of Business with Ingham County frontline staff. In April 2021, one session was held with 10 frontline staff. MDHHS offices are responsible for tracking staff attendance.
 - Spectrum Incident Report Training – Training request was received for Spectrum Human Services to explain the process of documenting an incident report in MiSACWIS. In June 2021, eight frontline staff were trained. Private agencies are responsible for tracking staff attendance.
 - Prevention Webinar – Beginning October 2021, prevention specialists and supervisors were introduced to new functionality in MiSACWIS to document prevention services including new case service plans, case services, and service types. Nine hundred and four frontline staff were trained during four sessions. The Prevention webinars were

held via a Microsoft Teams Live event. The link to the training was sent via a Communication Issuance and was open to all prevention, CPS, and foster care staff. Staff either enrolled themselves or were advised to enroll by their supervisors.

- QRTP – MiSACWIS field support staff provided three live Microsoft Teams webinars for the QRTP processes and tasks to be completed in and outside of MiSACWIS. Additionally, one training was provided to the Regional Placement Unit and Juvenile Justice Assignment Unit analysts on recording the assessment referral and entry of the referral recommendations in MiSACWIS. These webinars were held in March and April 2021 with 448 participants. The QRTP webinars were held via a Microsoft Teams Live event. The link was sent via a Communication Issuance and was open to all foster care, Regional Placement Unit, and Juvenile Justice Assignment Unit staff. Staff either enrolled themselves or were advised to enroll by their supervisors.

Ongoing MiSACWIS Release Support

In 2021, there were seven MiSACWIS releases. The MiSACWIS field support team supports the MiSACWIS project's release schedule by completing the following activities for each production release.

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

Item 19 Progress in 2021

- Michigan worked with Deloitte Consultants to develop parameters and definitions for the CCWIS module for child welfare licensing.
- A CCWIS Transition Team was developed, which included leaders and key resources from CSA, MDHHS' Strategic Integration Administration and Department of Technology, Management and Budget. This team provides direct support to the CCWIS module product owner.
- Michigan's Information System Review demonstrated consistently high accuracy of demographic data for children under state jurisdiction and those under state jurisdiction in the previous 12 months.
- The CPS program office finalized policy updates and instructions for the front-line staff that provide improved reporting on risk factors for children and caregivers.
- Michigan made improvements in the ability to report the number of children and families served through Title IV-B(2) funding. The state anticipates continued improvement in reporting within the agency file the number of children and families served by specific funding sources.
- Michigan utilized the Missing and Outlier Value report, which displays missing values to prompt caseworkers to add missing information and for supervisors to track completion of data entry in open and closed cases.
- The MiSACWIS application was enhanced to include reporting functionality for the

Comprehensive Assessment and Recovery Act requirements. Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding meets the requirements.

Item 19 Progress Made to Improve Outcomes

- **Objective:** MDHHS will submit the AFCARS file to the Children’s Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element.
Outcome: Verifying the information system has correct data on children in foster care in the information system will ensure children and case management activities can be tracked and monitored.
Measure: MiSACWIS federal reporting data
Baseline - 2018: The AFCARS FY 2017A and FY 2017B files were submitted timely. One area remained out of compliance in both files as expected, timeliness to discharge. The rate of error was 11%, nearing the compliance threshold. Discharge timeliness is dependent on when a caseworker enters actions in MiSACWIS. Upon a youth being discharged from court supervision, the case worker is to enter court orders within 60 days. If that action is not performed, the timeliness standard is not met. This cannot be corrected. Communication to the workforce and courts have improved this metric as the caseworkers, funding specialists and courts have made improvements locally to support the state meeting the timeliness measure.
Benchmarks 2020-2024: Submission of file with less than a 10% error rate.
2020 Performance: Michigan AFCARS files 2019A and 2019B passed all elements.
2021 Performance: Michigan AFCARS file 2020A passed all elements.
2022 Performance: Michigan AFCARS file 2021A and 2021B passed all elements.

Michigan’s Information System Review noted that all elements for demographic data of children, parents, and caregivers are accurate at 90 percent or higher. When there is missing information, the Missing Outlier Values Report identifies the elements for staff to correct ahead of any formal data cleanup efforts that are generated from central office staff. The MOV report shows elements missing for a youth’s file that includes race, ethnicity, date of birth, legal status, permanency goal, caregiver race, ethnicity, marital status, etc. as required by AFCARS 1993. Running the report tells staff what to update in the MiSACWIS system.

- **Objective:** MDHHS will submit the NCANDS file to the Children’s Bureau annually and ensure the file is within the allowable threshold for each area in the Enhanced Validation Analysis Application tool, under the Supplemental Validation Tests.
Outcome: Verifying the information system has correct data on children with child welfare cases will ensure children and case management activities can be tracked and monitored.
Measure: MiSACWIS federal reporting data

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

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

2020 Performance: The NCANDS file was submitted within the required threshold.

2021 Performance: The NCANDS file was submitted within the required threshold.

2022 Performance: The NCANDS file was submitted within the required threshold.

Michigan continues to update code to capture information correctly. Michigan is not able to report the number of out-of-court contacts made by court-appointed attorneys assigned to children, as this is an action that the Child Welfare Services of SCAO is addressing as part of their Quality Legal Representation programming. A grant has been awarded to SCAO for the development of a centralized court case management tool. The date when this program will be available to collect and report data is not known at this date.

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

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

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

Measure: Information System Review

Baseline - 2018: 97% error free

Benchmarks:

2020-2022: 97% error-free

2020 Performance: 98.6% error-free

2021 Performance: 99.1% error-free

2022 Performance: 97.6 % error-free

Worker turnover and training are contributing factors to the observed difference in the compliance rate. Outreach and training is ongoing.

Item 19 Planned Activities for 2023

- The plan for FY 2023 for the CCWIS transition is begin work on the case management module. Deloitte will complete an initial roadmap following the initiation and planning meetings that will propose the order of the modules. The human-centered design vendor will coordinate and align with the module plan. This will allow business process review and user and business stakeholder engagement well in advance of any technical development activity.
- The monthly AFCARS and NCANDS workgroups will continue to address accuracy in

- data collection and reporting.
- Findings from the Information System Review will be used to devise plans for ensuring accurate data collection and maintenance on an ongoing basis.
- Michigan will continue to provide training and technical assistance for MiSACWIS users through a collaboration between the MiSACWIS team and OWDT.
- Michigan will report MiSACWIS data on identified victims of human trafficking with the NCANDS file.

Implementation and Program Supports

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

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

Training and Technical Assistance

- The Children's Bureau Division of State Systems is providing technical assistance on MiSACWIS and CCWIS compliance through monthly meetings where status updates are provided and discussion of items for which there are questions. MDHHS also reaches out to the liaison when guidance is needed.
- Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding meets the requirements of the Comprehensive Addiction and Recovery Act.
- The Bureau of In-Home Services is working with the Governor's Task Force and Citizen's Review Panel to finalize recommendations for policy updates and training for front line staff to improve reporting on risk factors.
- Private agency analysts work collaboratively with local and private agency staff to ensure compliance with documentation and to understand documentation requirements.
- DCQI provides service data and reports designed to assist local and BSC leadership to track local compliance with requirements and achievements.

Technical Assistance and Capacity Building

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

CASE REVIEW SYSTEM

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

Court Improvement Program Data Reports

Michigan Senate Bill 682 was signed into law in 2020, which made juvenile court records nonpublic. The result is that courts are no longer providing data to the Judicial Data Warehouse (JDW). Under current business rules, the JDW is permitted to upload public court records. As courts comply with this new law and change their juvenile data from public to nonpublic, the JDW can no longer load their juvenile data. MDHHS and SCAO are working to find a solution to this issue. In the meantime, SCAO is working with University of Michigan to create a public-facing collection of data compiled into a Juvenile Court Data Dashboard. The Dashboard uses data from MDHHS to create views on permanency and well-being for children in the foster care system. The project is expected to be completed in 2023.

Item 20 Written Case Plan Assessment of Current Performance

Michigan Foster Care and Native American Affairs Policy

As required by Foster Care Policy 722-08, an initial service plan must be completed within 30 calendar days after the removal date of the child. The initial service plan is used to:

- Document information about the family including any Native American ancestry.
- Assess the functioning of the family and child, documenting the specific identified needs and strengths including application of ICWA and MIFPA.
- Identify the permanency goal and the services necessary to achieve it, including the time frame.

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

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

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

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

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

Monthly Management Reports: Service Plan Timeliness

- In FY 2021, 97 percent of CPS service plans were completed timely, an increase of 6 percent from 2019 (81,389 out of 83,997).
- In FY 2021, 90 percent of children's foster care service plans were completed timely, which equals the score in 2019 (47,050 out of 52,308).

Source: DCQI Data Management Unit.

Child and Family Service Reviews (CFSR)

Progress on items related to the Case Review System are tracked through CFSR case reviews. The CFSP PIP measurement plan is 100 cases annually, 60 foster care and 40 in-home services. CFSR Case Review 2020 and 2021 scores related to the Case Review System are listed in the table below:

Item	FY 2020	FY 2021
Case plan was developed jointly with the child's mother	65.4%	71.7%
Case plan was developed jointly with the child's father	43.9%	56.4%
Stability of placement	92.3%	93.8%
Timely establishment of the permanency goal	89.2%	96.3%
Permanency goal was appropriate to the child's needs	93.9%	92.6%

Analysis

MDHHS performance measurements for timely service plans and establishment of permanency goals are consistently high and within acceptable rates for a state child welfare system. MDHHS continues to exceed the CFSR PIP goal for item 5 at 90.6 percent, exceeding the PIP goal of 87 percent (CFSR PIP period 8, May 2021 to April 2022). Parents in a pre-contemplative stage of change do not fully invest in the development of a case plan that is aimed at changing a behavior they do not acknowledge, highlighting the importance of developing a coordinated and functioning team to support parents, both informally and formally, in ownership of their case plan. Understanding the state of mind for a parent at the onset of engagement in child welfare system allows the caseworker to know what methods to use to support a parent who is not ready for change. Data can inform staff training. Data can inform service array needs. Data can also highlight the readiness for change on a caseload at a given point of time. Understanding this stage of change readiness informs the treatment team and potential interventions to consider. A thoughtful planned intervention supports a parent in a pre-contemplative stage of change move to action when the team recognizes the movement between stages of readiness.

Case reviews reveal that when families encounter the child welfare system, the legal status of a father for a child is not known and this impacts the level of engagement. In addition, incarceration of fathers negatively impacts the level of engagement in case planning when the criminal justice system limits service delivery or coordination of services for inmates.

MDHHS continues to promote case practice skills of teaming, engagement, assessment and mentoring to positively impact parents' participation in developing their case plans. In addition, MDHHS and the legal system continue to seek data related to parent engagement at court and in meetings with case workers and attorneys as means to improve parents'

participation in case plan development. Michigan interviews parents for the CFSR and QSR to learn about engagement at the case level. MDHHS conducts stakeholder focus groups and surveys parents to seek additional information. During the pandemic, MDHHS held town hall meetings virtually to seek information from caregivers and parents. The SCAO Court Improvement Program continues to develop pamphlets to provide to parents to engage and educate them about the court process.

Quality Service Review

Practice Performance Indicators considered for parental involvement in developing case plans are engagement, teaming, and case planning.

- In 2021 Quality Service Reviews, engagement was rated acceptable in 71.2 percent of cases, an increase of 11.8 percent over 2019.
- In 2021, teaming was rated acceptable in 47 percent of cases, an increase of 11.6 percent from 2019.
- In 2021, case planning was rated acceptable in 66.2 percent of cases, an increase of 12.8 percent over 2019.

Total Quality Service Review cases reviewed in 2021: 68; 49 Foster care and 19 CPS Ongoing. All five Business Service Centers were visited for the Quality Service Reviews. The counties that underwent review included: Allegan, Alger, Barry, Bay, Benzie, Berrien, Cass, Calhoun, Charlevoix, Eaton, Genesee, Gogebic, Grand Traverse, Hillsdale, Huron, Ingham, Iosco, Iron, Kalamazoo, Kent, Lapeer, Lenawee, Macomb, Monroe, Muskegon, Oakland, Ogemaw, Roscommon, Saginaw, Sanilac, St. Clair, Van Buren, and Wayne.

Item 21 Periodic Reviews Assessment of Current Performance

Dispositional Review Hearings

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

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

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

- Order the child to be returned home if parental rights have not been terminated.

- Modify the dispositional order.
- Modify any part of the case service plan.
- Enter or continue a dispositional order.

CFSR in 2018 rated Item 21 as a strength:

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

Michigan Supreme Court recommendations on timely hearings include the following: Where a child is in foster care, 75 percent of all original petitions should have adjudication and disposition completed within 84 days from the authorization of the petition and 85 percent within 98 days.

- Court averages in 2020:
 - 54 percent within 84 days
 - 63 percent within 98 days

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

- Court averages in 2020:
 - 56 percent within 119 days
 - 74 percent within 210 days

In 2020, timeliness of hearings was affected by the COVID-19 Stay-at-Home order. In 2021, courts gradually opened on timetables that were determined locally. As of June 2021, all circuit courts were open either virtually or in-person. SCAO will continue to track court hearing timeliness. The Court Improvement Program is working with MDHHS to develop a Juvenile Court Data Packet that will easily allow courts to view their court hearing timeliness and other important data to effectuate more timely hearings. The Court Data Dashboard will contain aggregate data from MDHHS to review permanency within 12 months, along with other permanency and well-being measures. The report is currently in the development phase and is expected to be completed by the end of 2022.

Item 22 Permanency Hearings

Assessment of Current Performance

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

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

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

CFSR in 2018 rated Item 22 as a strength.

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

According to Court Improvement Program data reports provided by SCAO, the average number of days between removal date and the first Permanency Planning Hearing date for calendar year 2021 averaged 287 days. This figure includes data from 74 of Michigan's 83 counties.

Item 23 Termination of Parental Rights

Assessment of Current Performance

Foster Care and Native American Affairs Policy

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

The filing of the petition to terminate parental rights need not be delayed until a Permanency Planning Hearing is conducted. Consultation with legal counsel is necessary to determine whether sufficient legal grounds exist to pursue termination of parental rights. The supervising agency must file or join in filing a petition requesting termination of parental rights if the child has been in foster care for 15 of the most recent 22 months, unless the child is being cared for by relatives or the written court order and the case service plan documents a compelling reason for determining that terminating parental rights would not be in the best interest of the child. Compelling reasons include:

- Adoption is not the appropriate permanency plan for the child.
- No grounds exist to file the termination.
- The child is an unaccompanied refugee minor.
- There are international legal obligations or compelling foreign policy reasons that preclude terminating parental rights.
- The state has not provided the child's family, consistent with the time in the case service plan, with services necessary for the child's safe return home if reasonable efforts are required.

- The ICWA or MIFPA or tribe specifies compelling reasons for Indian child(ren) (Native American Affairs policy 250).

CFSR in 2018 rated Termination of Parental Rights as an area needing improvement.

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

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

According to Court Improvement Program data reports provided by SCAO, the average number of days between supplemental petition filing date and termination hearing date for calendar year 2021 averaged 121 days. This figure includes data from 74 of Michigan’s 83 counties.

A SCAO report shows the percentage of Termination of Parental Rights petitions completed within 42 days, by county and the state. The courts are aware of the 42-day requirement in state law but busy court dockets, the need to secure witnesses for a multiple-day trial, and the seriousness of terminating parental rights makes it very difficult to complete petitions within 42 days of the petition being filed. MDHHS and SCAO continue to explore ways to expedite the process of Termination of Parental Rights.

Item 24 Notice of Hearings and Reviews to Caregivers

Assessment of Current Performance

The Safe and Timely Interstate Placement of Children Act of 2006, PL 109-239

The act requires state courts “to ensure foster parents, pre-adoptive parents and relative caregivers of a child in foster care under the responsibility of the state are notified of any proceeding to be held with respect to the child.”

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

- The agency responsible for the care and supervision of the child.
- Person or institution having court-ordered custody of the child.
- Parents of the child, subject to sub-rule (D), and the attorney for the respondent parent, unless parental rights have been terminated.
- Guardian or legal custodian of the child, if any.
- Lawyer-guardian ad litem for the child.

- Attorneys for each party.
- Prosecuting attorney if the prosecuting attorney has appeared in the case.
- Child, if 11-years-old or older.
- If the court knows or has reason to know the child is a Native American child, the child's tribe, foster parents, pre-adoptive parents, and relative caregivers.
- If the court knows or has reason to know the child is a Native American child and the parents, guardian, legal custodian, or tribe are unknown to the Secretary of the Interior.
- Any other person the court may direct to be notified.

CFSR in 2018 rated Item 24 as an area needing improvement.

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

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

In all focus groups conducted with stakeholders and in case review interviews, parents and caregivers are asked if they are notified and all typically say they receive notifications in the mail, or a caseworker tells them of the upcoming hearings. In QSRs from December 2021, through July 2022, 37 stakeholder interviews occurred with 37 caregivers.

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

Items 20-24 Progress in 2021

- In 2020 and 2021, due to the emergency orders related to the COVID-19 pandemic, most of SCAO's regular activities could not occur. The focus then shifted to training courts and child welfare professionals on how to navigate the new format of remote learning and virtual court hearings.

- SCAO partnered with MDHHS to implement the historic change in federal Title IV-E funding policy to allow states to draw down federal reimbursement dollars to cover the costs of attorney fees for parents and children in child protective proceedings. MDHHS established new Child and Parent Legal Representation Grants that were offered to all 83 counties in Michigan. In 2021, 42 counties participated in the Child and Parent Legal Representation Grants.
- SCAO participated on the Child Welfare Partnership Council to steer statewide planning and implementation of the FFPSA. This included a court workgroup to develop legislation, court rules, and court forms specific to the QRTP requirement of the act. SCAO and MDHHS provided joint training to courts, tribes, and agencies on the requirements including the new heightened judicial review and oversight of a child's placement into a residential facility.
- To monitor how long children have been in care, staff from both private and public agencies have access to MDHHS InfoView data reports that aggregate statewide data or drill down to BSC, county, agency, supervisor, and caseworker level data. The data can also be broken down by permanency goal.
- MDHHS and the court collaborate to strengthen the efficiency of actions through training and support of judges, attorneys, and court staff regarding the required judicial determinations.

Item 20 Progress Made to Improve Outcomes

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

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

- A case plan that is developed jointly with the child's parents.
- A case plan that includes the required provisions.
- Period court review hearings that are held timely.
- A permanency hearing that is held no later than 12 months after the child has entered care and every 12 months thereafter.
- For children who have been in care for 15 of the last 22 months, termination of parental rights hearings that are held timely, or compelling reasons documented.
- Notification of hearings to resource parents and that the resource parent has a right to be heard on court.
- **Objective:** Michigan will ensure that each child has a case plan that is developed jointly with the child's parents.
Outcome: Ensuring each child has a case plan developed jointly with their parents will encourage parental investment and allow tracking of case progress through the court system.
Measure: CFSR Round 3 and PIP data

Baseline - 2017:

- **CFSR 2018:** Area needing improvement.
- **QACR 2018:** Mothers: 88%; Fathers: 73%

Benchmarks 2020-2024: Demonstrate improvement each year.

2020 Performance: 57%; CFSR PIP Q2

2021 Performance: 50%; CFSR PIP Q7

2022 Performance: 61%; CFSR Case Review

The quarters included are 9, 10, 11, and 12. This is the CFSR PIP measurement period 8, or May 2021 through April 2022.

- **Objective:** Michigan will ensure that each child has a case plan that includes the required provisions.
Outcome: Ensuring each child has a case plan that includes the required provisions ensures that all children receive the required considerations as their cases progress.
Measure: CFSR Round 3 and PIP data
Baseline – 2016, Title IV-E Review: 96% compliance.
 - **CFSR 2018:** Area needing improvement.
 - **QACR 2018:** 99% compliance.**Benchmarks 2020-2024:** Demonstrate improvement each year.
2020 Performance: 100%; Title IV-E Review, 2019
2021 Performance: 100%; Title IV-E Review, 2019
2022 Performance: 100%; Title IV-E Review, 2019
Title IV-E Review, 2019: The judicial determinations examined during the onsite review were timely and included rulings that facilitated timely permanency plans. Judicial determinations also were child-specific and those pertaining to the child’s removal clearly outlined the circumstances under which the child was removed from the home. For all cases reviewed, contrary to the welfare findings were in the first order sanctioning removal, as were case-specific reasonable efforts to prevent removal findings.

The Quality Assurance Compliance Review, or QACR, asked questions similar to those in the CFSR, i.e., questions related to Items 20-24. Following the CFSR, Michigan opted to utilize the OSRI, as it included more specific assessment criteria for those items. The QACR was discontinued in 2019. Data from the QACR is included in the APSR 2023, as it provides historical data through 2018.

Analysis

MDHHS performance measurements for timely service plans and establishment of permanency goals are consistently high and within acceptable rates for a state child welfare system. MDHHS has met the CFSR PIP goal for item 5 at 89.2 percent, exceeding the PIP goal of 87 percent. Parents in a pre-contemplative stage of change do not fully invest in the development of a case plan that is aimed at changing a behavior they do not fully

acknowledge, highlighting the importance of developing a coordinated and functioning team to support parents both informally and formally for ownership in their case plan. MDHHS continues to promote case practice competencies of teaming, engagement, assessment and mentoring to positively impact parents' participation in actively developing their case plan. MDHHS and the legal system continue to seek data related to parent engagement at court, and in visitation with case workers and attorneys as a means to improve parents' participation in case plan development.

Item 21 Progress Made to Improve Outcomes

- **Objective:** For children in foster care, periodic court review hearings will occur at a minimum of every six months.
Outcome: Timely periodic court hearings will ensure each child's case is monitored through the court.
Measures: CFSR Round 3 and PIP data
Baseline - 2017:
 - **CFSR:** Strength
 - **QACR 2018:** 77% compliance.**Benchmarks 2020-2024:** Demonstrate improvement each year.
2020 Performance: Initial dispositional hearing was completed within 28 days of adjudication: 80%; SCAO Judicial Data Warehouse (JDW)
2021 Performance: Data not available.
2022 Performance: Children placed in the home: Average 24 days; JDW
Children placed out of the home: Average 19 days; JDW

Item 22 Progress Made to Improve Outcomes

- **Objective:** For children in foster care, a permanency planning hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
Outcome: Timely permanency planning hearings will ensure each child's case continues to progress and move toward permanency for the child.
Measures: CFSR Round 3 and PIP data
Baseline - 2017:
 - **CFSR 2018:** Strength
 - **QACR 2018:** 86% compliance.**Benchmarks 2020-2024:** Demonstrate improvement each year.
2020 Performance: Initial and annual permanency planning hearing was completed within 364 days: 99%; SCAO Judicial Data Warehouse
2021 Performance: Data not available.
2022 Performance: Average 287 days; SCAO Judicial Data Warehouse

Item 23 Progress Made to Improve Outcomes

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

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

Measure: CFSR Round 3 and PIP data

Baseline - 2017:

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

Benchmarks 2020-2024: Demonstrate improvement each year.

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

2021 Performance: Data not available.

2022 Performance: 96.4%; CFSR Case Review
Average 121 days; JDW

Item 24 Progress Made to Improve Outcomes

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

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

Measure: CFSR Round 3

Baseline - 2017:

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

Benchmarks 2020-2024: Demonstrate improvement each year.

2020 Performance: Data not available.

2021 Performance: Data not available.

2022 Performance: Stakeholder interviews with caregivers indicated that, in general, caregivers were notified of court hearings and their right to be heard. In QSRs from December 2021 through July 2022, 37 stakeholder interviews occurred with 37 caregivers.

CFSR Program Improvement Plan Update

Quality Legal Representation (QLR)

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

QLR Strategy 1: Develop and pilot a high quality pre- and post-petition parent and child representation program.

- **QLR 4.1.1:** MDHHS will identify the attributes of a high-quality parent and child representation model that can be implemented in Michigan.
Update: This activity was completed in Quarter 1. MDHHS met with judges and SCAO to discuss and clarify the goals of the project.
- **QLR 4.1.2:** MDHHS will select a court or courts to implement a high-quality pre-petition representation program. MDHHS will refer certain CPS Category II and III cases to the program to prevent children from entering care.
Update: This activity was completed in Quarter 1. The three counties chosen for the pilot include Wayne, Van Buren and St. Clair counties. St. Clair County determined it was not possible to move forward with the Quality Legal Representation activities but is participating under the Child and Parent Legal Representation Grant.
- **QLR 4.1.3:** MDHHS will select a court or courts to implement a high-quality post-petition representation program.
Update: This activity was completed in Quarter 1. Van Buren will focus on post-removal legal work. The attorneys will be assisting with other matters to avoid removal or achieve faster, safe permanency. Van Buren identified substance abuse, domestic violence, and mental health as issues of concern.
- **QLR 4.1.4:** MDHHS will implement the high-quality parent and child representation models.
Update: This activity was completed in Quarter 6. MDHHS began statewide implementation of the pre- and post-petition work in January 2020. The Wayne County contracts for pre-petition representation were in place in January 2021. The county has also been claiming through the Child and Parent Legal Representation grant. Full implementation occurred in July 2021. In 2021, Wayne County reported 30 cases were successfully resolved without a petition for removal as a result of ancillary legal issues being addressed.

In 2020, Van Buren County finalized contracts with the attorneys providing post-petition services to families. In 2021, Van Buren County reported a reduction in petitions filed requesting removals as a result of having ancillary legal matters addressed during the intervention. Van Buren has had a 50-percent reduction in the foster care population in 2020 compared to 2018. Van Buren has offered services to families specific to domestic violence, facilitated by the social worker hired withing the Quality Legal Representation contract, which impacted additional referrals to MDHHS about familial concerns. Van Buren has significantly updated the attorney contract requirements and included required trainings. The legal team attended trainings and participated in family team meetings at a much higher rate, approximately 75 percent more participation.

QLR Strategy 2: Secure funding to implement and sustain high-quality representation programs.

- **QLR 4.2.1:** MDHHS will explore amending the Title IV-E State Plan to claim federal funding for parents’ and children’s attorney fees in child protective proceedings.
Update: This activity was completed in Quarter 2. MDHHS developed draft language changes to submit an amendment to Michigan’s Public Assistance Cost Allocation Plan for the legal representation of children and parents from Title IV-E funds.
Child and Parent Legal Representation: MDHHS held webinars to explain grant opportunities and all family courts were invited to apply for grants that would allow access to Title IV-E dollars, with a requirement for a county match when they implement Quality Legal Representation activities such as having Lawyer-Guardians ad Litem attend family team meetings, reimbursement of mileage to visit the child in their home, and activities consistent with improving representation of parents and youth.
- **QLR 4.2.2:** MDHHS will secure seed money to implement the pilot projects.
Update: This activity was completed in Quarter 2. The state is acting as fiduciary of the available Title IV-E dollars to support the courts’ execution of the grant.
QLR 4.2.3: MDHHS will create a grant between pilot counties and MDHHS to allow for Title IV-E reimbursement for legal representatives.
Update: This activity was completed in Quarter 3. MDHHS finalized the grant requests with an effective date of Jan. 1, 2020.
- **QLR 4.2.4:** MDHHS will submit Title IV-E reimbursement for legal representation costs in pilot counties.
Update: This activity was completed in Quarter 6. The state has implemented the funding for the post-petition work. The Child and Parent Legal Representation project has started drawing down Title IV-E funding in the fourth quarter of 2020.

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

- **QLR 4.3.1:** MDHHS will develop training competencies and learning objectives for attorneys in pilot counties.
Update: This activity was completed in Quarter 1. MDHHS developed training competencies and learning objectives for attorneys in the pilot counties and the training was developed.
QLR 4.3.2: MDHHS will determine how training will be provided; live, online, or by any other method.
Update: This activity was completed in Quarter 1. Training was provided via a combination of online and in-person training. The National Association of Counsel for Children conducted training using the American Bar Association Standards for Children Attorneys and Parent Attorneys as the curriculum.
- **QLR 4.3.3:** MDHHS will implement the attorney training program.
Update: This activity was completed in Quarter 7. Training of Wayne South Central District CPS workers and foster care staff was provided the week of March 8, 2021. The training was recorded and is available to anyone needing training in the future. Van Buren partnered with SCAO, which has taken the lead on the training curriculum.

QLR Strategy 4: Attorneys will advocate for parents and children in and out of court.
QLR 4.4.3: Parents' and children's attorneys will participate in out-of-court meetings including family team meetings and mediation.

Update: This activity is targeted for completion in Quarter 8. Van Buren County modified the existing contracts to allow attorneys to represent their clients in both pre-petition and post-petition matters as well as to attend out-of-court meetings. Wayne County has had the contract in place since January 2021.

2022 Update: This activity was completed in Quarter 8. The Wayne County Juvenile Court will continue to utilize virtual technology where possible to promote participation in the process for all parties. In Van Buren County during March 2021, 48 attorneys were invited to 27 family team meetings. Thirty-nine of the 48 attorneys attended the meetings. The Van Buren court plans to continue the use of Zoom because it eliminates many barriers that some families face such as transportation, childcare, employment, etc.

In 2021 and 2022, Van Buren MDHHS has continued to benefit from the contracts with the court-appointed attorneys/Lawyer-Guardians ad Litem. Attorneys have maintained attendance at family team meetings and receive compensation for their participation. The greatest need for ancillary legal services continues to be for divorce, custody, personal protection orders, landlord/tenant, driver license restoration, and revocation of paternity. The services provided by the social worker hired for this project in October 2020 has continually enhanced interventions and supports for families.

The overall number of children in care in Van Buren County has been reduced primarily due to case closures and having reached permanency for a number of children. The number of children in care has been reduced from 202 children in 2018 to 74 children as of March 2022. Additionally, there has been a reduction in Category I CPS cases attributable in part to the interventions made possible by the Quality Legal Representation project.

QLR 4.4.4: Children's attorneys will inform the court of the child's expressed wishes at every hearing, in addition to advocating for the child's best interest.

Update: This activity is targeted for completion in Quarter 8.

2022 Update: This activity was completed in Quarter 8. Michigan survey results demonstrate that in Van Buren county, the children's attorneys explicitly inform the court of the child's expressed interests at every court hearing and advocate for the child's best interest. The survey results outlined that of the 45 youth and staff surveyed 95 percent reported that that the attorney advocated in the best interest of the child. One hundred percent of those surveyed shared that the youth is supported/advocated during hearings. Sixty percent of youth surveyed attend hearings.

QLR 4.4.5: Children’s attorneys will inform their clients of their right to attend court hearings and facilitate their attendance if they wish to attend the hearing.

Update: This activity is targeted for completion in Quarter 8. Van Buren County has made progress regarding informing the clients of their rights to attend court hearings.

2022 Update: This activity was completed in Quarter 8. Michigan surveyed 45 youth and caseworkers to learn if children’s attorneys informed their clients of their right to attend court hearings and facilitate attendance if they wish to attend the hearing. Seventy-five percent of the youth surveyed were invited to court hearings. Sixty-nine percent of the youth were informed by their attorney about the hearing date. Others shared that they were notified by their caseworker 94 percent of the time and 67 percent of the time by their caregiver. Sixty percent of youth surveyed attended hearings.

- **QLR 4.5.1:** MDHHS will identify collateral supports and how they would be accessed.
Update: This activity was completed in Quarter 6. Van Buren County has a social worker that attends training, created a resource file, developed a referral form, and participated in program evaluation discussions.

Items 20-24 Planned Activities for 2023

- MDHHS will continue to collaborate with SCAO to improve case review data collection and analysis and implementation of court improvement efforts, including sharing CFRS and Quality Service Review results with SCAO to show where improvement is needed.
- MDHHS and the courts will continue to collaborate to strengthen the efficiency of actions through training and support of judges, attorneys, and court staff regarding the required judicial determinations.
- MDHHS will continue to collaborate with SCAO to provide training on child welfare judicial matters to court personnel, attorneys, and MDHHS supervisors and staff.
- DCQI will provide technical assistance to local MDHHS offices and agencies on how to use management reports and other data to track case management activities.

Implementation and Program Supports

- MDHHS continues to collaborate closely with SCAO to improve case review system data collection and analysis and implementation of improvement efforts.
- The Foster Care Review Board provides third party external review of foster care cases to ensure the system is working to achieve timely permanency for each child.

Training and Technical Assistance

- Meetings regularly occurred with SCAO, the Federal Compliance Division, and the Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.
- SCAO provides quarterly trainings in collaboration with MDHHS for funding specialists.

- SCAO developed a pamphlet titled “Foster Parent Guide to Court.” Approximately 1,200 copies were distributed to courts, private agencies, and training providers.
- SCAO produced Quick Reference Charts for Jurists and Court Staff on ICWA and MIFPA in 2019.

Technical Assistance and Capacity Building

- Wayne and Van Buren counties, which are involved in Michigan’s Quality Legal Representation pilot, worked with the Capacity Building Center for Courts and University of Michigan to develop measurement activities to demonstrate improvements based on the specific model of either pre-petition or post-petition or a hybrid of both activities by court-appointed attorneys assigned to the pilot.
- SCAO periodically provides training for new child welfare jurists. Training content includes basic legal, procedural, and policy requirements to preside over child protective proceedings, best practice recommendations specific to court hearings, and an overview of Title IV-E requirements.
- SCAO developed training for attorneys and caseworkers on the phases of child protection proceedings, including applicable statutes, court rules, and agency policy, along with advocacy skills for reasonable efforts to preserve and reunify families.
- SCAO collaborated with the Prosecuting Attorneys Advisory Council and the Prosecuting Attorneys Association of Michigan to create a training webinar on Qualified Expert Witness Testimony for Prosecutors.

QUALITY ASSURANCE SYSTEM

Item 25 Quality Assurance System Assessment of Current Performance

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

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

Quality Assurance in the Jurisdictions where CFSP Services Are Provided

Quality Assurance from the State to the Local Level

CSA provides strategic leadership that ensures communication is shared statewide and resources are available in each county for implementing strategies in the field. Development and refinement of the CSA structure and procedures continues in organizing CQI efforts at the

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

County directors receive information through their BSCs and meetings with the CSA executive director and membership on state-level workgroups. The BSCs and private agency support analysts assure issues are addressed consistently across the state, while ensuring concerns of diverse areas and constituencies are addressed in a manner that matches their needs.

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

MiTEAM quality assurance analysts act as local experts and mentors in the MiTEAM model, assisting local staff to demonstrate effective use of the core MiTEAM skills in case management. MiTEAM analysts work in tandem with BSC quality assurance analysts to ensure technical assistance is available where needed. Other methods of sharing best practices at the state level and between counties and agencies include:

- Sustained Performance Improvement meetings in which child placing agencies and CCI's meet with MDHHS CQI teams to review data and strategize improvement efforts. Sustained Performance Improvement meetings are described later in this section.
- ChildStat presentations, in which 21 counties, including the 15 counties or districts with the highest foster care population, share performance data and best practices.
- QIC quarterly presentations, in which information on statewide initiatives, opportunities, and data are shared and questions answered.
- Monthly Supervisory Meetings, in which information on policies, best practices, and opportunities are shared with staff at the supervisory level to assist in improving child welfare practice on an ongoing basis.

County Infrastructure Assessment

Each county establishes a goal regarding CQI infrastructure sustainability in its CQI plan. Each quarter, a joint meeting is held to review and complete the Infrastructure Assessment Tool. The Infrastructure Assessment Tool is utilized as the method of measurement to demonstrate progress toward sustainability of the CQI infrastructure. Once a county reaches level 5, joint meetings occur annually.

- As of March 2022, 75 of Michigan's 83 counties had CQI teams that were assessed as either accomplished or proficient in conducting comprehensive CQI activities ongoing.

All Michigan counties have developed CQI teams, which participate in assessment of the county CQI infrastructure on a quarterly basis.

Child Welfare Continuous Quality Improvement

Michigan Service Review

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

The MSR will allow Michigan to conduct a state-led review process for future CFSRs and to inform ongoing CQI processes. Staff participating in the MSR are trained on the OSRI using both the web-based training modules offered by JBS within the Online Measurement System and by attending training offered by the DCQI CFSR Quality Assurance state team. The state has a team comprised of 18 DCQI analysts, of which six are designated quality assurance reviewers and 20 staff from the field. Michigan continues to train frontline staff on the OSRI protocol upon staff successfully meeting specific training in the QSR. Training in the OSRI begins with QSR to allow reviewers to master the interviewing skills necessary to solicit information from case participants using open-ended, strength-based conversations. Michigan is assessing the guidelines for the fourth round of case reviews and has begun reviewing the resources offered in the Online Measurement System.

In 2021, Michigan conducted four MSRs in 33 counties. Forty-nine foster care and 19 CPS ongoing cases were reviewed, totaling 68 cases.

CFSR Case Reviews

During the PIP period, CFSR case reviews are being used to measure Michigan's progress in improving progress for each of the CFSR Safety, Permanency and Well-Being outcomes. Michigan utilizes two random samples, one for foster care cases and one for CPS. In FY 2021, 100 cases were reviewed for reporting to the CFSR PIP. Sixty-eight of those cases were completed as part of the Michigan Service Review. Each team applied interviews completed in both the Quality Service Review and CFSR review tools to assess case practice. To ensure compliance with federal guidelines, an additional 32 cases were assessed using only the CFSR on-line tool.

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

Cross Cutting Goal	Completed Strategy	Current Focus
Engagement	CQI teams, infrastructure evaluations of local CQI team via county self-assessments, assessed fidelity tool, contracted resource family training, resource family and support mentoring program, SAFE FTM, Front-End Redesign.	Most activities outlined within this strategy are completed. Increased utilization of the MiTEAM Fidelity application is used to promote case practice. Technology improvements continue to be under review. In 2022 and 2023, caseworkers will be trained in Motivational Interviewing, an evidence-based practice that focuses on client readiness to make changes necessary to meet their goals.
Workforce	Consolidation of policy requirements, culture and climate, leadership development program, hiring strategies, mentoring programs. Completed Leadership Development Tool, training plan using Comprehensive Organizational Health Assessments and continuing participation with the Quality Improvement Center for Workforce Development Analytics Institute.	Most activities outlined within this strategy are completed. Assessment data was used to inform organizational health and secondary trauma for staff. The Leadership Development Tool is in place and beginning to inform current managerial staff. Monthly staff turnover reporting was initiated. Mentoring enhancement was also initiated. In 2021, the Michigan Child Welfare Professional's Safety Protocol was released which established methods of addressing safety concerns at a local level, created a uniform incident reporting process, and encouraged annual reviews of worker safety policies and procedures.
Assessment and Services	Evident Change validation, staff training for assessment tools. Front End Redesign, risk and safety assessment updates, staff training and policy updates. Development of the CANS Comprehensive Tool.	In 2021 and 2022, Front End Redesign, development of risk and safety assessment tools and development of a CANS Comprehensive Tool for all staff continues in development.
Quality Legal Representation	Pilots identified, training to pilots completed, statewide Title IVE match grants active, training curriculum, measurement strategies, evaluation and data collection outlined.	Pilot sites in Van Buren and Wayne Counties are fully functional and serving families. Measurement plans for both pilot sites were outlined, and data collection is underway. Title IV-E match grants for other counties have been in place since 2020 and are providing legal representation for families in 44 counties in 2022.

Standards to Evaluate the Quality of Services

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

Review Protocols and Targeted Reviews

DCQI develops review protocols and targeted reviews on an as-needed, ongoing basis. In developing case reviews, DCQI:

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

CFSR Standards

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

- Children's Bureau state data profile
- National standards for data indicators
- CFSR outcome measures
- CFSR case reviews
- CFSR systemic factors
- CSA CFSR dashboard

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

The first level QA process is implemented by DCQI, which works to ensure proper implementation of the Onsite Review Instrument and instructions. Second level quality assurance is performed by DCQI analysts and managers on all cases reviewed to ensure consistency of the application of ratings across cases.

Quality Service Review Standards

The Quality Service Review has a unique set of contributions to Michigan's child welfare CQI

efforts:

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

The Quality Service Review uses two distinct sets of indicators, “Child and Family Status Indicators” and “Case Practice Performance Indicators.” Child and Family Status Indicators assess child and family functioning at the time of the review. The length of time a case is open may impact a rating considered in the overall assessment. Child and Family Status Indicators measure the following:

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

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

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

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

ICWA Review Standards

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

1. MDHHS will increase the number of children identified as American Indian/Alaska Native at the onset of the case.
2. MDHHS will ensure the notification of Native American parents and tribes of state proceedings involving Native American children and will inform them of their right to intervene.
3. MDHHS will ensure active efforts are made to prevent the breakup of the Native American family when parties seek to remove a Native American child from a parent.
4. MDHHS will ensure placement preferences for Native American children in foster care and adoptive homes are followed.

Identifies the Strengths and Needs of the Child Welfare System

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

Michigan’s PIP, developed and implemented as a result of the Round 3 CFSR, was formally approved to begin on May 1, 2019, with a two-year implementation period to follow. The two-year implementation period ended on April 30, 2021, and was followed by a non-overlapping period of data monitoring that will end on Oct. 31, 2022. Michigan has met the PIP measurement goals for Items 1, 3, 4, 5, 12, 13, and 14. Item 2, Item 6, and Item 15 will continue to be monitored throughout the duration of the non-overlapping year, or until the PIP measurement goal is achieved. The following table outlines Michigan’s PIP measurement goals, and the date the goals were achieved:

CFSR Items Requiring Measurement	PIP Measurement Goal	PIP Measurement Period 7	Date Goal Achieved
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	94.2%	N/A	07/21/2021
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry Into Foster Care	86%	81%	05/11/2022
Item 3: Risk and Safety Assessment and Management	71%	N/A	5/18/2021
Item 4: Stability of Foster Care Placement	90%	90%	2/10/2022
Item 5: Permanency Goal for Child	87%	N/A	8/4/2021

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Living Arrangement	65%	59%	To be determined
Item 12: Needs and Services of Child, Parents, and Foster Parents	51%	N/A	3/4/2021
Item 13: Child and Family Involvement in Case Planning	60%	N/A	8/4/2021
Item 14: Caseworker Visits with Child	82%	N/A	8/4/2021
Item 15: Caseworker Visits with Parents	52%	46%	To be determined

CFSR stakeholder interviews in May 2021 yielded the following observations and recommendations:

- Some staff shared that although pre-service training includes three components, classroom, field, and mentoring, there appears to be variability among counties in the effectiveness of the mentoring component, and that it takes time to master the skills needed for the job.
- The case transfer process between CPS and foster care and between MDHHS and private agencies could be improved. Family team meetings do not always address the reasons the children came into care. Sometimes only limited information is shared, and sometimes case transfers do not include a medical passport. This may contribute to challenges faced by the entity to which the case is being transferred.
- Fingerprint screening often causes delays in moving cases forward to permanency. There is a challenge in processing the fingerprints; this is common also in delaying relative placements.
- There is an opportunity for improvement in partnering with and engagement of tribal partners. MDHHS and private agency workers have difficulty understanding what the role is for the tribes in managing cases.
- Resource families expressed that there has been improved information sharing through family team meetings. More information at the time of the initial placement is now being shared. Family team meetings are supportive to the families, and families are welcomed. All agreed that caring for traumatized children is very different from parenting a child who has not been in a traumatic situation, and that trauma training has been very helpful.
- Youth expressed that they needed more help to get driver's training and acquiring a car. They need transportation to get to work. Caseworkers should attempt to understand the experience of youth in foster care.
- A birth parent indicated that he worked with two MDHHS programs and felt supported. He noted that his child was removed from the mother, and he was working

his own program to get his child back. He said the agency was “upfront,” and he knew what was happening even before the child was removed from the mother. He said he received the services he needed.

Quality Service Review Comparison 2017-2021

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

Case Practice Performance Indicator	2017	2018	2019	2020	2021
Teaming	37.4%	25.0%	35.4%	30%	47%
Engagement	65.0%	58.8%	59.4%	68.9%	71.2%
Assessment and Understanding	64.4%	55.1%	57%	67.8%	65.9%
Long-Term View	64.4%	50.0%	53.2%	64.4%	63.6%
Implementing Interventions	74.4%	56.3%	52%	60.9%	62.4%
Tracking and Adjustment	52.2%	43.8%	50.6%	55%	65.2%

QSR Total Cases Reviewed:

- 2017: 90 foster care
- 2018: 60 foster care, 17 CPS
- 2019: 60 foster care, 19 CPS
- 2020: 37 foster care, 3 CPS
- 2021: 49 foster care, 18 CPS

MiTEAM Fidelity Assessment

Michigan continues to use the MiTEAM Fidelity Tool to assess individual caseworker implementation of case practice competencies to identify the need for additional coaching and support. The MiTEAM Fidelity tool emphasizes the connection between the implementation of the MiTEAM case practice model and positive outcomes for children and families in the areas of safety, permanency, and well-being. MiTEAM Fidelity Tool assessments are completed by supervisors rating the use of the MiTEAM model’s key competencies as demonstrated by front line staff during home visits or family team meetings as either a strength or an opportunity for improvement. Assessment results show acceptable demonstration of MiTEAM key competencies in 2019-2021 as assessed by their supervisor.

The data in the MiTEAM Competency table represents 5,130 out of a possible 8,368 reviews.

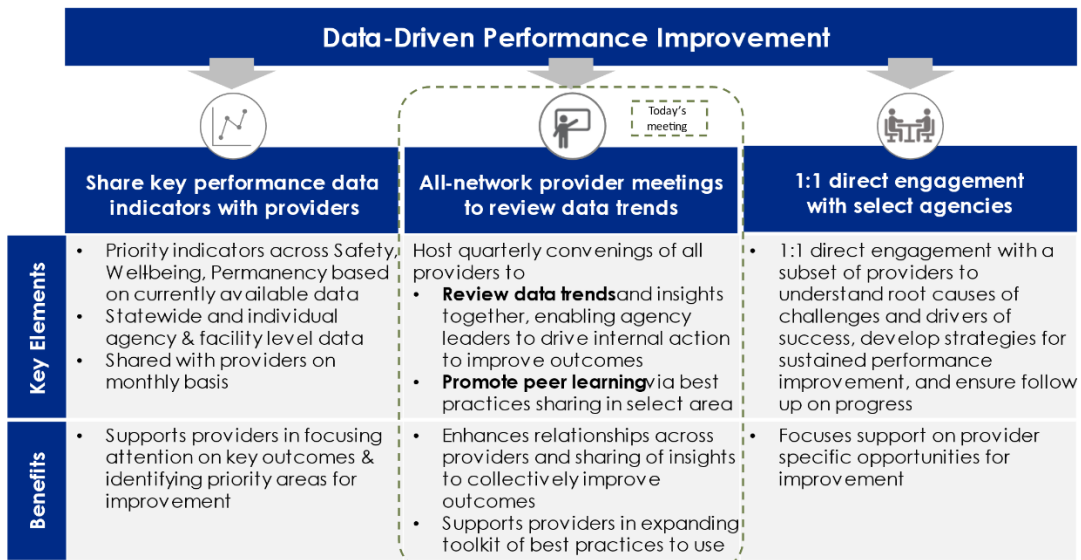
MiTEAM Competency	Four-quarter average 2019	Four-quarter average 2020	Four-quarter average 2021
Teaming	94%	94%	95%
Engagement	94%	94%	96%
Assessment	93%	93%	94%
Mentoring	91%	91%	93%

Sustained Performance Improvement

Along with the development of the CPA and CCI Dashboards, MDHHS is implementing the Sustained Performance Improvement process to assist agencies and institutions to monitor their progress in key performance indicators through creating a forum in which agency and institution leaders meet with MDHHS leaders and CQI teams on a regular basis. At quarterly large group meetings, participants review dashboard trends together and explore barriers and opportunities for improving performance over time. The meetings also spotlight best practices and encourage agencies and institutions to learn from each other. CQI teams have the opportunity to work closely with the highest-need counties and agencies to collaboratively problem-solve in areas where they are struggling to improve performance, develop an outcome improvement plan, and ensure progress is being made.

The graphic below is an illustration of how the Sustained Performance Improvement process utilizes regular review of data in a collaborative setting to improve performance of participating counties, agencies, and institutions.

Key Components of Sustained Performance Management: CSA



ChildStat Presentations

ChildStat involves:

- Bringing together agency leaders, field managers, and CQI staff to review relevant data and identify successes and opportunities for improvement.
- Assembling and previewing aggregate qualitative data.
- Selecting, reviewing, and summarizing case practice strengths and opportunities for randomly selected child welfare cases in which placement in foster care occurred in the past six months for identifying ways permanency may be hastened.
- Tracking implementation of specific practice and policy recommendations.
 - In 2019 through 2021, 103 ChildStat sessions occurred, resulting in 491 action items for follow up and system improvement.
 - In 2021, the focus of ChildStat expanded to include recurrence of maltreatment, as well as MIC.
 - In 2021, ChildStat expanded by six counties in Michigan's northern region. In 2021 and 2022, 21 county and district offices are involved in ChildStat.
 - In 2022, ChildStat is focusing on permanency in 12 months and recurrence of maltreatment in the 21 ChildStat counties, representing 73 percent of the state foster care population.

In 2021, 57 ChildStat presentations occurred. Demographic data was reviewed, including information on racial disparities, wardship, child placement, CPS complaints, investigations and ongoing CPS case management, permanency goals, entries into and exits from foster care, and average and median lengths of stay in foster care. Feedback from counties strongly suggests they find the ChildStat process valuable. In the ChildStat Participation Survey completed after each ChildStat presentation, 87 percent of participants either strongly agreed or agreed the county staff found the ChildStat process to be beneficial.

ChildStat has facilitated the identification of systemic issues and concerns affecting the quality of service provision. Concerns addressed in 2021 because of the ChildStat feedback loop include:

- CSA identified that specialized training for CPS ongoing workers was a need.
 - This is being addressed as part of the Front-End Redesign as it relates to the development and implementation of new structured decision-making tools for CPS staff, in addition to some of the prevention work under the FFPSA. A strategy for training for all CPS staff will be developed as part of this work.
- CSA identified that information on batterer's programs was lacking in many communities.
 - CSA developed and distributed a list of batterer's programs statewide that met or exceeded batterer's intervention program standards.
- CSA identified that training on safety planning for caseworkers as a need.
 - The PIP workgroup on workforce evaluated Child Welfare Training Institute training materials around safety planning and made recommendations. The

Child Welfare Professional's Safety Protocol was released in September 2021.

ChildStat 2022 Update

In 2022, ChildStat sessions are continuing in collaboration with 21 county and district offices. County-driven best practices are highlighted in ChildStat, and available job aids and tools are collected for reference by other counties. Best practices and targeted processes shared in ChildStat in 2021 are reflected below:

- Jackson County's racial disproportionality and DEI activities include:
 - Staff are part of the CSA ARTT as well as some Jackson community members.
 - The county focuses on disproportionality along the child welfare continuum, not just at removal, particularly early on such as at the complaint level.
 - The county initiated a local ARTT that involves the mental health system, court, staff, and private agencies.
 - The county shared the MDHHS disproportionality training with community leaders and asked them to share it with all of their own staff.
 - Jackson coordinated systemic racism training for 200 community members.
- To assist youth in CCIs in transitioning back into the community, Bay County implemented a CCI Post-Exit Team, which provides support to the child and family to ensure their needs are being met at 30, 60, and 90 days following exit. Mental health status, behaviors, school, and placement stability are all considered, and support and referrals are provided to families that request it.
- As of January 2022, the Grand Traverse/Kalkaska/Leelanau tri-county has had no MIC events since April 2020. Some factors in this reduction include:
 - Use of the pit crew review process to reduce CCI placements.
 - Increased teaming between CPS and foster care to support caregivers and assess placements for safety.
 - Safety planning training for foster care staff.
 - Following up on all rejected complaints with a face-to-face visit and safety planning.
 - The licensing team works with the Regional Resource Team to provide training and support to caregivers.
 - Support groups and trainings are held virtually, which helps with transportation and daycare needs for caregivers.

Provision of Relevant Reports

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

- Weekly staff caseload reports by county and agency to allow tracking of child welfare caseloads. The report includes data on caseload compliance for supervisor ratio, CPS investigations, CPS ongoing, foster care, adoption, licensing, and purchase of service cases.
- Monthly Management Reports, which report on CPS investigation initiation and CPS and foster care face-to-face contacts, standards of promptness for reports, and timely

medical and dental exams.

- Infoview data reports, accessible in MiSACWIS, report aggregate statewide data and drill down to BSC, county, agency, supervisor, and caseworker level data. Staff can generate this report for specific dates and capture point-in-time data to track their progress on timely face-to-face contacts and medical and dental exams before the Monthly Management Report is released.
- Monthly Fact Sheet provides data at the state, county, and agency levels on the number of CPS complaints, assigned, confirmed and ongoing cases, children in foster care by placement, adoption data, caseload split, and juvenile justice information.
- CFSR Dashboard shows safety and permanency performance of the state and by county. These figures are derived from monthly files that are produced through the Michigan Department of Technology, Management, and Budget that approximate the federal syntax, rather than AFCARS and NCANDS data files.
- The MiTEAM Fidelity Switchboard was developed for the dissemination of MiTEAM Fidelity Tool data to promote use of the tool by supervisors to gauge caseworkers' use of the MiTEAM competencies. By tracking use of the fidelity tool in supervision by county and agency, the switchboard identifies areas of strength and opportunities for improvement.
- The Days to Adoption Report provides a statewide overview of days to adoption, by BSC, county, and agency to assist in analyzing areas of "slowdown" during the process to finalization. To further assist agencies, measures are broken down by county of jurisdiction.
- Relative Assessment and Safety Dashboard demonstrates performance related to safety measures for relative placements based on data generated from case reviews involving all relative placements. The report is generated and disseminated monthly.
- Ad hoc reports requested by counties, agencies, and work units of data pulled from the Data Warehouse for a variety of purposes.

Beginning in 2019 and continuing to the present, DMU produces the following reports to assist the ChildStat process:

- Data reports on key performance indicators for permanency in 12 months and prevention of recurrence of maltreatment for each county. Indicators include:
 - Demographics for each county featured in ChildStat as well as county data on placements, CPS reports, investigations and ongoing cases, entries into and exits from care and length of stay in care.
 - Permanency in 12 Months comparisons with other counties, the BSC, the state as a whole, and trends over time.
 - Worker/child, worker/parent, and parent/child visits comparisons with other counties, the BSC, the state as a whole, and trends over time.
 - Children in Relative Placements comparisons with other counties, the BSC, the state as a whole, and trends over time.
 - Recurrence of Maltreatment comparisons with other counties, the BSC, the

state as a whole, and trends over time.

New Data Reports

In 2021 and 2022, the DMU developed the following new reports.

- The MiTEAM Fidelity Switchboard was developed to supplement data available in the MiTEAM Fidelity application. The switchboard provides information for CSA leadership and local CQI teams to inform quality improvement strategies for building and sustaining strong case practice.
- The Foster Home Licensing Dashboard shows the percentage of the licensure goal achieved by agency, county, BSC, MDHHS or private agency and statewide levels.
- The CPA Dashboard is an enhancement to CSA's Monthly Management Report, which provides timeliness data on children's dental and medical examinations, service plans, worker contacts, and parent/child contacts in foster care cases for which MDHHS provides services. With this data now available to CPAs, those agencies have the ability to measure progress on these performance indicators.
- The CCI Dashboard includes an overview of CCIs, including their child census, critical incidents, and MIC. The dashboard is intended to help MDHHS and CCIs adjust programs, services and supports, provide oversight, and track the effectiveness of residential interventions and practices.

CFSR Reporting

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

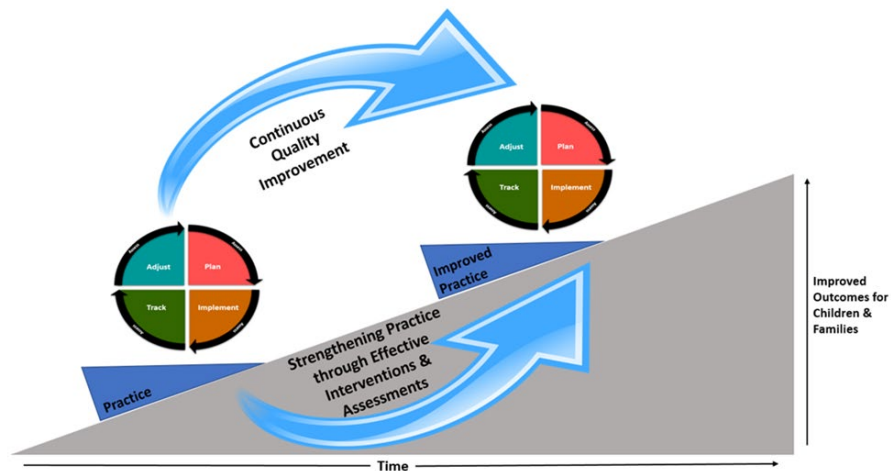
Quality Service Review Feedback to Counties

Following each Quality Service Review, a panel process occurs which is attended by the county, BSC, and private agency leaders along with the worker and supervisor for each case reviewed. Attendees receive a verbal presentation of the findings in both the Quality Service Review protocol and CFSR tool. Three weeks following the conclusion of a Quality Service Review, the review team returns to the BSC and provides a report of the total ratings from all the cases reviewed for both protocols to the same leadership team and members of the local CQI community. The meeting reflects the total data picture with a review of the county's current CQI plan and updates the plan for the year ahead.

Evaluation of Implemented Quality Improvement Efforts

Michigan utilizes the CQI methodology of PITA – Plan, Implement, Track, and Adjust - for all aspects of the improvement process. As Michigan implements strategies to improve case practice at an individual level and as a state child welfare agency over time, the outcomes for

children and families are improving. The graphic below illustrates this cycle of improvement efforts.



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

- Reports include an analysis of compliance with policy as well as strengths and opportunities to improve practice.
- Results are used to develop training, track progress, and demonstrate to stakeholders the status of service provision.
- Michigan Service Reviews provide an ongoing flow of information on the quality of current case management in county offices and include feedback from parents, foster parents, youth, judges and other court personnel, service providers, child welfare caseworkers and supervisors, and others.
- Supervisors utilize the MiTEAM Fidelity Tool to monitor caseworkers' skills in the case practice model, as well as how they are implementing changes based on case feedback. The Fidelity Tool Switchboard tracks use of the Fidelity Tool by supervisors as an aid to supervision of caseworkers.
- Ongoing feedback from tribes informs MDHHS decisions on training, supervision, and mentoring of caseworkers on sufficient inquiry of Native American heritage and provision of active efforts in cases of Native American children.

Evaluating Performance over Time: ChildStat

ChildStat established a procedure for counties to examine data related to CCI placement, MIC, and recurrence of maltreatment and implement strategies to address concerns by addressing key performance indicators through oversight and practice changes. By meeting with each county three times a year, the state as well as the county has an opportunity to analyze data

and track progress. Some examples of state-level improvements as a result of careful analysis of county, BSC, and state data over time include:

- From 2019 to 2021, Michigan’s rate of MIC was reduced from a rate of 12.02 to 5.60 in August 2021.
- Recurrence of maltreatment has had a slight reduction from 10.83 in 2019 to 10.38 in August 2021.⁴
- The percentage of children receiving treatment in CCIs has been reduced from 7.7 percent of total children in care in 2019 to 3.7 percent in January 2022.⁵

Item 25 Progress in 2021

- In 2021, DCQI developed the following new reports, which were described earlier:
 - MiTEAM Fidelity Switchboard
 - Foster Home Licensing Dashboard
 - CPA Dashboard
 - CCI Dashboard
- Michigan’s CFSR PIP two-year implementation period ended on April 30, 2021 and is being followed by a non-overlapping period of data monitoring that will end on Oct. 31, 2022. Michigan has met the PIP measurement goals for seven items. Three remaining items will continue to be monitored throughout the duration of the non-overlapping year, or until the PIP measurement goal is achieved.
- In 2022, Michigan is utilizing the CPA and CCI Dashboards as a starting point for agency and CCI improvement efforts through the Sustained Performance Improvement process.
- Initiated in 2020 and continuing to the present, CSA conducts the Safe Systems Review, an approach to assessing child deaths developed at the University of Kentucky. The Safe Systems Review is a peer-to-peer learning collaborative that seeks to broadly understand systemic influences in critical incidents and focuses on systemic improvement opportunities. In Michigan, a Safe Systems Review is completed when one or more of the following review criteria are met:
 - A child was a member of an open foster care case at the time of the fatality, or CPS finds a preponderance of abuse or neglect in an investigation initiated due to a child death.
 - CPS was involved with either the child or any immediate family member of the child victim at the time of the incident or within the six months preceding the child’s date of fatality in any substantiated case.

⁴ CFSR Dashboard: these figures are derived from monthly files that are produced through the Michigan Department of Technology, Management, and Budget (DTMB) that approximate the federal syntax, rather than AFCARS and NCANDS data files.

⁵ CSA Monthly Fact Sheets, January 2019 and January 2022.

- The MDHHS director, CSA director, or a BSC director requests a review of a fatality.

Item 25 Progress Made to Improve Outcomes

Goal: MDHHS will maintain an identifiable quality assurance system.

- **Objective:** The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.
Outcome: Ensuring the quality assurance system operates in all jurisdictions statewide will allow all children and families to receive high quality services regardless of their location.
Measure: State and local CQI activities; MiTEAM Fidelity tool.
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:
 - **2020:** Implement a statewide CFSR program improvement plan (PIP).
 - **2021:** Review statewide samples of cases utilizing the federal Onsite Review Instrument.
 - **2022:** PIP completion and continued implementation of commitments.
 - **2023:** Continued implementation of commitments.
 - **2024:** Continue to implement and refine statewide CQI activities.
- **Objective:** The MDHHS quality assurance system will have standards to evaluate the quality of services, including standards to ensure children in foster care are provided services that protect their health and safety.
Outcome: The existence of standards to evaluate the quality of services provides a framework for assessing whether children and families are served appropriately.
Measure: Ongoing implementation of review protocols and processes.
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:
 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Review statewide samples of cases utilizing the Onsite Review Instrument targeting CFSR standards.
 - **2022:** PIP completion and continued implementation of commitments.
 - **2023:** Continued implementation of commitments.
 - **2024:** Continue to implement and refine statewide CQI activities.
- **Objective:** The MDHHS quality assurance system will identify strengths and needs of the service delivery system.
Outcome: Identifying strengths and needs of the child welfare system will provide a map for ongoing improvement activities.
Measure: Provision of review feedback to counties and other entities
Baseline: Strength – CFSR 2018.
Benchmarks 2020-2024:

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

Item 25 Planned Activities for 2023

- QIC will continue to host quarterly interactive presentations by CSA, researchers, and local offices and agencies to analyze factors relating to safety in care, recurrence of maltreatment, and permanency.
- MDHHS will continue utilizing the Sustained Performance Improvement process to assist agencies and institutions to monitor their progress in key performance indicators through a forum in which agency and institution leaders meet with MDHHS leaders and CQI teams on a regular basis.

- CSA will conduct the ChildStat process to assist counties to understand and address the factors that affect counties' progress in permanency in 12 months and recurrence of maltreatment.
- DCQI will provide training and technical assistance to the BSCs, local offices, and private agencies to assist counties to effectively utilize data to target specific outcomes through ChildStat, Sustained Performance Improvement and other venues.
- Michigan Service Review results will be provided to local directors and staff through on-site meetings and a written case summary. Counties will submit Practice Improvement Plans to respond to needs identified in the review.
- DCQI will develop and refine case review protocols to provide information on the functioning of the child welfare system in Michigan.
- MDHHS will engage and train stakeholders as reviewers to ensure reviews are conducted in a consistent and systematic manner.
- DCQI will provide technical assistance so local offices and agencies can use data from several sources to inform work relative to trends, strengths, and opportunities for improvement.
- DCQI will conduct data analyses and report the data in easily readable formats.
- DCQI reports will include an interpretation of the data in a manner consistent with the methodology and answer the questions posed in the review.
- MDHHS will use data and feedback from stakeholders to implement measures to improve performance in an ongoing CQI feedback loop.

Implementation and Program Supports

- Quality improvement activities focused on targeted improvement goals are initiated as a result of dialogue between CSA and the field, with technical assistance to local offices and agencies offered by BSC and private agency support analysts.
- CSA produces ChildStat, a collaborative effort between CSA, DCQI and the field to address permanency in 12 months and recurrence of maltreatment by examining a county's key performance indicators, analyze contributing factors, and identify best practices.
- MDHHS utilizes the Sustained Performance Improvement process to assist agencies and institutions to monitor their progress in key performance indicators through a forum in which agency and institution leaders meet with MDHHS leaders and CQI teams on a regular basis.
- DCQI collaborates with the BSCs and private agency support analysts to assist the field to operationalize improvement strategies identified through the QIC and with internal and external stakeholders.
- DCQI provides data, training, and technical assistance to the BSCs, local offices and private agencies to target outcomes specific to each community.

Training and Technical Assistance

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

Technical Assistance and Capacity Building

- Michigan is one of eight jurisdictions that were accepted into the Child Welfare Workforce Analytics Institute through the Quality Improvement Center for Workforce Development. The goal is to better understand how to effectively use workforce data to address child welfare workforce challenges.
- MDHHS continues to enhance the use of core MiTEAM skills using the MiTEAM Fidelity Tool Switchboard and local CQI activities.

STAFF AND PROVIDER TRAINING

To prepare child welfare professionals in Michigan to carry out their responsibilities, OWDT and REDI collaborates with CSA to:

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

All child welfare training funded through Title IV-E is listed on the Title IV-E Training Matrix, Attachment L. Child welfare courses that were offered between Jan. 1, 2021, through Dec. 31, 2021, are included, along with the number of trainees who completed each course during the year. Additional information can be found in the attached Staff and Provider Training Plan, Attachment P.

Item 26 – Initial Staff Training Assessment of Current Performance

Pre-Service Institute

Michigan's performance in the initial staff training is tracked through learning management system data, levels one and two training evaluations and through collaboration with CSA. Between Jan. 1 through Dec. 31, 2021, 862 new caseworkers completed the nine-week Pre-Service Institute. Caseworkers are required to complete this training within 112 days of hire; 100 percent of caseworkers completed training timely. Breakdown between MDHHS and private agency Pre-Service Institute participants:

- MDHHS: 410
- Private agency: 452

Based on the process used to track timeliness, OWDT is notified of the date of hire from MDHHS and private agencies. According to those processes, all who needed training completed it. When a new MDHHS caseworker is hired, Human Resources puts their name on a shared spreadsheet and OWDT registrars enroll the caseworker in the next available training. When a new private agency caseworker is hired, the agency sends the information directly to an OWDT registrar who enrolls them in the next available training. OWDT determines timeliness of completion by comparing the caseworker's start date to their training completion date. The licensing division does 100 percent review of new staff training at child-placing agencies during their annual inspection. In addition, the central office section monitors completion of certification and special evaluation training for licensing workers and supervisors.

The collaboration with Michigan schools of social work continues under the Child Welfare Certificate program. Social work students who graduate from the program complete a condensed version of the nine-week Pre-Service Institute. In 2021, a total of 13 child welfare workers were hired and trained under the Child Welfare Certificate program. Breakdown by program of Pre-Service Institute training participants:

- Adoption: 34
- CPS: 308
- CPS Child Welfare Certificate: 1
- Foster care – MDHHS: 104
- Foster care – private agency: 403
- Foster care Child Welfare Certificate – private agency: 12

Program-specific transfer training is available for child welfare specialists who have completed Pre-Service Institute in one program and are changing programs. The breakdown for completion by program is as follows:

- Adoption: 58
- CPS: 114
- Foster care: 96

Item 26 Progress in 2021

Level One Evaluation

A level one evaluation is provided to each trainee at the conclusion of training. With the information gained from level one evaluations, changes to the curriculum, trainers, and facilities may take place to improve the trainee experience. Level one evaluation summaries are posted on an internal shared drive for training staff and managers to review.

Trainees reported their trainers being knowledgeable of the material and very patient. The results indicated that trainers modeled techniques that are used in practice and engaged participants in the virtual environment. Trainees also expressed the need for a more formal mock trial experience. Trainees reported that training helped develop basic skills needed to become a child welfare worker. Trainees reported not having adequate time to assist on home visits.

Level Two Evaluation

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

Exam Score Data 2021

Exam	Range	Average	Number of Staff
General child welfare	70%-99%	87%	443
Adoption	71%-96%	84%	29
CPS	70%-95%	83%	187
Foster care	70%-96%	83%	234

Those who do not pass the exams are not allowed to be assigned a full caseload until the failed exam is passed and the institute is completed. In some situations, this results in a trainee being placed in a non-caseload carrying position or being separated from child welfare service. In 2021, all Pre-Service Institute trainees passed their exams on the first or second attempt.

Level Three Evaluation

To evaluate how well the skills necessary for the job transferred to casework, a level three evaluation is administered at three and 12 months after Pre-Service Institute completion. These evaluations are sent to the trainee's supervisor who has observed the trainee on the job after initial training was completed. Evaluation feedback helped guide improvements to Pre-Service Institute. Feedback indicated caseworkers needed:

- More time in the MiSACWIS environment.

- More management support for new hires.
- Improved report writing skills.
- Writing thorough service plans and assessments.
- Increased knowledge in legal training.

The collection of this data will continue to inform changes made to the training model. Discussions, workgroups, and collaborative work with CSA and private agency partners have taken place to enhance the Pre-Service Institute trainings. Targeted ongoing trainings are taking place to address the following topics: MiSACWIS, safety planning, trauma-informed child welfare practice, mentoring, assessments, and other case management functions.

Extensive discussions with internal and external partners including CSA and county directors as well as secondary trauma experts with analysis of evaluation results provided a foundation for improvements to the Pre-Service Institute. The child welfare mentoring training continues to be under revision with a statewide initiative to design a universal mentoring program.

New Supervisor Institute

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

Week	Type of Training and Hours of Course Work	Supervisors Attending
1 – Child welfare topics	Instructor led/24 hours	Child welfare supervisors
2 – Child welfare program specific	Instructor led/18 hours	Child welfare supervisors
3 – Leadership topics (field week)	Webinars/6 hours	MDHHS supervisors only
4 – Leadership topics	Instructor led/30 hours	MDHHS supervisors only

Between Jan. 1 through Dec. 31, 2021, 114 new supervisors completed New Supervisor Institute. Eighty-eight percent completed training timely. Breakdown by program:

- Adoption: 10
- CPS: 32
- Foster care: 66
- Licensing: 6

Breakdown between MDHHS and private agency New Supervisor Institute participants:

- MDHHS: 52
- Private agencies: 62

Based on information obtained from established processes to track timely completion of New Supervisor Institute training by MDHHS and private agency supervisors, all supervisors who were required to complete the training did so. In September 2021, improvements were implemented to private agency process through a collaboration with the MISACWIS team. This allows OWDT to identify private agency supervisors who need to complete New Supervisor Institute more quickly and therefore increases the likelihood of timely New Supervisor Institute completion.

The REDI office continues to collaborate with MDHHS Human Resources and CSA analysts to provide New Supervisor Institute registration forms to MDHHS and private agencies as soon as a supervisor is hired to increase the likelihood of timely registration. There is no single human resources system for the multiple contracted private agencies, which has historically been a barrier to timely completion. REDI collaborated with the MiSACWIS team to implement a new process in 2021 to improve timely registration by private agency supervisors. Changes to private agency MiSACWIS user profiles from worker to supervisor are now utilized to assist in identifying newly promoted private agency supervisors. Additional improvements to the New Supervisor Institute registration process were also made in 2021 which contributed to the increase in timely completion.

Level One Evaluation

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

Level Two Evaluation

New supervisors must pass a multiple-choice exam with at least a 70 percent for the adoption, CPS, and foster care program specific portions of New Supervisor Institute. The exam is administered in the learning management system. The REDI trainer and supervisor discuss areas trainees demonstrated a need for extra support.

Exam Scores 2021

Exam	Range	Average	# Taking Examinations
Adoption	75%-100%	92%	10
CPS	75%-100%	90%	32
Foster care	70%-100%	96%	66

Level Three Evaluation

Level three evaluations were implemented in the fourth quarter of 2021. The content-specific information was developed and sorted into several different combinations based on which portions of New Supervisor Institute a trainee attended and whether the trainee is a learning management system user. This evaluation consists of specific questions that will gauge the degree to which targeted outcomes occur based on the training received across each program specific course. The ability to obtain a three-month and 12-month level three evaluation has been implemented.

Family Preservation Initial Training

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

During 2021, family preservation trainings were delivered virtually via Microsoft Teams. There were additional training opportunities made available to child welfare workers in collaboration with Michigan universities. Trainings were conducted as webinars and were delivered via Microsoft Teams.

Universal core training consists of four days of foundational strength-based, solution-focused techniques and two days of program-specific training. During the foundational four-day training, all programs (Families First, Family Reunification Program and Families Together Building Solutions) train together. The final two days of the core is program-specific instruction based on the program the new hire will be assigned. Training materials were also created to support the new format. Universal core training session is offered monthly. The training is four days. The format is as follows:

Families First of Michigan

Families First program-specific training is comprised of two days; the training is broken down into a two-part training series over a six-week period.

Family Reunification Program

Family Reunification training is comprised of two days; the training is broken down into a two-part training series over a six-week period.

Families Together Building Solutions

Families Together Building Solutions training is comprised of two days of training that focuses on contract requirements, understanding the foster care and court system, program values and characteristics, solution-focused interviewing techniques, skill-teaching, goal-setting, safety planning, documentation, and engagement. Training completions are as follows:

- Family preservation universal core trainings: 153
- Families First of Michigan: 50
- Family Reunification Program: 32
- Families Together Building Solutions: 45

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

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

Attendance for ongoing trainings.

- Ongoing trainings: 934
- Supervisor trainings: 26

Family preservation training and technical assistance continues to be offered in collaboration with program office. Bi-monthly meetings have been coordinated with program office to maintain consistent communication regarding program requirements. The training curriculum is continually updated to include issues that are most relevant to the families served. These trainings are open to the entire Family Preservation workforce. The trainings are loaded into the learning management system and individuals register themselves. The available training is listed on the OWDT website. An email is sent to the family preservation policy office, which generates a news blast, with the training schedule attached.

Item 26 Planned Activities for 2023

- The child welfare mentoring training continues to be under revision with a statewide initiative to design a universal mentoring program.
- OWDT is committed to improving data quality and will continue to take additional steps to improve timely completion of New Supervisor Institute training.

Item 26 Progress Made to Improve Outcomes

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

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

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

Measure: CFSR Round 3; MDHHS learning management system.

Baseline: Area needing improvement; CFSR 2018

Benchmarks 2020-2024: Demonstrate improvement each year.

Item 27 – Ongoing Staff Training

Assessment of Current Performance

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

OWDT accepts training requests from agencies and local offices for delivery of existing training topics or the development of new training topics. In 2021, the training office fulfilled 12 requests for local training delivery. In addition, 34 field support requests, providing individual support to staff in the field, were fulfilled.

In 2021, OWDT delivered child welfare in-service training sessions in each of the five BSCs. In-service training sessions are five-day events where trainers provide support and training to child welfare staff based on their regional needs. The training office provides the BSC with a list of training topics available, and BSCs choose topics most beneficial to staff in their service area. A total of 126 in-service training sessions were provided to 798 participants on a virtual platform (Microsoft Teams). There was a 54 percent increase in the number of participants that completed these trainings in 2021. Data points:

- 2020: 516 participants
- 2021: 798 participants

The online trainings are open to all child welfare workers in the region. The training schedule is sent out to each Business Service Center and loaded into the learning management system. Caseworkers register for the sessions they would like to attend. Supervisors can also assign training to their staff. The average score on training satisfaction surveys was 9.06, on a scale of 1-10 (strongly disagree to strongly agree).

These trainings were open to the entire child welfare workforce. The trainings are publicized in a catalog created by Michigan State University that is posted to the OWDT website and the Michigan State University web page. There is a communication issuance that alerts the child welfare workforce of the available trainings.

Trainings completed externally and approved are added to the learning management system and counted toward the yearly requirement. All training completed on the learning management system is also included in the individual's transcript. The training office and REDI provides instructor-led in-service training on topics identified by the BSCs and offers over 100 on demand computer-based training modules on Title-IVE eligible topics.

Item 27 Progress in 2021

In addition to training offered by OWDT and REDI, ongoing training is offered through a

university based in-service training contract, described below, as well as SCAO, the Prosecuting Attorneys Association of Michigan and various local community partners. In 2021:

- Of 3,275 child welfare caseworkers, 98 percent completed the minimum requirement of 32 hours of ongoing training.
- Of 877 supervisors, 99 percent completed the minimum requirement of at least 16 hours of ongoing training.

University-Based In-Service Training

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

Catalogs are regularly distributed to communicate the child welfare training opportunities available statewide. Prior to the COVID-19 pandemic, schools of social work provided both classroom and online training. Since the pandemic, classes are offered online only. All trainings are approved for continuing education units for licensed social workers in Michigan. This program utilizes a robust evaluation methodology. In 2021:

- Fifty-seven online trainings were offered free of charge to MDHHS and private agency child welfare staff.
- Live online training participants totaled 1,357.
- Thirty-six trainees attended two events for child welfare supervisors and leaders.
- Trainees reported that the training courses were being marketed accurately with respect to the training content. This was the case for both the live Zoom and webinar trainings provided.
- When asked about the extent to which trainings provided participants with the knowledge and/or skills that were identified in the course objectives, live Zoom events received an average rating of 9.06 (child welfare professional trainees) and 8.11 (leadership trainees), while webinar events received an average rating of 8.43 (child welfare professional trainees) on a scale ranging from 1=Strongly Disagree to 10=Strongly Agree.

Training for Residential and Institutional Staff

- The Building Bridges Initiative invited all CCI staff to participate in Six Core Strategies training. The training included strategies to reduce the use of restraints and seclusions while promoting permanency, family-driven, youth-guided, and trauma-informed care.
- Building Bridges Initiative offered additional trainings in 2021 to all CCI staff:

- o Effective Youth Advisory Councils: This webinar provided leaders and staff information on improving, sustaining, and addressing challenges to ensure effective Youth Advisory Councils.
- o Workforce Development Strategies: Residential staff were provided with workforce development strategies to eliminate the use of restraints and other coercive practices.
- o Effective Debriefing Strategies: Residential provider leaders and staff were provided with a range of debriefing practices supporting the transformation efforts to prevent and reduce restraints.
- In February 2021, Independent Child Assessment Training by Maximus was offered to present information to all foster care and juvenile justice staff about new independent assessment services as part of the transition to the QRTP.
- QRTP trainings for residential providers were held in March and April of 2021, providing an overview of required program elements, funding implications, independent assessment, referral processes for residential services, caseworker responsibilities, and new court review and approval processes.
- In July 2021, CCI Dashboard training was offered by DCQI to providers to explain how to navigate and understand the information displayed on the MDHHS public website.
- In September 2021, trainings for select residential providers to discuss the necessary steps juvenile justice specialists and residential providers must take to prepare for the implementation of MCR 3.906 which significantly limits the use of handcuffs, shackles, and other restraints on youth when they appear in a courtroom.

In December 2021, CCI staff and CSA managers and staff were invited to participate in the following:

- QRTP aftercare training designed to provide discharge planning and family-based aftercare information as required by the FFPSA.
- State-wide training on the Michigan Juvenile Justice Assessment System.

Progress in 2021

- DCWL continues to work collaboratively with managers, licensing providers, and membership organizations on improving the quality of corrective action plans submitted by agencies because of non-compliance. Technical assistance is provided to agency staff.
- DCWL continues the corrective action plan follow-up process that was implemented in 2021. This process enhanced the quality and oversight of corrective action plan compliance. The improved process ensures better tracking methods, acceptance criteria, completion success, and a reduction in repeat violations. This process allows for technical assistance to be provided to the agencies as well as training by consultants on an as-needed basis.
- DCWL continued to attend weekly CCI status meetings to identify concerns that impact child safety and require immediate action such as caseworker verification of

safety and well-being, implementation of safety plans, review of staffing sufficiency, additional investigation by the MIC Unit or DCWL, technical assistance by DCWL and/or program offices, and temporary suspension of new referrals to the facility.

2021 Inspections

DCWL conducted 71 annual reviews on 67 private contracted child-caring organizations eligible for Title IV-E funding. Of the 71 annual reviews, 11 inspections included violations related to rule R 400.4128 “Initial staff orientation and ongoing staff training.”

- The licensing division conducted 69 annual reviews on 64 child-caring organizations ineligible for Title IV-E funding, including court and secured detention facilities, and private non-contracted facilities. Of the 69 annual reviews submitted, 10 inspections included violations of R 400.4128, “Initial staff orientation and ongoing staff training.”
- Corrective Action Plans are required to be submitted by providers because of noncompliance(s) with Act No. 116 of the Public Acts of 1973, as amended, effective March 28, 2018, and other applicable Michigan statutes, licensing rules, departmental policies, MDHHS contracts and contract amendments, the Modified Implementation, Sustainability, and Exit Plan, and federal regulations. Corrective action plans are due within 15 calendar days upon receipt of a DCWL inspection report.

Item 27 Planned Activities for 2023

- MDHHS will continue to respond to the training needs for residential staff as identified in licensing reviews, investigations, and upon request.
- MDHHS will continue to collaborate with DCWL to identify additional training opportunities for residential staff.
- DCWL will continue to convene quarterly calls between the division and CCI providers to discuss priority areas and to provide technical assistance to the field.
- DCWL will provide training opportunities related to variance requests for transgender and non-conforming youth to CCI providers.
- DCWL will provide training sessions to assist CCI providers in understanding rule changes in the CCI rule upon ratification, expected in 2022.
- MDHHS will continue to offer statewide trainings on the Michigan Juvenile Justice Assessment System.

MiTEAM Training

MiTEAM principles and modules continue to be provided to new hires through the Pre-Service Institute. Fidelity tool training continues to be provided to new supervisors in New Supervisor Institute. Supervisors complete two fidelity tools per worker per year. Fidelity data is captured in a web application to allow supervisors to document completion of the tool and reports are available to assess practice areas of strength and opportunities for improvement.

Implementation of the MiTEAM case practice model continues to be an evolutionary process in which all child welfare professionals work to perfect the tenets of key caseworker activities

or behaviors. Michigan implemented an electronic MiTEAM Fidelity Application that is used by supervisory staff as a 1:1 coaching tool that incorporates observations and interviews with key case stakeholders to assess the strengths and opportunities for improvement of staff demonstrating the key behaviors associated with the case practice model. This application allows supervisory teams to assess their team needs and strengths on an aggregate scale at the agency, county, and statewide level.

To support Michigan's Front-End Redesign of the child welfare system and implement the state's FFPSA state plan, the state is implementing Motivational Interviewing, an approach consistent with the state's case practice model of engagement and assessment aimed to support individuals to make positive decisions and accomplish case goals. Seven counties have been trained and are piloting the fidelity assessment tool with this practice approach. The MiTEAM Fidelity Application is being updated to include the 11 Motivational Interviewing fidelity assessment questions.

The MiTEAM Fidelity Application is the tool to assess specific caseworker behaviors that demonstrate competencies of teaming, engagement, assessment, and mentoring. Over the years since implementing the MiTEAM Fidelity Application, supervisors statewide have outlined pain points that restrict or impact their use of the application. The application is undergoing a renovation that will reduce the assessment questions from 83 to 30 while also improving the sampling methodology and reports generated by the application based on feedback provided from the end users. This will be completed during fiscal year 2022.

The Safe and Together/MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern-based, child-centered, survivor strengths approach to working with families experiencing domestic violence. The behavioral focus of the model highlights the "how" of the work, offering practical and concrete changes in practice. This training is designed to provide child welfare staff and supervisors with the knowledge and tools to work with victims, perpetrators, and children of domestic violence confidently and effectively.

In 2021, CSA partnered with the Division of Victim Services to secure funds to expand training. In addition to providing the online overview of the Safe and Together model to all new incoming child welfare staff, the following trainings were provided to staff and stakeholders, followed by the number of students who attended:

- Core Safe and Together model: 298
- Core Safe and Together model and the Supervisor Module: 102
- Division of Continuous Quality Improvement, Family Preservation, and Office of the Children's Ombudsman staff: 334

All Centralized Intake staff were trained on assessing for domestic violence during the intake process. In 2022, new child welfare staff will continue to receive the online introductory course, and approximately 150 additional staff will be trained in the model. One hour refresher courses will be provided to approximately 200 staff. Additionally, monthly coaching

calls that began in February 2022 will continue for those individuals identified to help integrate and support the model locally.

Leadership Development

In collaboration with CSA, OWDT and local offices, REDI's leadership division developed multiple training programs, resources, and content to support MDHHS and private agencies at all levels of leadership. The leadership development division offered the following in-service trainings in 2021:

- Building Teams Utilizing the Positive Emotion, Engagement, Relationships, Meaning, and Accomplishments (PERMA) Model
- Effective Communication
- Emotional Intelligence: Why it Matters and How to Improve Yours
- Leading Change for Supervisors
- Women in Leadership Conference
- Women in Leadership Part II: Conflict Management
- Women in Leadership Part II: Enhancing Your Plan to Reach Your Goals
- Women in Leadership Part II: Preparing for the Job

In-service trainings saw a significant increase in registration and attendance in 2021. Overall, 89 percent of available seats were filled for these trainings in 2021, compared to 42 percent in 2020 and 54 percent in 2019. The number of trainees that completed an in-service training in 2021 was 618, compared to 294 in 2020 and 361 in 2019.

The Emerging Leader program for front-line staff was offered in 2021. This program is designed to develop leadership skills of front-line employees through a combination of computer-based and instructor-led training. There was a slight increase in the number of employees that completed the program in 2021 compared to 2020 and 2019.

The Middle Manager Training Track was offered in 2021. This is a program comprised of Franklin Covey training content offered over the course of several weeks. The training track was offered five times throughout the year and has received positive feedback. The main areas of focus for this training track are leadership, communication, and critical thinking.

The REDI office's leadership division coordinated with several county offices to participate in a strength-based leadership assessment in 2021. After completion of the assessment, a debrief workshop is facilitated to offer opportunities to improve team building, leadership, and engagement. There has been an overwhelmingly positive response from leaders involved in this process.

An internal leadership podcast was launched in 2021. REDI's leadership division hosts the podcast and features leaders at all levels as panelists on each episode to discuss a leadership

topic. Episodes are recorded and released internally for leaders to access at their convenience.

A toolkit with leadership content and resources for directors was finalized. The toolkit includes a combination of readings, podcasts, and videos sorted by leadership competency. It is available in an electronic format and can be accessed on demand.

Item 27 Planned Activities for 2023

- MDHHS will continue to contract with Michigan State University, which collaborates with eight other schools with Master of Social Work programs to deliver ongoing training free to public and private caseworkers family preservation staff, foster/adoptive parents, and leadership.
- Family preservation training and technical assistance will continue to be offered with additional collaboration efforts with program office. Bi-monthly meetings have been coordinated with program office to maintain consistent communication regarding program requirements. The training curriculum is updated to include issues that are most relevant to the families served.
- OWDT will continue to train public and private caseworkers on the expanded MiTEAM case practice model, which will continue to focus on Motivational Interviewing training as a technique used to engage families in the change process.

Item 27 Progress Made to Improve Outcomes

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

Item 28 Provider Training Assessment of Current Performance

GROW Caregiver Training

A contract was executed in May 2019 with Eastern Michigan University to research, develop, and pilot a new foster and adoptive parent training curriculum. The goal of this contract was to have a research based, trauma-informed, validated training curriculum for prospective foster and adoptive parents and relative caregivers. An additional goal of the training was to help MDHHS rebrand foster parents as resource parents who work collaboratively with children's families and actively support reunification efforts.

Training Curriculum Objectives

- Describe the relationship-based, developmental needs of infants, children, and youth in foster care and identify ways to support these needs.
- Identify ways to support co-parenting relationships with birth parents with attention to self-awareness, empathy, cultural humility, and safety.
- Identify ways to support the cultural values and traditions of the infants, children, and youth in their care.
- Describe the ways in which trauma impacts behaviors and relationship-based strategies for responding to such behaviors.
- Become informed about relevant MDHHS policies that are designed to ensure the safety and well-being of infants, children, and youth in foster care.
- Identify resources, services, and strategies that can be used to support the mental, developmental, and physical health and well-being of infants, children, and youth.
- Develop strategies and identify resources to support their role as foster, adoptive, and kinship parents and ensure their own health and well-being.

Item 28 Progress in 2021

The GROW curriculum was rolled out statewide on July 1, 2021, as the required training for foster and adoptive parents. The goal of the pre-service GROW curriculum is to prepare foster, adoptive, and kinship parents to establish culturally responsive relationships with infants, children, and youth in foster care, with attention to the impacts of trauma exposure and developmental needs, and to develop co-parenting relationships with birth families that support the future relational health of all infants, children, and youth.

Persons seeking approval as adoptive parents must participate in a minimum of 12 hours of training prior to the legal adoptive placement of a child, with GROW being required. In FY 2021, the Regional Resource Teams trained over 2,500 prospective foster and adoptive parents statewide. The training office has continued to collaborate with the Regional Resource Teams by providing support during the review of potential contracts and meeting to ensure training content is consistent among the training teams. The training office is currently offering GROW train-the-trainer courses for frontline staff wishing to become certified in the new curriculum.

Other Caregiver Trainings

MDHHS and the Statewide Foster, Adoptive and Kinship Parent Collaborative Council joined forces to sponsor the Eighth Annual Foster, Adoptive, and Kinship Parent Conference throughout the month of May 2021. Information was presented online.

Supportive services and trainings continue to be provided through the eight Post-Adoption Resource Centers and six Regional Resource Teams.

Item 28 Planned Activities for 2023

- Regional Resource Teams will continue to provide 12 hours of training in the GROW

- curriculum to prospective foster parents.
- OWDT will continue to offer GROW train-the-trainer courses for frontline staff wishing to become certified in the new curriculum.
- MDHHS and the Statewide Foster, Adoptive, and Kinship Parent Collaborative Council will sponsor an annual conference for caregivers.
- OWDT will continue to collaborate with the Regional Resource Teams by providing support by meeting to ensure training content is consistent among the training teams.

Item 28 Progress Made to Improve Outcomes

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

- **Objective:** Michigan will explore centralizing training for foster and adoptive parents.
Outcome: Centralizing training for foster and adoptive parents ensures all prospective foster and adoptive parents are provided with the training needed to care for children.
Measure: CFSR Round 3; Learning management system
Baseline: Area needing improvement; CFSR 2018
Benchmarks 2020-2024: Demonstrate improvement each year.

Diversity, Equity, and Inclusion (DEI)

OWDT/REDI is leading and supporting multiple efforts and training opportunities to support child welfare management, staff, and its trainers in providing appropriate and culturally sensitive and race-informed services. These efforts included the establishment of internal and external groups working to evaluate policies, practices, and procedures to create an equitable child welfare system for the children and families of Michigan.

In 2021, this included the continued collaboration with the MDHHS DEI Council, ARTT, and ERACCE. These collaborations resulted in capacity building for CSA directors and focused racial identity development sessions with positional leaders. Racial identity caucusing was offered monthly for children’s services staff that have completed analysis training through ERACCE.

OWDT/REDI continues to partner with ERACCE to deliver ongoing trainings to new training staff and ensured that CSA leadership attended a one-day Introduction to Systemic Racism workshop. OWDT/REDI has collaborated with the DEI Council and the Child Welfare Leadership Transformation Team to inform other interlocking systems that impact children and families in Michigan. As a result of these efforts, there has been a centralized process created for equity assistance throughout the department. The following trainings and workgroups were offered in 2021:

- Introduction to Health Equity - A computer-based training in which staff learn to define health equity, health inequities, and health disparities as well as identify factors that contribute to health inequities. This training describes the relationship of health equity to the MDHHS mission and priorities that educate staff about health equity as

an important consideration of every aspect of health and human services work. This was a required training for all MDHHS staff.

- Understanding Systemic Racism - A computer-based training in which staff learn to define key terms, explain how national-level systems produce inequities, learn how Michigan/MDHHS may perpetuate inequitable outcomes, and learn how to disrupt systems of oppression. This was a required training for all MDHHS staff.
- Supporting and Affirming LGBTQ Youth - A computer-based training in which staff learn about LGBTQ youth, the unique risks that LGBTQ youth face in the child welfare system, and the specific ways staff can advocate for them.
- Inside Our Mind: Hidden Bias Training - An instructor-led training that helps staff develop the ability to recognize and reduce the impact of biased decision-making to provide more inclusive and equitable services and programs to Michigan families.
- Anti-Racist, Multicultural Training and Development – OWDT/REDI has a race equity team that meets monthly to create strategies to disrupt and eliminate racism. OWDT/REDI continues to mandate the completion of the “Understanding and Analyzing Systemic Racism” workshop for all staff.
- Race Equity Lunch and Learns - The OWDT/REDI Race Equity Team hosted several lunch and learn sessions in 2021. The lunch and learns were offered in a virtual format, and all MDHHS and private agency partner staff who have completed the Understanding and Analyzing Systemic Racism workshop were invited to attend.
- DEI Let’s Talk About It Learning Sessions - The MDHHS DEI Council, in collaboration with the Health Equity Steering Committee, began hosting learning sessions in 2021. The sessions were delivered in a virtual format and registration was open to all MDHHS employees.

CSA Antiracism Transformation Team (ARTT)

The ARTT continues to promote system-wide race-informed child welfare practice that will eliminate disproportionality and produce equitable outcomes for all children served by the child welfare system. In 2021, this team hosted county director meetings supporting leaders in talking about racism with their staff. In 2021, The Office of Child Support and Kent and Jackson counties began preparing for their Planning and Design Task Forces to invite partners and stakeholders to join their teams.

Collaboration with Universities

As part of the university based in-service training contract, several trainings for staff to increase their knowledge and awareness on DEI were offered throughout 2021. In October 2021, a new requirement was added to the contract with the universities to assure all in-service trainings are delivered with a race equity lens.

Collaboration

Collaboration is critical to providing effective child welfare services. OWDT/REDI staff participate in various committees to assure consistency in addressing the training and

development needs of child welfare professionals and foster and adoptive families. Following are some highlights from 2021 collaborative efforts:

- Partnered with BSCs to provide targeted in-service training.
- Collaboration with CSA on redesigning the Pre-Service Institute and the development of the redesign contract.
- Collaboration with the University Consortium and CSA on Child Welfare Certificate Competency revisions.
- Collaboration with CSA on Mentoring and Onboarding redesign work.
- Collaboration with the CSA Bureau of In-Home Services on developing trainings.
- Collaboration with ICWA Compliance and Race Equity on developing a Memorandum of Understanding for training tribal staff.

Implementation and Program Supports

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

Training and Technical Assistance

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

Technical Assistance and Capacity Building

- CSA, along with OWDT, have entered into a three-year contract with Crossroads/ERACCE (Eliminating Racism and Creating/Celebrating Equity) to develop a Planning and Design Task Force to build a child welfare anti-racism team. ERACCE is providing training to staff that addresses systemic issues that contribute to disproportionality in child welfare.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29 Array of Services

MDHHS is committed to providing child welfare services tailored to meet the needs of

children and families throughout the state. MDHHS prioritizes trauma-informed and evidence-based services to ensure children and families benefit from the latest research on child safety and risk and the effectiveness of the services offered. Services provided by MDHHS and contracted agencies emphasize engaging with families and working with formal and informal family supports to increase safety and sustain change. Contracted services and caseworkers work collaboratively with families to create individual service plans based on the family's particular needs.

Item 29 Array of Services Assessment of Current Performance

MDHHS offers a broad array of services throughout the state. Services include those provided directly by MDHHS and private agency caseworkers, as well as services provided by contractors and through community-driven initiatives. Some examples of funding and services that are individualized to meet the needs of communities, children, and families are below:

- MDHHS provides a funding allocation to local offices to purchase services intended to effectively meet the needs of families within communities. Distribution and utilization of Child and Family Safety, Stability, and Permanency funding is determined through implementation of a local needs assessment. These funds are also a source for specific assistance to meet the identified needs of families.
- Prevention services are provided by success coaches in schools through the Pathways to Potential program. Children's services caseworkers in county offices and private agencies also provide prevention services to vulnerable families or those who have had recent Category III or IV CPS dispositions and who agree to receive supportive services.
- MDHHS' family preservation programs, including Families First, the Family Reunification Program and Families Together Building Solutions, are evidence-based services provided to families in their own homes to prevent the need for placement or to facilitate reunification from foster care. HOMEBUILDERS®, an evidence-based family preservation program that serves families in their own homes, is being piloted in seven counties.
- Early On assesses children from birth to age 3 for developmental delays. If a child has delays, Early On provides developmental services and continued assessment.
- Michigan's Early Childhood Home Visiting programs provide voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0-5. The programs connect professionals with vulnerable and at-risk families to nurture, support, coach, educate, and connect them with community resources so their children may grow and develop in a safe and stimulating environment.
- Infant mental health services are provided by community-based behavioral health agencies to families in which a parent or caretaker of an infant has a mental health diagnosis. The infant mental health specialist provides home visits to families. The service includes addressing the needs of the infant and other young children in the family and the mental health needs of the parents.
- Substance use disorder prevention, treatment, and recovery, residential, outpatient,

and day treatment services are provided by community-based behavioral health authorities and many private agencies.

- Developmental services for disabled children and adults are provided through CMH authorities as well as private providers.
- Domestic violence shelter and services are provided for residents in all of Michigan's 83 counties. The Michigan Coalition Against Domestic and Sexual Violence provides support and technical assistance to the shelters and sexual assault service providers.

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

Service Identification and Referral

Michigan has a 211 referral service that operates statewide through eight regionally located offices and is also available as a website. The website and telephone service provides referral information for needs such as food, utilities, housing, disaster relief, transportation, and veteran's assistance. The eight centers work together to provide easy access to information about health and human services in Michigan communities. The 211 resource has a toll-free number that can be utilized outside the state. Individuals can also subscribe to email lists through the regional centers. The 211 service is available 24 hours a day, 365 days per year.

Family First Prevention Service Act (FFPSA)

The FFPSA represents a monumental change in child welfare financing that will shift the state child welfare system from reactive to proactive by providing prevention services to families with children at risk of being removed from the home, as well as providing enhanced reunification services to families to allow children to be safely returned home as quickly as possible with appropriate supports.

In line with Michigan's strategic plan to significantly reduce the number of children who experience abuse and neglect and to reduce the foster care population, the passage of the act enables Michigan to place a greater focus on supportive services to families. The FFPSA provides a coherent, comprehensive, and evidence-based structure for service provision in the state that strengthens safety for children and enhances family functioning.

CSA's long-standing partnership with the Children Trust Michigan/Prevent Child Abuse Michigan allows the state to strategically leverage various funding sources such as Community-Based Child Abuse Prevention grants, Title IV-B, and Title IV-E prevention service dollars to enhance a system that builds a robust prevention services continuum.

FFPSA Information Gathering

Prior to and in preparation for service transformation through the FFPSA, Michigan embarked on extensive information gathering about the functioning of the child welfare service array. Gathering information and feedback about existing services and needs was conducted

through the following methods:

- The Public Consulting Group assisted MDHHS in conducting listening sessions across the state in 2018 to educate critical stakeholders and gather feedback about how the FFPSA could provide the greatest benefit to children and families.
- In early 2019, MDHHS in partnership with Casey Family Programs hosted a legislative reception to share pertinent information and plans for FFPSA implementation with Michigan's state legislators.
- Town halls and listening circles were held across the state with public and private child welfare stakeholders from June to August 2020. Participants heard from the CSA executive director as well as caseworkers, parents, and youth with system involvement.

The vision of a prevention-based system was shared by stakeholders as the way to promote the best possible outcomes for children and families by alleviating stressors on families before their involvement in the child welfare system and enhancing parental capacity by strengthening skills from within the family's formal and informal support system.

FFPSA Needs Assessment

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

- Families with children under 6-years-old.
- Families with teenagers ages 14 to 17.
- Pregnant and parenting youth.

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

- Parental and youth substance use.
- Parent and child mental health concerns.
- Domestic violence.
- Parents in need of supportive parenting skills development.

Chapin Hall conducted the FFPSA Readiness Survey of agencies to understand the capacity, strengths, and gaps in the evidence-based program service array in the state that can be used to prevent children from entering care and to understand how agencies and programs are using trauma-informed approaches and continuous quality improvement in their programs and services. Results of the Readiness Survey assisted in targeting new and expanded services to the areas most in need.

Service Gaps Assessment

In addition to the FFPSA Needs Assessment, Michigan continues to utilize the perspective and feedback of citizens through:

1. CFSR stakeholder interviews and focus groups.
2. Feedback from foster parents and other community groups.
3. Interviews with case members conducted in the Quality Service Review.

CFSR Stakeholder Interviews and Focus Groups

Stakeholder interviews and focus groups were held in May 2021, following the conclusion of the second year of Michigan's PIP. Strengths observed include:

- Staff in the counties involved with the Quality Legal Representation project spoke highly of the social worker hired and agreed that having attorneys at family team meetings has been beneficial and serves as a bridge among the parents' attorneys.
- More information about the families is needed at the initial placement. Resource families find family team meetings helpful to connect with birth families and with each other.
- Zoom has improved the families' ability to get to services and court hearings. Agencies have had good attendance, as the virtual platform overcomes transportation barriers.

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

- Some former foster youth reported it has been a struggle to acquire housing. The only housing available is through attending college; if they didn't go to college, they would be homeless.
- Insurance accepted by mental health providers is a bigger challenge than medical or dental services. Resource families must advocate for payment of services provided to foster children. There is a gap in this process.
- Access to services in Michigan's Upper Peninsula is limited. Medicaid for substance abuse has one provider in the Upper Peninsula for substance abuse treatment. Mental health providers are limited for children and adults.
- Transportation continues to be a challenge, with the responsibility for transporting clients falling on staff, that at times was overwhelming with their other job responsibilities.

Interviews and focus groups held in May and June 2021 following the completion of the state's two-year PIP indicated that Michigan has achieved the four systemic factors rated not in substantial conformity in the CFSR: Case Review System, Service Array and Resource Development, Foster and Adoptive Parent Recruitment, Licensing and Retention, and Staff and Provider Training.

Feedback from Foster Parents and Other Community Groups

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

October and November 2019. The information gained and contributed to the revision of the state's licensing rules and technical assistance manual through DCWL, completing the feedback loop. Examples include:

- GROW, Michigan's new foster and adoptive parent training curriculum.
- Fostering Forward Michigan, the statewide foster, adoptive and kinship parent coalition.
- Family Enrichment Center, which provides parenting training, foster and kinship support group meetings and resources for families in need.
- Families on the Move, adoptive, foster, and kinship family support groups.
- Kids Belong, providing support and connection for foster families in West Michigan.
- Muslim Foster Care Association, which works to improve the lives of foster children and provide a support network for foster parents.
- Foster Care Navigator, a service that pairs experienced foster parents with new foster parents for information and support.
- The CSA Youth Advisory Board is comprised of young people from across the state representing various races and ethnicities, age, and gender identifications who share information about their experiences within the child welfare system with the goal of improving services to young people.
- The Guy Thompson Parent Advisory Council, comprised of birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs.
- MYOI Youth Boards are community-based boards of youth in foster care that promote youth preparation for independence and provide feedback to MDHHS and providers about their experiences in foster care.

Quality Service Reviews

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

- Of the reviews conducted since 2014, 100 percent of reviews and focus groups have outlined three opportunities to improve Michigan's service array:
 1. Affordable housing.
 2. Transportation.
 3. Mental health and substance use disorder services for children and adults.
- In 2019, two additional concerns were voiced during Quality Service Reviews:
 1. The need for more local foster homes to prevent the need for children to be placed outside of their communities.
 2. Improved collaboration between CMH agencies and MDHHS.
- In 2020 and 2021, service gaps identified through the Quality Service Review indicated services and support to families are needed in the areas of domestic violence, substance use, mental health, and supportive visitation.
- In 2021, a focus on services and assessments is a trend in both CPS and foster care,

but consistency and a more detailed understanding of parental needs would be helpful.

Number of cases reviewed in QSRs in 2020: 37 Foster Care and 3 CPS

Number of cases reviewed in QSRs in 2021: 49 Foster Care and 19 CPS

In 2020 and 2021, a total of 108 cases were reviewed using the Quality Service Review protocol which assesses the current status (recent 30 to 90 days) of a child and the child's family in key life areas.

Item 29 Progress in 2021

MDHHS Response to Service Gap Assessments

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

FFPSA Services

MDHHS is working in concert with other state agencies and groups to enhance existing services by expanding and adding new service areas and developing new programs for serving families. To qualify for Title IV-E reimbursement, Michigan's FFPSA services are evidence-based and well-supported and can therefore be expected to result in safer children in well-functioning families. Through the FFPSA, Michigan is expanding or providing the services below:

- Expansion of home visiting services. The FFPSA has served as a catalyst for partnership between the MDHHS Public Health Administration and the Michigan Department of Education to expand availability and access to effective home visitation services for families encountering the child welfare system. MDHHS received a budget enhancement of \$225 million for FY 2021 that supports expansion of secondary prevention services to serve an additional 500 families at imminent risk of having a child enter foster care in the first year. Home visiting services that expanded or initiated as a result of the FFPSA include:
 - Nurse-Family Partnership.
 - Parents as Teachers.
 - Healthy Families America.
 - Family Spirit.
- Piloting HOMEBUILDERS® in seven counties. HOMEBUILDERS® is an evidence-based, intensive family preservation program that serves families in their own homes approximately ten hours per week. MDHHS is testing implementation of the HOMEBUILDERS model in seven counties and will compare outcomes between Families First of Michigan and HOMEBUILDERS to determine if the HOMEBUILDERS model will replace Families First of Michigan over a period of time.
- Motivational Interviewing is a client-centered method of communication designed to promote behavioral change and improve a variety of client outcomes. Motivational

Interviewing aims to identify readiness for change and increase motivation by helping clients progress through the stages of change by encouraging clients to consider their personal goals and how their current behaviors may compete with attainment of those goals. All children's services caseworkers will be trained in Motivational Interviewing as an enhancement to the use of the MiTEAM practice model.

Ensuring an Array of Services in Each BSC

MDHHS hired community service analysts for each BSC in 2021 that support child welfare staff in understanding local service array and supporting the implementation of the FFPSA. Community service analysts perform the following functions:

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

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

In FY 2021, CSA offered 15 in-service sessions, and in-depth training to approximately 120 staff across the state who provide local best practice guidance and support related to cases involving domestic violence. Additionally, training in the model was provided to a variety of stakeholders, including SCAO, the Office of the Children's Ombudsman, family preservation staff, and staff from DCQI.

Mental Health and Behavioral Health Services.

- The Harvard University Government Performance Lab completed an analysis of children placed in residential facilities. The delays and gaps in services for mental health interventions led to further analysis and mapping exercises regarding the general child welfare population's access to behavioral health services. This analysis revealed the average delay in receipt of community-based contracted behavioral health services was approximately 42 days from referral to first appointment.
 - As a result of this analysis, weekly meetings were initiated between CSA and the Behavioral Health Division of MDHHS. Assessment is occurring to ensure a more rapid and responsive approach to service delivery is established.
- In 2020, a statewide quality improvement activity was initiated to improve sustainability of family-based placements through collaboration with local CMH agencies. Local offices were required to provide evidence to their BSC quality assurance analyst that:
 - Collaborative meetings with MDHHS, CMH, and other mental health service providers occurred, and a summary of the collaborative meetings was submitted to the analyst.
 - Initial strategies and action steps were included in the CQI plan, minimally including a method for tracking and following up on removals and referrals to mental health services for foster and kin placements.
- CSA is partnering with Recovery Oriented Systems of Care, Behavioral Health and Developmental Disabilities Administration, and local Pre-paid Inpatient Health Plans to increase use of co-placement of infants and children with their parents in treatment facilities for substance use disorder. In calendar year 2021, the data indicated that 350 children entered a residential treatment facility with a parent, an increase of 259 from the total reported in 2020. CSA is collaborating with the National Center of Substance Abuse in Child Welfare over the next year to identify substance use disorder cross-system communication strengths and needs.
- MDHHS developed a contract for services to families with children ages 5 and under experiencing a substance use disorder. The Substance Use Disorder Family Support Program provides intensive home-based services for substance-affected families at potential or actual risk of experiencing a removal due to child abuse or neglect.

Housing

- Michigan provides affordable rental housing and supportive services to extremely low-income persons with disabilities through the Section 811 Project Rental Assistance Grants. The Section 811 Project Rental Assistance grant application process is a collaborative effort between the Michigan State Housing Development Authority and MDHHS. A workgroup consisting of representatives from both agencies collaborates to identify, refer, and support target populations throughout Michigan.
- MDHHS provides State Emergency Relief funds for housing to families who become homeless due to a natural disaster or crisis. Local offices can utilize Child and Family

Safety, Stability, and Permanency Title IV-B(2) funds to assist child welfare families with housing needs. Many families receive temporary housing through the Red Cross as a result of crises, while family preservation service flexible funds may help with deposits and rent.

- Provision of services and housing support to youth aging out of Michigan’s foster care system has been an area of focus. The provision of Foster Youth to Independence vouchers is a recent federal initiative to prevent and end homelessness among youth with a current or prior history of child welfare involvement. A data report was requested from DMU that provided information by county of jurisdiction for youth 16 and older who would qualify for the FYI vouchers. Michigan looked at the counties with the highest number of eligible youth and had collaborative discussions with county leadership and MSHDA about possibilities and barriers to partnering to offer vouchers to eligible youth. Michigan continues to explore ways to increase clients’ access to affordable housing through collaborative planning with community groups, charities, and government grants.

Transportation

MDHHS continues to explore ways to increase clients’ access to reliable transportation through community partnerships.

- MDHHS provides bus fare and gas cards for family visits and for participating with services. Caseworkers commonly drive families to appointments and visits, as do family preservation service providers, and case aides.
- During COVID-19, the department made concerted efforts to ensure transportation needs were addressed. Coordination occurred with the MDHHS Economic Stability Administration to provide Uber vouchers for families involved with child welfare programming.

Item 29 Progress Made to Improve Outcomes

Goal: MDHHS’ service array and resource development system will ensure an array of services is accessible and individualized to meet the needs of children and families served by the agency.

- **Objective:** MDHHS will provide a service array and resource development system to ensure accessible services are provided to:
 - Assess the strengths and needs of children and families and determine other service needs.
 - Address the needs of individual children and families to create safe home environments.
 - Enable children to remain with their parents when it is safe to do so.
 - Help children in foster and adoptive placements achieve permanency.

Outcome: Providing an array of services that assess and address the strengths and needs of children and families will enable children to remain with their parents or achieve permanency.

Measure: CFSR Round 3; Quality Service Review

Baseline - 2018: Area needing improvement.

Benchmarks 2020-2024: Explore expansion of existing services or addition of new services to meet the needs of children and families.

Item 29 Planned Activities for 2023

MDHHS recognizes the need for continued, coordinated efforts to tackle the multi-factored challenges faced by client families and children. MDHHS continues to assist local efforts to evaluate service gaps by encouraging local offices to:

- Ensure worker, supervisor, court, CMH, and private agency input at regularly occurring collaborative meetings at the local and BSC levels.
- Develop and disseminate material for county directors and private agencies in organizing local CQI sub-teams focused on service array and establishment of action or implementation plans.
- Develop a template for reporting county-based service gap information.
- Convene to discuss and identify service strengths and weaknesses in the county.
- Address issues about availability, ease of access and barriers.

MDHHS will:

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

Item 30 Individualizing Services Assessment of Current Performance

FFPSA Prevention Pathways

Under full implementation of the FFPSA, a family can be served through one of three service tracks in the prevention continuum including: 1) Prevention Services for Families, 2) Family First Prevention Services, and 3) Family Preservation and Reunification.

- Prevention Services for Families is designed to preserve and strengthen family functioning to prevent child abuse and neglect. This track is intended to support families who voluntarily seek assistance from MDHHS or have been identified as being at low risk for child abuse or neglect. Caseworkers can offer services through referrals to community agencies. Services available include Families Together Building Solutions, evidence-based home visiting, Wraparound, Post-Adoption Resource Centers, parent support groups, and Family Resource Centers, among other services.
- Family First Prevention Services is a new pathway and adds new evidence-based programs in key service areas of mental health, substance use disorder, and parent skill-based programs. Family First Prevention Services may be available to families when at least one child has been determined to be a candidate for foster care or a pregnant or parenting youth in foster care. Families accessing services through this pathway will have an open Family First Prevention Program and an assigned CPS

ongoing worker, juvenile justice specialist, foster care specialist, contracted community service provider, and/or a prevention or tribal caseworker responsible for ongoing direct or indirect case oversight.

- Family Preservation and Reunification Services focuses on families with moderate to intensive risk and where abuse or neglect has occurred and seeks to prevent out-of-home placement and recurrence of maltreatment. Families accessing services through this pathway have an assigned CPS ongoing worker, juvenile justice specialist, foster care specialist or tribal caseworker. Family preservation and reunification programs available include Families First of Michigan, the Family Reunification Program, and the Parent Partner Program.

Child Welfare Practice – the MiTEAM Practice Model

The MiTEAM practice model incorporates family engagement, family team meetings, and concurrent permanency planning into a unified practice model for child welfare. The use of core MiTEAM skills ensures each service plan is developed for the specific needs of each family served. Caseworkers receive feedback and coaching by local MiTEAM specialists and their supervisors to ensure consistency in engagement, team formation, assessment, and mentoring families. SAFE TDMs and family team meetings provide a vehicle for forming supportive family teams and regularly meeting with families around significant case events.

Ensuring Fidelity to the MiTEAM Model

The MiTEAM Fidelity Tool allows child welfare supervisors to track use of the critical components of the MiTEAM model and identify strengths and needs in case management activities, through a sampling of cases. The Fidelity Tool portal provides managers a listing of cases assigned to each of their staff members so evaluation of practice at an individual caseworker level can be completed. The Fidelity Tool Switchboard provides additional data reports that allow the field the ability to drill down to observation setting, individuals interviewed, and interview approach, yielding additional details about use of the competencies within varying settings. In 2022 and 2023, MDHHS and private agency caseworkers will be trained in Motivational Interviewing, as an enhancement of the MiTEAM model to assist parents in moving through the change process.

Locally Allocated Funds for Community Needs

MDHHS' commitment to providing accessible services to families includes community-based programs. Allocation of funds to county offices ensures that the services offered to families are appropriate to the needs of each geographical region and local needs. Funds allocated to MDHHS local offices may be consolidated to allow counties with low populations to combine funds in contracts that serve a broader population or geographic area and thereby enhance the service array for that area.

- MDHHS merged Child Protection Community Partners and Child Safety and Permanency Plan into one fund source to support local service contracts, Child and Family Safety, Stability, and Permanency. Funding is provided to all MDHHS local

offices to contract for services to families with children at risk of removal for abuse and neglect, or families with children in out-of-home placement. The purpose is to:

- Reduce recurrence of abuse and neglect.
- Improve the safety and well-being of children and enhance family functioning.
- Keep children safe in their homes and prevent the unnecessary separation of families.
- Return children in care to their families in a safe and timely manner.
- Provide safe, permanent alternatives when reunification is not possible.

More information about locally allocated funding can be found in the Title IV-B(1) and (2) Service Description sections of this report.

Individualized Service Provision

Contracted family preservation activities, including Families First of Michigan, the Family Reunification Program, Families Together Building Solutions, and HOMEBUILDERS®, serve high-risk families and families where maltreatment has occurred and seek to reduce the negative consequences of the maltreatment and prevent recurrence. These programs provide:

- Individualized service plans that include families in identification of their needs, strengths, and replacement behaviors.
- Intensive family preservation activities designed to strengthen families who are in crisis and protect children at risk of harm.
- In-home mental health services for children and families affected by maltreatment to improve family communication and functioning.
- Financial assistance for addressing the family's safety needs.

Measuring Progress on Individualizing Services

- CFSR PIP case reviews provided a baseline level of effectiveness in individualizing services through assessment of Well-Being items 12 through 16. Ongoing use of the federal tool provide a quarter-by-quarter score that shows improvement or opportunities for enhanced attention.
- Quality Service Reviews provide reliable and case-specific data on case management, particularly in the areas of engagement, teaming, and assessment and understanding. Collective findings inform ongoing training and technical assistance efforts.
- The MiTEAM Fidelity Tool is relied upon by supervisors to monitor caseworkers' use of the MiTEAM practice model in working with families, including the core skills of teaming, engagement, assessment, and mentoring. Each caseworker is shadowed twice each year and rated in their use of the skills. When a need is indicated, additional training and other assistance are provided to the caseworker.

Item 30 Progress in 2021

- In 2020, DCQI developed a MiTEAM Fidelity Tool Switchboard for the dissemination of Fidelity Tool data to assist supervisors to gauge caseworkers' use of the MiTEAM skills of teaming, engagement, assessment, and mentoring. By tracking use of the fidelity tool in supervision by county and agency, the switchboard identifies areas of strength and opportunities for improvement.
- MDHHS developed a contract for services to families with children ages 5 and under experiencing a substance use disorder. The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse or neglect. The program provides skill-based interventions and support for families when a parent is alcohol or drug-affected or has been found to have a co-occurring disorder.
- Michigan conducted a needs assessment with technical assistance from Chapin Hall at the University of Chicago to assist with adequately understanding the needs of children in care and the current service array of prevention services in Michigan.
- Data was collected to determine populations eligible for Foster Youth to Independence Vouchers for distribution of vouchers to youth with a current or prior history of child welfare involvement.
- During the COVID-19 pandemic, the department coordinated with the MDHHS Economic Stability Administration to provide Uber vouchers for families involved with child welfare programming.
- The Harvard University Government Performance Lab completed an analysis of children entering and placed in residential facilities. The delays and gaps in services for mental health interventions led to further analysis and mapping exercises regarding the general child welfare population's access to behavioral health services.
- In 2021, 57 ChildStat meetings occurred, focusing on the factors contributing to MIC and recurrence of maltreatment. These meetings resulted in 192 action items, 97 of which have been completed.

Item 30 Progress Made to Improve Outcomes

- **Objective:** MDHHS' service array and resource development system will ensure that services can be individualized to meet the unique needs of children and families.
Outcome: Ensuring services can be individualized to meet the unique needs of children and families will allow accurate targeting of services.
Measure: CFSR Round 3; Quality Service Review
Baseline - 2018: Area needing improvement.
Benchmarks 2020-2024: Demonstrate improvement each year.

Item 30 Planned Activities for 2023

- MDHHS will continue implementing the FFPSA.
- MDHHS will monitor the progress of pilot programs for children and families such as

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

CFSR Program Improvement Plan Update

The CFSR PIP identified collaborative activities to expand the quality and availability of services to children and families. The goal is to create a resource community that surrounds families with services and supports so the need for out-of-home placement is reduced or eliminated. PIP strategies include:

- **Assessment and Services Strategy 6:** MDHHS will pursue partnerships, grants, and funding opportunities to expand services to prevent the need to separate children from their parents and support families at risk for child maltreatment:
 - **3.4.1:** MDHHS will secure a source to complete a statewide assessment of prevention services and gaps.
Update: This activity was completed in Quarter 1. Chapin Hall and Casey Family Programs conducted the statewide assessment of prevention services and gaps.
 - **3.4.2:** MDHHS will identify the state-funded or administered prevention services for mental health, substance use and parenting skills development.
Update: This activity was completed in Quarter 2. MDHHS identified state-funded administrative prevention services for mental health, substance abuse, and parenting skills development. Chapin Hall administered the Needs Assessment Surveys.
 - **3.4.3:** MDHHS will survey local public and private organizations to determine what services they are providing.
Update: This activity was completed in Quarter 3. The survey to local public and private organizations to determine services they are providing has been completed.
 - **3.4.4:** MDHHS will summarize all services and provide an analysis through a statewide assessment of services and gaps.
Update: This activity was completed in Quarter 6. MDHHS partnered with

Chapin Hall to identify target population needs and identify services to meet those needs.

3.4.5: CSA leadership will identify the needs of Michigan’s child welfare population based on the statewide report:

Update: This activity was completed in Quarter 6. MDHHS continued to partner with Chapin Hall to identify needs for the target population for prevention services. MDHHS is targeting children 0-5, 14-17 and pregnant and parenting youth in phase one of the prevention plan. Families experiencing substance use, and domestic violence have been identified as priority need areas.

- **3.4.6:** MDHHS will evaluate current funding options and identify funding opportunities to increase prevention services.

Update: This activity was completed in Quarter 6. MDHHS determined the use of Temporary Assistance to Needy Families and Family Focused Treatment Association funds to implement the HOMEBUILDERS® family preservation model in seven counties.

3.4.7: MDHHS will advance a proposal for change for funding needed to expand prevention services to meet prevention service gaps identified.

Update: This activity was completed in Quarter 6. Michigan advanced a proposal for the change for funding needed to expand prevention services to meet prevention service gaps identified. The state proposed the budget enhancement for FY 2022.

3.6.2: MDHHS will partner with Recovery Oriented Systems of Care (ROSC), Medical Services Administration, and local Prepaid Inpatient Health Plans to increase use of co-placement of infants and children with their parents in treatment facilities for substance use disorders.

Update: This activity was completed in Quarter 7. The residential treatment providers in each PIHP region will report quarterly the number of children who enter residential treatment with their parent as well as the number of children who entered residential treatment with reported current CPS or foster care cases. CSA is working with the National Center of Substance Abuse in Child Welfare over the next year which will include county walk-throughs to identify substance use disorder cross-system communication strengths and needs.

- **3.6.3:** MDHHS will partner with the MDHHS Bureau of Family Health Services to strengthen referral and access to home visitation programs for families encountering the child welfare system.

Update: This activity was completed in Quarter 6. The Michigan Legislature allocated funding to support expansion of home visitation services that will be utilized to provide services on the target population identified in the Chapin Hall analysis.

3.6.4: MDHHS will partner with the University of Michigan to apply for a Regional Partnership Grant to implement the Recovery Coach Model.

Update: This activity was completed in Quarter 3. Michigan was not awarded

- the Regional Partnership Grant.
- **3.6.5:** MDHHS will partner with the Governor’s Task Force to develop a protocol for cross-systems development of Plans of Safe Care.
Update: This activity is targeted for completion in Quarter 8. The draft protocol was completed and sent out for feedback from stakeholders in June 2021.
2022 Update: This activity was completed in Quarter 8. The Governor’s Task Force on Child Abuse and Neglect Protocol Committee finalized the draft Plan of Safe Care protocol in April 2021. The protocol was developed with input from committee members, MDHHS, hospital staff, and national experts from the Center on Substance Abuse and Child Welfare.

Implementation and Program Supports

- CSA participated in weekly meetings with the MDHHS Behavioral Health Division to ensure a more rapid and responsive approach to service delivery was established to decrease the length of time between service referral and first appointment.
- MDHHS will continue to provide evidence-based family preservation services through contracts with private agencies. MDHHS provides technical assistance to contractors.
- MDHHS will continue to work with Behavioral Health and Disabilities Services to ensure children who meet eligibility criteria for Serious Emotional Disturbance, or Intellectual and Developmental Disability are provided services statewide.
- MDHHS will continue to provide accessible services to families through funding of community-based programs. Allocation of funds to county offices ensures the services offered to families are appropriate for the needs of each geographical region and local needs.

Training and Technical Assistance

- DCQI provides ongoing technical assistance to family preservation, CPS, and foster care program offices to enable them to respond quickly and appropriately to the needs identified by local staff and managers.
- MDHHS supports Children Trust Michigan to fill the critical role of prevention leadership statewide.
- MDHHS continues to assess the state’s Service Array system through interviews via the Quality Service Review, focus groups, and other methods to address identified service needs.

Technical Assistance and Capacity Building

- MDHHS received technical assistance from Casey Family Programs and Chapin Hall to identify evidence-based services that address the requirements of the FFPSA.
- The Harvard University Government Performance Lab completed an analysis of children entering and placed in residential facilities.
- MDHHS will continue to seek technical assistance as needed from the Children’s

Bureau to ensure the state's Service Array system meets federal and best practice standards.

AGENCY RESPONSIVENESS TO THE COMMUNITY

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

MDHHS is responsible for a broad range of child welfare services and initiatives through implementing the provisions of the CFSP, including education, and raising awareness of child safety issues, permanency, and well-being, as well as providing direct and contracted services to children and families. Actively seeking feedback from stakeholders at all levels and acting on feedback to target resources, training, and technical assistance effectively, and in turn, modifying strategies to fit changing needs in a CQI cycle are essential to providing appropriate and accessible services in all areas of the state on an ongoing basis.

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

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

- The Foster Care Review Board provides independent review of cases in the state foster care system. The board also hears appeals by foster parents who believe children are being unnecessarily removed from their care.
- The Director's Steering Committee includes the executive director of the CSA, along with the West Michigan Partnership for Children Board of Directors and executive leadership. Other stakeholders include MDHHS central office and local staff, representatives from the Michigan Federation for Children and Families and the Kent County Administrator's Office. This group works to assure that MDHHS and the West Michigan Partnership for Children meet key milestones by identifying potential roadblocks and solutions and making critical decisions to support the successful implementation of the performance-based funding pilot.
- The Michigan Child Welfare Partnership Council is comprised of statewide representatives from MDHHS, private child welfare agencies, court and county administrators, county commissioners, and others. In 2021, MDHHS repurposed the council to guide the work of FFPSA implementation in Michigan, including development of a shared understanding of the FFPSA and opportunities to further Michigan's child welfare system transformation. This group meets at least every other

month to review progress and inform key implementation activities.

- The Guy Thompson Parent Advisory Council is comprised of birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs. Members advised MDHHS regarding the FFPSA, provided guidance to approve training, advocated for changes to CPS central registry, provided feedback on potential policy changes, and presented at statewide conferences for child welfare staff and stakeholders.
- The Michigan Coalition Against Homelessness, Michigan Network for Youth and Families, the Michigan State Housing Development Authority and Local Continuums of Care collaborate with CSA to meet the needs of homeless youth in Michigan. The collaboration is a source of expertise, experience, and innovation used to maximize services.
- The Statewide Community and Faith-Based Initiative on Foster Care and Adoption builds partnerships with local community leaders, business representatives, and faith leaders to meet the needs of foster and adoptive children by promoting awareness of the need for quality foster and adoptive parents and connecting children and youth to supportive resources and relationships.
- The Mental Health Diversion Council was created to improve outcomes for juveniles by reducing the number of youth with mental illness or intellectual or developmental disabilities from entering the juvenile justice system, while maintaining public safety. It focuses on effective coordination of state and local resources to provide necessary improvements throughout the system in the implementation of a diversion action plan.
- The Michigan Child Death Review Team (Citizen Review Panel for Child Fatalities) supports voluntary multidisciplinary child death review teams in all 83 counties. These teams, totaling over 1,400 professionals, meet regularly to review the circumstances surrounding the deaths of children in their communities. Quarterly meetings include review of current state-level issues affecting children's health, safety, and protection.
- The Governor's Task Force on Child Abuse and Neglect (Citizen Review Panel for CPS, Foster Care and Adoption) gives stakeholders an opportunity to voice their observations and concerns and gain information and knowledge about the functioning of the child welfare system. The Governor's Task Force focuses attention on the impact of trauma in child welfare and composes recommendations for systemic improvement based on the information learned from community and consumer feedback.
- The Michigan Race Equity Coalition examines and implements strategies to address the root causes of minority overrepresentation in child welfare. The coalition includes Michigan's child welfare services leadership, juvenile justice leaders, the judiciary, state and local officials, educators, health professionals, philanthropic leaders and advocates for children and families.
- The MYOI trains young people in leadership, media, and communication skills, including how to strategically share their story and present on panels. Local MYOI

Youth Boards are among the focus groups providing feedback on child welfare services in their communities through a variety of venues, including conferences and panels.

- The Tribal State Partnership consists of Tribal Social Service directors, county, and private agency directors, and MDHHS staff that meet quarterly for consultation between MDHHS and Michigan's 12 federally recognized tribes. The partnership collaborates to achieve and strengthen application of ICWA and MIFPA and promote effective and culturally sensitive services to Native American children and families.
- The Medical Care Advisory Council advises MDHHS on policy issues related to Medicaid. The council is involved with issues of access to care, quality of care, and service delivery for managed care and fee-for-service programs. The Medical Care Advisory Council represents consumers and consumer advocates, health care providers and the community.
- The Human Trafficking Health Advisory Board collects and analyzes information concerning medical and mental health services available to survivors of human trafficking. The board identifies state, federal, and local agencies involved in human trafficking prevention and treatment and coordinates the dissemination of medical and mental health services available to survivors of human trafficking.
- The Michigan Committee on Juvenile Justice is a 15-member committee that advises on juvenile justice issues and guides effective implementation of juvenile justice policies and programs. Membership includes MDHHS juvenile justice personnel, judges, law enforcement, and private agencies.
- The Michigan State Council for Interstate Juvenile Supervision monitors compliance with the interstate compact, problem-solves and initiates changes accordingly. The council advocates for improved operations, resolves disputes between states, and conducts training.
- The Office of the Children's Ombudsman receives complaints from the community regarding specific cases, provides reports to the legislative and executive branches of state government and recommends changes to improve child welfare law, policy, and practice.
- The CSA QIC is responsible for ensuring experts and leaders at all levels in the child welfare system are involved in assessing need, developing responsive programs, and facilitating decision-making at every level. Each meeting closes with action planning for next steps.
- MDHHS employee engagement is measured by annual department-specific employee surveys. Based on these annual surveys, employee engagement action plans are developed with specific goals.
- Director's Town Halls provide a direct line of communication for MDHHS employees with the MDHHS director and opportunity for feedback. The director also travels for site visits at local offices and central office buildings to achieve the same goal.
- Collaboration with professional and citizen groups ensures broad participation in developing and managing child welfare services. MDHHS has standing committees and task forces that meet regularly and provide ongoing oversight, advisement and, in

some cases, supportive funding for initiatives and training.

COVID-19 Pandemic

In 2020 and continuing in 2021, MDHHS made numerous policy and procedural adjustments in response to the risk presented to children, families, and staff by COVID 19 to ensure essential child welfare functions were carried out while safeguarding the health of children, families, and staff. These modifications were communicated to staff through communication issuances, Recent News on the MDHHS SharePoint site and Employee Town Halls.

Effect of COVID on Court Hearings

The Supreme Court and SCAO issued numerous administrative orders and guidance to assist courts in determining when and how to safely proceed with hearings during COVID. Regular meetings were held by CSA leadership and SCAO during this time. Meetings focused on timely communication, data sharing and development of responses and initiatives to ensure child safety and support of families. All courts in Michigan have resumed in-person and/or virtual court hearings.

Item 31 Progress in 2021

- Stakeholder interviews and focus groups were held in May 2021, following the conclusion of the second year of Michigan’s PIP. Participants provided an extensive array of feedback from consumers, foster and adoptive caregivers, courts, staff, and supervisors that is being utilized to improve programs, policies, and procedures.
- CSA hosted Front End Redesign Workshops and Town Halls across the state to share information and obtain feedback on all aspects of the Front-End Redesign. Each BSC hosted a town hall that allowed for staff to ask questions and hear from CSA and national leaders about what was involved in the redesign vision. Information gathered from these events informed the planning of the redesign.
- Beginning January 2021, the QIC began hosting monthly convenings of child welfare leadership, research partners and local office and agency staff who present the latest research and share best practices around CSA’s priority focus areas, Recurrence of Maltreatment and Permanency. In 2022, the QIC began meeting quarterly. Each meeting closes with action planning for next steps.
- MDHHS finalized policies for YAVFC, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for young people who meet the requirements.

Item 31 Progress Made to Improve Outcomes

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

- **Objective:** MDHHS will engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and public and private child and family service agencies to ensure collaboration addresses the

implementation of the Child and Family Services Plan and annual updates.

Outcome: Engaging in ongoing consultation with a wide variety of stakeholders will ensure a comprehensive approach is used in developing and providing services to children and families.

Measure: CFSR Round 3

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024: Utilize QIC, SCAO, Tribal-State Partnership Meetings, the Consortium on Improved Placement Decision-Making and Capacity Building, foster and adoptive parents' associations, private agencies, and others for ongoing consultation and collaboration in providing services to families and children.

- **Objective:** MDHHS will utilize the QIC, DCQI, and BSC and local CQI teams to operationalize a CQI plan that includes engaging internal and external stakeholders in assessment and development of effective strategies to improve child welfare services. **Outcome:** Utilizing a CQI plan that includes engaging internal and external stakeholders will ensure strategies to improve child welfare services are effective and responsive to the needs of children and families.

Measure: CFSR Round 3

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024:

- MDHHS will utilize the QIC, DCQI and BSC and local CQI teams for consultation and collaboration.
- MDHHS will develop local organizational structures and resources that identify strengths and areas needing improvement and collaborate on strategies to improve local child welfare systems.

Item 31 Planned Activities for 2023

- MDHHS will provide consultation and coordination with Native American tribes through Tribal State Partnership meetings, meetings with individual tribes and through technical assistance in Chafee-funded programs.
- MDHHS will participate with the Michigan Race Equity Coalition to assess progress and identify opportunities for improvement in addressing issues of racial inequality in child welfare.
- MDHHS will seek feedback from the Statewide Youth Advisory Board, the Guy Thompson Parent Advisory Board, the Foster Care Review Board, and the three Citizen Review Panels.
- MDHHS will sponsor MYOI activities and youth participation in focus groups.
- MDHHS will use Michigan Service Review findings to develop strategies to improve outcomes for children and families.
- MDHHS will use stakeholder feedback to address practice issues and increase the capacity to track outcomes. Collaboration on every level remains a priority.
- MDHHS will identify and participate in opportunities for technical assistance and

- collaboration to enhance services to families in need of multiple forms of help.
- MDHHS will train caseworkers in MiSACWIS to enable accurate and timely entry of data into the information system.
- MDHHS will streamline feedback processes to enable prompt responses to needs identified by stakeholders.

Agency Responsiveness at the Community Level

MDHHS county offices are tasked with working closely with local human service organizations including private agencies, schools, early childhood programs, courts, law enforcement, public health, housing assistance, employment services, substance use disorder services, and community foundations for service planning and troubleshooting. Local multidisciplinary teams formed for various topics allow counties to assess service needs of children and families, effect change in their communities, problem solve challenges particular to their region, discover mutually beneficial partnerships, and share grants.

Collaboration between the department and these agencies occurs through ongoing collaborative councils and as needed when task-specific issues arise requiring collaboration. This community engagement provides feedback that can be addressed through existing channels to ensure it is afforded necessary attention.

Item 32 Coordination of CFSP Services with other Federal Programs

Assessment of Current Performance

MDHHS' child welfare goals are based on the successful functioning of a CQI process that measures and analyzes progress systematically. The plan relies on collaboration with public and private stakeholders, including national and state government groups, courts, universities, private agencies, children and families, and the public. MDHHS coordinates the following federal programs:

- Title IV-E Foster Care
- Temporary Assistance for Needy Families
- Child Care and Development Block Grant
- Supplemental Nutrition Assistance Program
- Low-Income Home and Energy Assistance Program
- Title IV-D Child Support Program
- Disability Determination Services for Title II and XVI funds
- Mental Health Block Grant
- Medicaid Services

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

Pathways to Potential is MDHHS' economic security service delivery model that focuses on three elements: 1) location in the community where clients live, 2) working with families to

remove barriers by connecting them to a network of services, and 3) engaging stakeholders and school personnel to help students and families find their pathway to success. Pathways to Potential is focused on identifying barriers to academic success and offering solutions to students, families, and school personnel with the identified outcome of increasing school attendance. Pathways to Potential places MDHHS workers in schools to address families' barriers to self-sufficiency in key areas: safety, health, education, and school attendance. Pathways objectives include:

Safety

- Increase access to prevention services.
- Engage disconnected youth.
- Connect vulnerable youth and adults to a protective network.

Health

- Remove barriers that prevent access to health care.
- Increase access to healthy foods.
- Increase access to behavioral health care.
- Support good hygiene.
- Support physical fitness.

Education

- Remove barriers to attendance.
- Remove barriers to active participation.
- Enhance and support parental involvement.

School Attendance

- Increase school attendance rates and decrease chronic absenteeism.
- Actively seek parental engagement.

Self-Sufficiency

- Remove barriers to employment.
- Assist in accessing quality childcare.
- Promote adult education.
- Support access to transportation.

Pathways to Potential Progress in 2021

This report uses data from Michigan's Center for Educational Performance and Information (CEPI) to measure progress on chronic absenteeism, graduation rates, and grade repeats for Pathways to Potential schools.

Data for chronic absenteeism for the 2020-21 school year was released in fall 2021. Below is an analysis of this data for Pathways to Potential schools active that year.

- The overall rate of chronic absenteeism for active Pathways to Potential schools each year decreased by approximately 16 percent from 2019-20 to 2020-21, while the statewide rate decreased by approximately 2 percent in the same time period.
- Fifty-five percent of the 2020-21 Pathways to Potential schools reduced chronic absenteeism from 2019-20 to 2020-21.
- Fifty-one percent of Pathways to Potential schools reduced chronic absenteeism in the 2020-21 school year from their combined two-year baselines. The baseline years are typically the two school years prior to Pathways to Potential being established in each school, subject to data availability for each building code and data suppression rules followed by CEPI to protect student privacy.

As of February 2022, CEPI 2019-20 graduation rates data is the most recent available. This report includes an analysis of this data for the 2020-21 Pathways to Potential schools active in 2019-20.

- The overall graduation rate for the 2020-21 Pathways to Potential schools active in each of the previous years decreased by approximately 4-5 percent from 2018-19 to 2019-20, while the statewide rate increased by approximately 1 percent from 2018-19 to 2019-20.
- Thirty-six percent of the 2020-21 Pathways to Potential schools active in 2019-20 increased graduation rates from 2018-19 to 2019-20.
- Fifty-three percent of the 2020-21 Pathways to Potential schools active in 2019-20 increased graduation rates from their combined two-year baselines to their 2019-20 data.

As of February 2022, CEPI 2020-21 grade repeats data reflecting students retained from 2019-20 is the most recent available. This report includes an analysis of this data for the 2020-21 Pathways to Potential schools active in 2019-20, as a CEPI report including students retained from 2020-21 has not yet been released.

- The overall grade retention rate for the 2020-21 Pathways to Potential schools active in each of the previous years decreased by approximately 23 percent, comparing the 2019-20 retained in grade report to the 2020-21 retained in grade report, while the statewide rate decreased by approximately 15 percent from 2019-20 to 2020-21.
- Sixty-five percent of the 2020-21 Pathways to Potential schools active in 2019-20 decreased the rate of grade repeats from their 2019-20 data to their 2020-21 data. An additional 4.6 percent of the 2020-21 Pathways to Potential schools maintained grade repeats rates of 0 percent from 2019-20 to 2020-21.
- Sixty-five percent of the 2020-21 Pathways to Potential schools active in 2019-20 decreased the rate of grade repeats from their combined two-year baselines to their 2020-21 data. An additional 1.8 percent of the 2020-21 Pathways to Potential schools maintained grade repeat rates of 0 percent when comparing their combined two-year baselines to their 2020-21 data.
- Approximately 29.8 percent of retentions in the 2020-21 Pathways to Potential

schools active in 2019-20 were for planned, two-year kindergarten programs, compared with approximately 25.4 percent statewide on CEPI's 2020-21 report.

Areas with Pathways Schools

- Pathways to Potential is currently housed in 284 schools in 38 counties.
- Counties with Pathways to Potential programs include Allegan, Arenac, Bay, Calhoun, Clare, Genesee, Gladwin, Gogebic, Hillsdale, Huron, Ingham, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Livingston, Macomb, Marquette, Mason, Mecosta, Midland, Missaukee, Muskegon, Newaygo, Oakland, Ontonagon, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, and Wayne.

Item 32 Progress in 2021

- MDHHS continued to coordinate CFSP activities with the following federal programs:
 - Title IV-E Foster Care
 - Temporary Assistance for Needy Families
 - Child Care and Development Block Grant
 - Supplemental Nutrition Assistance Program
 - Low-Income Home and Energy Assistance Program
 - Title IV-D Child Support Program
 - Disability Determination Services for Title II and XVI funds
 - Mental Health Block Grant
 - Medicaid Services
- MDHHS continued to coordinate financial and child welfare assistance through the Pathways to Potential program.

Item 32 Progress Made to Improve Outcomes

Goal: MDHHS will demonstrate responsiveness to the community by coordinating services in the CFSP with other federal programs that serve the same population.

- **Objective:** MDHHS will collaborate with federal, state, and local units of government and agencies to ensure the state's child welfare services are coordinated with services and benefits of other federal programs.

Outcome: Ensuring child welfare services are coordinated with other federal programs streamlines processes for timely and effective service provision.

Measure: MDHHS annual Program Description.

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024:

- MDHHS will utilize existing departments and processes to coordinate child welfare services with other federal and state programs that assist families in accordance with requirements and community needs.

Item 32 Planned Activities for 2023

- MDHHS will continue to determine eligibility and provides case management for

- Medicaid and administers Disability Determination Services for Title II and XVI funds.
- MDHHS will coordinate with federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. Young people meeting the criteria for Chafee-funded services are eligible, regardless of race, gender, or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee-funded goods and services.
- MDHHS will continue to review CFSR data and performance to ensure focus on the activities that led to Michigan’s PIP goals being achieved. CSA will continue to assess and track improvements via the Michigan Service Review and other review activities, communicating with local offices, and private agency partners in ongoing CQI efforts to stay informed about trends and changing needs in each community.
- The MDHHS Bureau of Out-of-Home Services and the Office of Child Support will collaborate to enable foster care and CPS staff to obtain paternity information from the Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.

Training and Technical Assistance

- MDHHS uses feedback from local MDHHS offices and private agencies in ChildStat presentations to adjust programs, data collection methods, and policy according to needs expressed by the field.
- Michigan’s Interstate Compact staff serves as a liaison between local MDHHS offices and other states to ensure compliance with compact regulations and effective coordination of interstate services to children and youth.
- The Pathways to Potential program removes barriers to school attendance and assist students and their families with the resources and support they need to succeed.

Implementation and Program Supports

- Pathways to Potential outcomes are supported by interagency partnership with the Michigan Department of Education along with other community partners.
- MDHHS county administrative boards provide community feedback on MDHHS functions. These advisory boards work collaboratively with MDHHS county directors, typically through monthly meetings. The experience of each board member helps shape conversation and strategy planning for improvement at the state and local levels.
- The Foster Care Review Board reviews permanent ward cases as required by Michigan law, as well as conducting foster parent appeals of children being replaced by the foster care agency. The appeal process is consistently identified as valuable for improving placement stability for children.

Technical Assistance and Capacity Building

- MDHHS will continue participation with the Michigan Department of Education through Pathways to Potential to assess progress and identify opportunities for improvement in meeting the needs of families and children.

FOSTER AND ADOPTIVE PARENT RECRUITMENT, LICENSING AND RETENTION

Infants, children, and youth from various ethnic and cultural backgrounds need foster and adoptive homes. Michigan’s demographic and cultural diversity ranges from northern and rural to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoption is a strength in Michigan, and the state-administered structure ensures a smooth process for placement of children across jurisdictions. At any given time, Michigan has approximately 11,000 children in foster care and relies on public and private CPAs to find temporary and permanent homes for these children. Michigan has 79 contracts with CPAs for foster care case management and 63 contracts for adoption services.

Item 33 Standards Applied Equally Assessment of Current Performance Licensing Standards and Process

In Michigan, the MDHHS DCWL monitors and enforces licensing standards to ensure they are applied consistently. CPAs, CCIs, foster family homes and foster family group homes must be licensed through DCWL. Private CPAs certify foster homes for licensure and send their recommendations to DCWL, which reviews the documentation and issues the foster home license, if appropriate. Licensing rule variances are only granted if assurances are in place to ensure the safety of children. Follow-up visits and evaluations are completed by CPAs to determine ongoing rule compliance with renewals sent to DCWL for processing.

Data for this systemic factor

- To ensure all CPAs are providing consistent assessment, all licensing workers and licensing managers must pass Certification and Complaint training facilitated by DCWL.
- One hundred percent of initial home study packets are reviewed by DCWL consultants to verify that the assessment is consistent with rule compliance findings leading to the recommendation of licensure.
- Per licensing rules for CPAs, every foster home must undergo an annual assessment of rule compliance to maintain licensure.
- DCWL licensing consultants conduct annual inspections of all CPAs and CCIs to determine compliance with Act 116, CPA and CCI rules, the department’s standard contracts and amendments, departmental policy, and Michigan statutes and federal regulations.

- A random sample of foster homes, including licensed and unlicensed caregivers, are visited by DCWL field analysts as part of each CPAs' annual inspection.
- One hundred percent of foster home variances are reviewed by central office consultants in DCWL and routed for final review and determination to the DCWL director.

Item 34 Requirements for Criminal Background Checks

Assessment of Current Performance

Effective Jan. 1, 2008, an amendment to the Child Care Organizations Act, Public Act 116 of 1973, required fingerprinting of applicants for adoption and foster home licensure. Michigan must comply with FBI Criminal Justice Information Services Security Policy. The following checks are completed on foster parent applicants and results are documented on the Licensing Record Clearance Request-Foster Home/Adoptive Home (CWL-1326) and in the DCWL Bureau Information Tracking System:

- Fingerprint-based criminal records checks
- Public Sex Offender Registry
- Central registry
- Secretary of State
- CPS history
- Previous licenses issued or closed

Michigan law requires criminal history checks to be completed on all persons over 18 residing in the home in which a foster family home or foster family group home is operated. The following record checks are completed on adult household members and documented on the License Record Clearance Request form and in the Bureau Information Tracking System:

- Law Enforcement Information Network
- Internet Criminal History Access Tool
- Central registry
- Public Sex Offender Registry
- Secretary of State
- CPS history
- Previous licenses issued or closed

When the CPA completes the licensing evaluation, including the assessment of any conviction(s), and if the decision is made to recommend licensure despite conviction(s) for specified crimes as indicated in the Good Moral Character licensing rules, the CPA completes the Administrative Review Team Summary. Michigan's Good Moral Character Rule identifies criminal offenses that presume a lack of good moral character. Administrative review is the process by which a CPA may rebut the Good Moral Character Rule's presumption by demonstrating detailed evidence of the applicant, licensee, or adult household member's rehabilitation. Decisions made by the DCWL Administrative Review Team are not subject to appeal.

Once all record clearances are completed, the license applicants are enrolled as pending foster home licensure. Anytime a foster parent applicant or licensee is fingerprinted by a police agency or has a new conviction in Michigan, the Michigan State Police sends an email to the DCWL the next morning. The division also receives a list every Monday of anyone associated with a license that has been put on central registry. A new criminal history and record clearance check is completed on all non-licensee adults in the household at each renewal.

The following activities ensure that every prospective foster parent and adult member of a foster home household and adoptive parent has a criminal history and central registry screening completed prior to licensure or home study approval:

- Every foster and adoptive parent applicant is required to undergo fingerprinting, allowing accurate state and FBI criminal history clearance.
- Every foster and adoptive parent applicant has a sexual offender registry clearance completed prior to licensure or home study approval.
- Every foster and adoptive parent has a central registry clearance completed prior to licensure or home study approval.
- Criminal history, sexual offender, and central registry clearances are completed on every adult household member in foster and adoptive homes prior to licensure or approval.

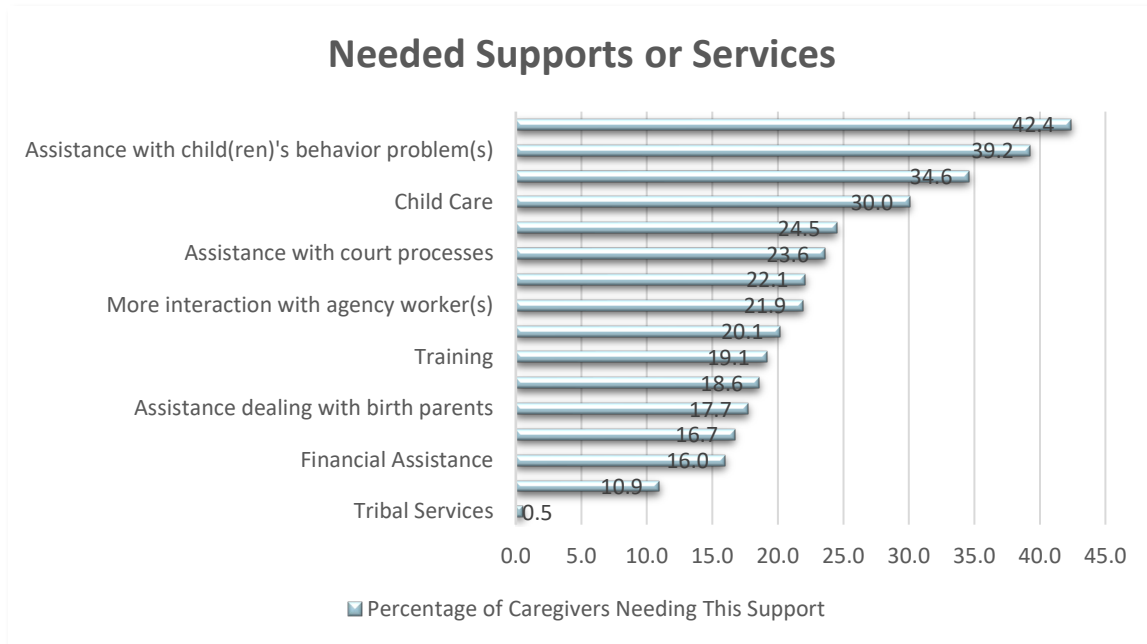
Item 35 Diligent Recruitment of Foster and Adoptive Homes Assessment of Current Performance

This systemic factor is measured through the Foster and Adoptive Parent Recruitment, Licensing and Retention goals by monitoring the percentage of counties that meet their annual licensing goals. Performance is also reflected by the percentage of children who are placed in permanent homes and the number of children placed with relative caregivers.

Foster Family Support Services Survey

The Foster Family Support Services Survey launched on Feb. 16, 2022 and remained open through March 4, 2022. The survey invitation was sent via email to all foster parents and relative caregivers who have an email address on file in MiSACWIS. There were 1,063 caregivers throughout the state who completed the survey, out of a possible 5,224 total caregivers. Five hundred seventy-six, or 57.3 percent of caregivers, identified an area where more support was needed within the last year. The top three identified needs were:

- Information regarding available services for foster children: 42.4 percent
- Assistance with child(ren)'s behavior problems: 39.2 percent
- Respite: 34.6 percent



Asked to rate their overall level of satisfaction with their foster parenting experience so far, 82.1 percent of caregivers indicated they were “very satisfied,” “somewhat satisfied,” or “satisfied.”

County-specific data was recently received and will be provided to county offices, private child placing agency staff, and Regional Resource Teams to enhance service provision to caregivers.

Foster Caregivers as Co-Parents

Michigan’s PIP goals included the development of a system innovation that would reinvent the roles of foster and relative caregivers to serve as co-parents with parents whose children are in care, not merely as substitute caregivers. The goal of this initiative is to improve engagement with parents by developing a support system that includes foster and relative caregivers as mentors and partners. This goal is being accomplished through many initiatives outlined in this report including GROW, the new pre-licensure training curriculum that puts an emphasis on co-parenting, foster parent mentorship programs intended to help teach caregivers how to partner with parents, training provided to staff on the importance of caregivers as co-parents, and updates to policy that impact how caregivers are trained and guided by staff.

Diligent Recruitment that Reflects the Ethnic and Racial Diversity of Children

The CSA Bureau of Out-of-Home Services provided data, forms, and templates to counties to assist in completion of county-specific Adoptive and Foster Parent Recruitment and Retention plans. Each county received data regarding:

- Demographics of children in care by county.

- Children entering and exiting care by county.
- Total number of foster homes licensed by county.
- Foster home closures by relative and non-related foster homes.
- Data to complete the Foster Home Estimator.

In 2021, MDHHS continued using the Foster Home Estimator developed by Wildfire Associates in collaboration with Dr. Denise Goodman, with support and funding from the Annie E. Casey Foundation. The Foster Home Estimator allowed each county to analyze data including:

- The number of children in care.
- Trends for the number of children in care over the past two years.
- The race of children in care.
- The number of children who are over age 13 or in a sibling group.
- The number of foster homes available.
- The average number of beds in a home.
- The percentage of viable beds in the county.
- The percentage of homes closed during the previous year.

Several needs were identified through utilization of this tool. These include homes for specific age ranges, sibling groups, and homes that match the race of children in the county. This information was valuable to county offices as they developed data-driven recruitment plans to adequately serve the foster care population within their community.

County offices and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The county offices and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. In 2021, each county's licensing goal was analyzed, and quarterly targets were established to assist counties in monitoring progress toward their unrelated licensing goal.

Recruitment Targets of Foster and Adoptive Parents for Diverse Youth

Targets are shared with each county for the recruitment of foster and adoptive homes that match diverse racial and cultural needs of children entering foster care in that county. These targets help the county gain a better understanding of the focus populations to achieve an array of foster homes to match the diversity within the county.

Recruitment Planning of Foster and Adoptive Homes for Diverse Youth

MDHHS recognizes that recruitment efforts must be multi-layered to be successful. This includes passive efforts such as advertising, community awareness, and specific targeted efforts. In FY 2021, MDHHS expanded its recruitment advertising campaign to include outreach within coffee shops, grocery stores, and convenience stores throughout the state. In addition, MDHHS provided detailed foster home data to the contracted Regional Resource Teams. The data compared foster homes using several demographics and identified trends and areas of need. Trends were found in the areas of families caring for older youth, income

levels, education levels, religious background, and race. The Regional Resource Teams utilized these trends to build data-informed targeted recruitment plans for each of the communities with which they work. These targeted recruitment plans included several online interactive training sessions on dispelling myths that have created barriers to increasing homes for children in foster care, such as common false beliefs regarding caring for older youth and licensing and adoption qualifications of LGBTQ families.

Staff Training

MDHHS is committed to ensuring that foster home licensing and adoption staff have the tools and training to identify, recruit, develop, and support families that reflect the race and culture of children in foster care. In FY 2021, the Bureau of Out-of-Home Services developed a six-hour training series that provided guidance on considerations, best practices, and activities for recruiting and retaining foster and adoptive families for racially and culturally diverse children and within racially and culturally diverse communities. This training was presented to foster home licensing and adoption supervisors and specialists prior to the commencement of the FY 2021 adoptive and foster parent recruitment and retention planning process.

Adoption Services

Michigan has 63 contracts for adoption services with private Michigan CPAs. The adoption contracts are statewide and include expectations of conducting interstate compact adoptive home studies, requesting adoptive home studies through the interstate compact process for adoptive placements in other states, and performing adoption services on assigned cases, including cross-county placements.

If a child's permanency plan is adoption by a family residing outside Michigan, the Interstate Compact on the Placement of Children must be used. The Interstate Compact process is initiated as early in the permanency planning process as possible. A child cannot be placed out of state for relative placement, foster care placement, or adoption without prior written approval from the receiving state through the Interstate Compact process.

Child-Specific Recruitment Activities

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified for the child at the time of referral, the following strategies are utilized:

- A written, child-specific recruitment plan must be developed within 60 calendar days of the date of acceptance of the case.
- The child must be registered for photo listing on MARE within 60 calendar days of termination of parental rights or the date of acceptance of the case, whichever is later. This timeframe requirement was increased following a review of policy requirement timelines and best practices for recruitment.
- An adoption case must be referred to an adoption resource consultant if an adoptive home has not been identified for the child within one year of the child with a goal of

adoption being legally available for adoption. Adoption resource consultants provide services until permanency is achieved through adoption or one of the other four federal permanency goals.

- Adoption navigators provide support and assistance to families pursuing adoption of children from Michigan’s child welfare system.
- MARE produces recruitment brochures, videos, and newsletters, maintains an informational website, hosts “meet and greet” events and maintains the Michigan Heart Gallery, a traveling exhibit featuring children legally available for adoption without an identified adoptive family.
- The MARE Match Support Program provides statewide services for families who have been matched with a child from the MARE website and are proceeding with adoption. The Match Support Program provides up to 90 days of information and referral services to families.
- MARE Adoption Navigators host quarterly Waiting Family Forums for families who have been approved to adopt and those in the home study process. The forums are an opportunity for families to learn about the status of their inquiry, what they can do to make the most of the wait time, methods for strengthening inquiries, tips to effectively advocate for their family and meet other families waiting to adopt.

Supporting Private Agencies

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

Item 35 Progress in 2021

Progress in 2021 on licensing non-relative foster homes and homes for special populations:

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
2020	1,222	1,188	660	303	696	694	234	784
2021	1,268	1,125	601	307	657	607	262	774

Data Source: MDHHS DCWL

From Oct. 1, 2020 to Sept. 30, 2021, MDHHS and private CPAs licensed:

- Eighty-nine percent of the non-relative foster home goal. (1,125 homes licensed of the goal of 1,268)
- Fifty-one percent of the non-relative foster home goal for adolescents. (307 homes licensed of the goal of 601)
- Ninety-two percent of the non-relative foster home goal for sibling groups. (607 homes licensed of the goal of 657)
- Over 100 percent of the non-relative foster home goal for children with disabilities. (774 homes licensed of the goal of 262)

The following recruitment and licensing activities were completed in Michigan to ensure a sufficient number and adequate array of foster and adoptive homes were available to meet the needs of children and families:

- Development of strategies to recruit and retain foster, adoptive, and kinship families.
- Production of specialized dashboards that monitored the number of licensed homes, the number of closed homes, average length of time to achieve licensure, number of children placed in residential settings and the number of children placed with relatives.
- Provision of tools and guidelines for assessing and analyzing demographic data for recruiting, licensing, and retaining foster, adoptive, and kinship parents.

Each MDHHS county office was expected to:

- Collaborate with private agency partners, local tribes, faith communities, service organizations, and foster, adoptive, and kinship parents to develop annual recruitment and retention plans.
- Provide specific strategies for outreach in all areas of the community.
- Assure all prospective foster, adoptive, and kinship parents have access to CPAs that provide foster home certification.
- Increase public awareness of the need for adoptive and foster homes through general, targeted, and child-specific recruitment activities within the counties.
- Provide strategies to address linguistic barriers.

Counties determined goals and action steps based on historical trends and data provided by the Bureau of Out-of-Home Services that included:

- Characteristics of children in care (i.e., age, gender, race, and living arrangement).
- Characteristics of children entering and exiting foster care.
- Total number of homes licensed by the county at a point in time.
- Number of foster homes licensed by the county during specified periods.
- Foster home closure reasons.
- Demographic data regarding barriers to placements.

County Performance:

- Sixty percent of counties met at least 90 percent of their recruitment goal.
- Seventy-three percent of counties met at least 70 percent of their recruitment goal.

Recruitment goals vary by county. Goals are established based on the number of children in care, the current number of foster homes and other placement factors.

Item 35 Progress in 2022

The table below outlines the goals and progress from Oct. 1, 2021 through Feb. 28, 2022, for licensing non-relative foster homes and homes for special populations. This data set represents a partial fiscal year, so no counties were supposed to have set their recruitment goal by this date (denominator).

	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide	965	322	602	111	549	187	171	200
Statewide Totals								

Data Source: MDHHS DCQI DMU

From Oct. 1, 2021, to Feb. 28, 2022, MDHHS and private CPAs licensed:

- Thirty-three percent of the non-relative foster home goal.
- Eighteen percent of the non-relative foster home goal for adolescents.
- Thirty-four percent of the non-relative foster home goal for sibling groups.
- Over 100 percent of the non-relative foster home goal for children with disabilities.

Item 35 Planned Activities for 2023

The non-relative licensing dashboard continues to be used in 2022 and will be used in 2023. The dashboard allows users to see licensing progress at a statewide, BSC, county, and agency level, and provides additional data not previously compiled and released. The following data is included:

- Four speedometers displaying the percentage of the licensure goal achieved (overall and for each special population).
- The number of foster homes opened compared to the number of foster homes closed. Graphs display this data by month and to date within the fiscal year.

- Average number of days to licensure.
- Number of enrollments.
- Number and percentage of residential placements by age group.
- Number and percentage of children placed with relatives.

The non-relative licensing dashboard was improved for FY 2020. It continues to be used in 2022 and will be used in 2023. The dashboard includes the following data at a statewide, BSC, county, and agency level:

- Quarterly interim goals and progress towards achievement
- The total number of currently licensed foster homes
- The total number of children placed in a parental home

MDHHS county offices and private agencies continue to collaborate locally to recruit, retain and train foster, adoptive and relative families, as outlined in each county's Adoptive and Foster Parent Recruitment and Retention Plan. Although each county's multilayered recruitment plan is different, some of the recruitment activities include:

- High school athletic events to recruit homes for teens.
- Developing partnerships with local barbershops, restaurants, and community groups to recruit families of color.
- Back-to-school events.
- Community festivals, fairs, health fairs, and other local events.
- Flyers and presentations at local schools.
- Presentations at local hospitals and doctor's offices.
- Foster care awareness and appreciation events.
- Adoption Day events.
- Presentations at congregations on the need for foster and adoptive parents.
- Collaboration with community and faith-based partners.
- Foster parent support groups.
- Flyers, billboards, and information tables at professional sporting events.
- Local community presentations.
- Community and neighborhood targeted recruitment.
- Library displays.
- Movie trailer ads.
- Billboards within the community.
- Online training and information sessions.

Regional Resource Teams

Six Regional Resource Teams are located across the state and provide regional recruitment, retention, and training for foster and adoptive parents. The Regional Resource Teams focus on recruiting, supporting, and developing foster families to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, prepare families for the

challenges associated with fostering and develop existing skills to enable them to foster children with challenging behaviors.

Support for Adoptive Families

Post-Adoption Resource Centers

Eight Post-Adoption Resource Centers provide services to families throughout the state. The centers support families who have finalized adoptions of children from the Michigan child welfare system, children who were adopted in Michigan through an international or a direct consent/direct placement adoption, and children who have a Michigan subsidized guardianship agreement. Family participation is voluntary and free of charge. Post-Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention
- Coordination of community services
- Information dissemination
- Education
- Training
- Advocacy
- Family recreational activities and support
- Website and newsletter on topics relevant to adoptive families

Adoption Resource Consultant Services

During 2020, Michigan entered a five-year partnership with the Dave Thomas Foundation for Adoption to enhance permanency for children legally ready for adoption. All adoption resource consultants were trained in the Wendy's Wonderful Kids child-focused recruitment model which has been incorporated into their recruitment efforts. Adoption resource consultants throughout the state are expected to:

- Provide services to young people who have a permanency goal of adoption and who have been legally available for adoption for one year or more without an identified adoptive family.
- Utilize a solution-focused model.
- Utilize a child-focused recruitment model.
- Develop, review, and amend the Individualized Adoption Plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.
- Assist with problem-solving and developing solutions to eliminate adoption barriers.
- Assist in identifying an adoptive family for a youth.
- Assist in preparing the youth and family for adoption.

Training for the Kinship Navigator Program

The Kinship Support Program was staffed and began providing statewide navigation/referral services in 2019. Program information has been presented at the following events, conferences, or organizations during FY 2021:

- Virtual Statewide Conference on Child Abuse and Neglect

- Prevention: Stand Up for Kids! Sponsored by Early Childhood Investment Corporation
- SAFE FTM Caregivers Support Presentation
- Update on Building Capacity for Rigorous Evaluation of Kinship Navigator Programs by the Capacity Building Center for States
- Northeast Michigan Community Service Agency
- Michigan Adult Continuing Education Spring Institute
- Michigan Statewide PTA Annual Convention on Barriers and Resources for Kinship Families
- Presentation for the Tri-County Kinship Coalition meeting

Foster and Adoptive Parent Training

Foster and adoptive families are provided training prior to approval as licensed foster families or adoptive families. This training includes expectations and tools to assist families in caring for children from varied cultural backgrounds, including the LGBTQ community. Many MDHHS offices and private CPAs provide current foster and adoptive parents with ongoing training on these topics and many others.

MDHHS and the Statewide Foster, Adoptive and Kinship Parent Collaborative Council joined forces to sponsor the Eighth Annual Foster, Adoptive, and Kinship Parent Conference in the month of May. Information was presented online and included the following presentations:

- Forgotten Victims: Caring for the Non-Abused Siblings of Sexual Abuse Victims
- Guilt: Helping Relative Caregivers Manage Guilt Related to Changing Loyalty and Family Dynamics
- Fetal Alcohol Spectrum Disorder from a Trauma Lens
- Engaging and Co-parenting with Birth Parents
- Trauma, Resilience, and Redemption
- Just Keep Swimming: Thriving in the Midst of Grief and Loss
- Fatherhood and Family Time During the Pandemic
- The Spirit of a Child: From Rejection to Connection
- Avoiding the Road to Replacement and Dissolution
- Brave Girl, Speak: Surviving Childhood Sexual Abuse

Supportive services and trainings continue to be provided through the Post-Adoption Resource Centers and Regional Resource Teams located throughout the state. These teams helped meet the goal of expanding and centralizing foster/adoptive parent training.

Other efforts to ensure training is available include coordination and posting of a master spreadsheet listing free online training opportunities. MDHHS has partnered with Fostering Forward Michigan to coordinate the recording and hosting of multiple trainings available on demand to caregivers throughout the state. This resource can be found at:

<https://ffmichti.thinkific.com/>. Some of the available trainings include:

- Seeking Cooperation for Best Interests: Adjusting the Mindset to Find Common

Ground.

- Increasing Success with Counseling Services.
- A Guide to Caring for Muslim Children in Foster Care.
- Advocating For Yourself During Special Evaluations.
- Raising Black Boys.
- The Effects of Fostering on Relationships.
- When the Trauma of Children in Care Triggers Your Own Story.
- GPS for Kids on the Trauma Highway: Helping Them Navigate a World That Isn't Trauma Informed.
- Parenting Children with Special Needs.

Item 33-35 Progress Made to Improve Outcomes

Goal: MDHHS will implement an annual resource parent diligent recruitment and retention plan statewide to ensure there are resource family homes that meet the diverse needs of the children who require out-of-home placement.

- **Objective:** MDHHS will ensure state standards are applied to all licensed or approved resource families.

Outcome: Applying state standards to all licensed or approved resource families ensures a systematic and thorough screening and licensing process.

Measures: Child welfare licensing data and other sources.

Baseline - 2017: Strength

Benchmarks 2020–2024: Local licensing agencies will collaborate with DCWL to ensure all standards are applied equally.

2020 Performance: DCWL continues to ensure standards are applied equally.

2021 Performance: DCWL continues to ensure standards are applied equally.

2022 Performance: DCWL continues to ensure standards are applied equally.

- **Objective:** MDHHS will ensure the state complies with federal requirements for criminal background clearances for licensing resource homes and has provisions for ensuring the safety of foster and adoptive placements.
Outcome: Compliance with federal requirements for criminal background clearances ensures the safety of foster and adoptive placements.
Measures: Criminal history and central registry screening of foster or adoptive parent applicants.
Baseline - 2017: Strength
Benchmarks 2020-2024: Collaboration between DCWL and local CPAs to ensure each licensed foster home and adoptive home is screened and approved before children are placed.
2020 Performance: 100% of licensed foster homes had a completed criminal history and central registry screening prior to licensure.
2021 Performance: 100% of licensed foster homes had a completed criminal history and central registry screening prior to licensure.

2022 Performance: 100% of licensed foster homes had a completed criminal history and central registry screening prior to licensure.

- **Objective:** MDHHS will recruit and license an adequate number and sufficient array of foster homes to reflect the ethnic and racial diversity of children in the state for whom placement is needed.

Outcome: Recruiting and licensing an adequate array of foster homes to reflect the ethnic and racial diversity of children for whom placement is needed ensures a wide variety of placements are available to meet the needs of children.

Measure: Percentage of local annual recruitment, licensing and adoption plans that meet 90 percent or more of their licensing goals.

Baseline - 2017: Area needing improvement

Benchmarks 2020-2024: At least 80% of annual county recruitment plans will meet 90% of their licensing goals.

2020 Performance: 53% of counties met at least 90% of their recruitment goal and 74% of counties met at least 70% of their recruitment goal.

2021 Performance: 64% of counties met at least 90% of their recruitment goal and 84% of counties met at least 70% of their recruitment goal.

2022 Performance: 60% of counties met at least 90% of their recruitment goal and 73% of counties met at least 70% of their recruitment goal.

Goal: MDHHS will ensure best practices are utilized for recruitment and retention and barriers are addressed, as needed.

- **Objective:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure placement of a child in an appropriate household is not delayed by the search for a same race or ethnicity placement.

Outcome: Timely search for prospective parents for children needing adoptive placements will ensure all children who need adoptive parents achieve timely permanency.

Measure: Number of youth available for adoption without an identified family registered with MARE within required timeframes.

Baseline – 2017: Area needing improvement.

Benchmarks 2020–2024: Demonstrate improvement each year.

2020 Performance: During FY 2020, the number of children registered with MARE (photo-listed or hold registrations) and the percentage completed within the policy timeframe of 30 days.

- 127 photo-listed registrations, of which 45 were registered within policy timeframe (35.4%).
- 1,557 hold registrations, of which 1,152 were registered within policy timeframe (74%).
- TOTAL: 1,684 registrations, of which 1,197 registered within policy timeframe (71.1%).

2021 Performance: During FY 2021, the number of children registered with MARE (photo-listed or hold registrations) and the percentage completed within the policy timeframe of 30 days.

- 60 photo-listed registrations, of which 14 were registered within policy timeframe (23%).
- 1,836 hold registrations, of which 1,343 were registered within policy timeframe (72%).
- TOTAL: 1,896 registrations, of which 1,343 registered within policy timeframe (71%).

2022 Performance to Date: From Oct 1, 2021, to Feb. 28, 2022, the number of children registered with MARE (photo-listed or hold registrations) and the percentage that were completed within the policy timeframe of 60 days:

- 32 photo-listed registrations, of which 21 were registered within the policy timeframe (66%).
- 704 hold registrations, of which 648 were registered within the policy timeframe (92%).
- Total: 736 registrations, of which 669 were registered within the policy timeframe (91%).

- **Objective:** MDHHS will enhance resource parent engagement, support, and development to recruit, prepare, and support resource families in their ability to accept placement of children transitioning from congregate care.
Outcome: Recruiting, preparing, and supporting resource families to accept placement of children transitioning from congregate care will enhance resource families' ability to address the needs of those children.
Measure: Percentage of children transitioning from congregate care into a foster home or relative placement.
Baseline – 2017: Area needing improvement.
Benchmarks 2020–2024: Demonstrate improvement each year.
2020 Performance: In FY 2019, 923 children had at least one placement episode in a congregate care setting. Of those, 495 (54%) were placed with a relative, a foster family or adoptive family as their subsequent placement. An additional 207 youth (22%) returned to their parental home following placement in a congregate care facility.
2021 Performance: In FY 2020, 841 children had at least one placement episode in a congregate care setting. Of those, 563 (67%) were placed with a relative, fictive kin, a foster family or adoptive family as their subsequent placement. An additional 142 youth (17%) returned to their parental home following placement in a congregate care facility.
2022 Performance: In FY 2021, 651 children had at least one placement episode in a congregate care setting. Of those, 438 (67%) were placed with a relative, fictive kin, a foster family or adoptive family as their subsequent placement. An additional 83 youth (13%) returned to their parental home following placement in a residential facility.

- Objective:** MDHHS will enhance resource parent engagement strategies to impact resource parent satisfaction, retention, and development.

Outcome: Enhancing resource parent engagement strategies will increase their retention and ability to care for children in foster care.

Measure: Percentage of resource parents reporting satisfaction with their role, their interactions with their agency, and with the department.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2020 Performance: Due to the COVID19 pandemic, the FY 2020 baseline parent survey was unable to be conducted prior to report submission. MDHHS plans to send out the caregiver support and satisfaction survey once the COVID19 threat has subsided, so as not to influence the data set.

2021 Performance: Due to the COVID-19 pandemic, the FY 2020 baseline parent survey was unable to be conducted prior to report submission. A COVID-19 caregiver needs survey was developed and sent to resource families throughout the state.

2022 Performance: The FY 2021 the Foster Family Support Services Survey revealed that 57.3% of caregivers identified an area where more support was needed within the last year. According to the survey, 82.1% of caregivers were “very satisfied,” “somewhat satisfied,” or “satisfied” with their foster parenting experience so far.
- Objective:** MDHHS will enhance resource parent pre-licensure and adoption training to adequately prepare resource families with a baseline of knowledge about the needs of children placed in foster care or available for adoption.

Outcome: Enhancing resource parent training will prepare them to address the needs of children placed in foster care or available for adoption.

Measure: Percentage of resource parents demonstrating increased understanding of the needs of children in foster care, the child welfare system, and processes following completion of training.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2020 Performance: MDHHS contracted with Eastern Michigan University to develop a new pre-licensure and pre-adoption training curriculum.

2021 Performance: The pre-licensure and pre-adoption training curriculum developed by Eastern Michigan University, GROW, was piloted in FY 2020.

2022 Performance: The GROW pre-licensure and pre-adoption training curriculum was rolled out statewide in 2021.

New Caregiver Training Curriculum: GROW

- **Grow** culturally responsive relationships.
- **Recognize** children’s developmental needs and the impact of trauma.
- **Obtain** information and resources.
- **Work** in partnership with families to support healthy relationships.

The goal of the pre-service curriculum is to prepare foster, adoptive, and kinship parents to establish culturally responsive relationships with infants, children, and youth in foster care, with attention to the impacts of trauma exposure and developmental needs and develop co-parenting relationships with birth families that support the future relational health of all infants, children, and youth.

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

Progress in 2020

Eastern Michigan University (EMU) completed and piloted the contracted curriculum in west Michigan counties. The pilot was initiated on July 1, 2020 and ended on Jan. 31, 2021. Regional master trainers were trained by the university in April 2021.

Progress in 2021

The new curriculum was rolled out to all regions within the state on July 1, 2021. Since statewide rollout occurred, EMU has observed each region conducting the training to ensure that the curriculum is well received throughout the state. Trainers were all able to demonstrate mastery over curriculum delivery by January 2022. Most participants completing post training surveys have indicated a positive training experience. EMU made revisions as needed and the final curriculum will be completed by July 2022. EMU will also be conducting a post training survey of caregivers who completed GROW and now have a child placed in their care. This final phase of the research related to the project should give insights as to the ability of caregivers to recall lessons learned during the training and effectively utilize information learned. The next phase of the GROW project is the creation and piloting of a web-based version of the curriculum. This is currently under development with an anticipated pilot date of Oct. 1, 2022.

Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements

The Interstate Compact on the Placement of Children (ICPC) ensures protection and services to children placed across state lines for parental, foster care, adoption, and residential placements by establishing procedures that verify placements are safe, suitable, and able to provide proper care given the needs of the child. The compact also assigns legal, financial, and medical responsibilities to those involved in making the placements.

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

If a child's permanency plan is to be adopted by a family residing outside of the state of

Michigan, the ICPC must be used. Foster care and adoption staff coordinate the referral process through the MDHHS Interstate Compact Office. A child cannot be placed out of state for relative placement, foster care placement, or adoption without prior written approval from the receiving state through the ICPC process.

- When the sending state is requesting a home study of a parent or relative in Michigan, the local office, court, or licensed private agency must follow the procedures outlined in FOM 922-1, Foster Family Home Development.
- Criminal background and central registry checks are mandatory for all adults in the home.
- A MiSACWIS case must be registered and activated.
- If the placement is unsuccessful, Michigan may request the child be returned to the state in which the child came under legal jurisdiction. That state is then responsible for planning and financing the return of the child.
- If the child's adjustment appears satisfactory, either state may initiate discharge planning. The final decision rests with the sending state. Receiving state staff must provide supervision until the sending state terminates jurisdiction and provides notification.

Item 36 Plan for Continued Improvement

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

- Implemented a centralized ICPC email address for all matters ICPC including case routing, training, and technical assistance.
- Strongly encouraged the use of email instead of ground mail to route cases and seek case assistance more rapidly.
- Contributed ICPC recommendations to the agenda of the monthly Child Welfare Supervisory Conference.
- Continued a regular series of home study reminders for frontline staff with ICPC caseloads, codified in a follow-up protocol. Field staff are reminded of studies coming due on a regular basis and late studies are subject to continuing regular follow-up.
- Implemented an internal and external escalation protocol to follow up on cases coming near due and overdue to utilize BSCs in Michigan and for utilization with Interstate Compact Administration staff in other state ICPC offices.
- Provided ICPC training to field and private agency workers and supervisors as requested. Scheduled training is also offered.
- Comprehensive revisions of all ICPC policies to be posted later in 2022.
- Reduced the internal due date for home studies on incoming cases to be returned to the ICPC office from 60 days to 45 days, ensuring timelier completion.

Item 36 Progress Made to Improve Outcomes

- **Objective:** MDHHS will support safe and timely placement across jurisdictions when such placement is in the best interest of the children.
Outcome: Safe and timely placement of children across jurisdictions ensures the most

optimum placements for children are available to them.

Measure: Interstate Compact data on percentage of out-of-state placements in Michigan with completed home studies within 60 days of the state's request.

Baseline - 2017:

- **CFSR 2018:** Area needing improvement.
- **Interstate Compact 2017:** 55 percent of home studies were completed within 60 days.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2020 Performance: 57% of home studies were completed within 60 days.

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

2022 Performance: 76% of home studies were completed within 60 days.

Item 36 Planned Activities for 2022

- DCWL will screen prospective foster and adoptive parents through criminal history and central registry checks, as well as all adults living in the prospective foster or adoptive homes.
- Eight regional Post-Adoption Resource Centers will provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international, direct consent, or direct placement adoption, or children who have a Michigan subsidized guardianship agreement.
- Adoption resource consultants will serve youth who have been legally available for adoption with a goal of adoption for over a year without an identified adoptive family.
- Adoption Navigator services will be offered to prospective adoptive parents.
- The Match Support Program will provide services to adoptive families who have been matched with a child who was photo-listed on MARE.
- The Adoption Oversight Committee will meet bi-monthly.
- Foster Care Navigator services will be offered to support prospective foster parents through the licensing process.
- Six Regional Resource Teams will provide all pre-licensure and pre-adoptive parent training, provide parent support throughout the licensing process, and provide recruitment and retention support to local MDHHS offices to enhance local recruitment and retention efforts.
- MDHHS will implement strategies to eliminate racial disparities and bias in recruitment and retention of foster and adoptive parents that are recommended by the Michigan Child Welfare Improvement Task Force.

CFSR Program Improvement Plan Update

- **Engagement Strategy Three: 1.3:** MDHHS will rebrand foster parents as resource families to expand the role to one expected to co-parent with parents when out-of-home placement is needed.
- **Engagement Strategy Three 1.3.1:** MDHHS will identify and assess models of foster

parent communities that heavily invest in the following:

- Peer supports
- Support of parents
- Resource family support groups with community expert components
- Innovative support groups through use of technology
- Assessing obstacles to resource family involvement in support groups
- Focus on co-parenting

Update: This activity was completed in Quarter 2. MDHHS identified and assessed models of foster parent communities. Focus groups were completed throughout the state.

- **Engagement Strategy Three: 1.3.4:** MDHHS will expand existing foster parent training provided by Regional Resource Teams to include requirements and strategies of co-parenting among resource families and parents. Training will be developed for MDHHS and private agency licensing, foster care, and adoption workers and supervisors.

Update: Eastern Michigan University (EMU) was contracted to create a training curriculum for resource families and parents. The curriculum was piloted virtually in BSC 3 beginning in August 2020. The pilot was completed on Jan. 31, 2021. Master trainers were trained in early April, and it is expected all trainers will be trained by June 2021. Statewide rollout is planned to occur beginning July 2021.

2022 Update: This activity was completed in Quarter 8. EMU developed the GROW curriculum after conducting extensive research, consulting with national experts, convening focus groups and obtaining feedback from child welfare staff and families. The training curriculum is trauma-informed and was developed to meet the unique needs of families involved with Michigan's child welfare system. Twenty-six master trainers were trained by EMU. These trainers trained all remaining trainers across the state prior to statewide implementation.

Implementation and Program Supports

- Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities, and key foster, adoptive, and kinship parents are necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.
- Local MDHHS offices and private agencies use the Foster Home Estimator to analyze the data used to assess the need for foster homes serving diverse communities.
- The Bureau of Out-of-Home Services will conduct trainings for licensing supervisors and staff to provide information and technical assistance to support establishment of annual recruitment and retention plans. This training will include information obtained through focus groups held with various parent-led organizations about the most impactful support and retention strategies. The training will also include information about utilizing data to enhance recruitment planning and establishing appropriate targeted recruitment strategies.
- Post-Adoption Resource Centers provide services to support families who have

- finalized adoptions of children from the Michigan child welfare system.
- Foster care and adoption staff coordinate the referral process for children being placed out of state through the Interstate Compact Office.
- The MARE Match Support Program provides statewide services for families who have been matched with a child from the website and are moving forward with adoption.
- MDHHS will set aside funds for federally recognized tribes to support targeted recruitment efforts.
- MDHHS will enhance outreach within faith communities by strengthening partnerships with organizations such as the Muslim Foster Care Association and churches hosting community dialogues.

Training and Technical Assistance

- MDHHS utilizes input from the field to develop the template and forms for the annual foster and adoptive parent recruitment and retention plans and to develop strategies for recruiting and retaining foster homes, implementing recruitment and retention plans, and compliance in the licensing of foster homes. As a result of collaboration with tribal representatives, questions were added to the recruitment and retention plan forms for FY 2022, intended for counties to consider the race and cultures of children in care locally and to determine specific goals, tasks, and activities to recruit more homes for children with the greatest placement needs. These changes remain integrated in the recruitment and retention plan forms for FY 2023.
- Adoption resource consultant services throughout the state provide services to children who have a permanency goal of adoption and who have been legally free for adoption for one year or more without an identified family.

Technical Assistance and Capacity Building

- MDHHS will continue using the Foster Home Estimator from Wildfire Associates developed with support and funding from the Annie E. Casey Foundation.
- MDHHS will continue to work with AdoptUSKids to enhance caregiver support and recruitment strategies.

CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES

MDHHS Tribal Collaborative Governance Overview

Michigan’s American Indian/Alaska Native population (AI/AN) is over 230,000. There are 12 federally recognized tribes in Michigan:

- Bay Mills Indian Community
- Grand Traverse Band of Ottawa and Chippewa Indians
- Hannahville Indian Community
- Keweenaw Bay Indian Community

- Lac Vieux Desert Band of Lake Superior Indians
- Little River Band of Ottawa Indians
- Little Traverse Bay Band of Odawa Indians
- Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians
- Nottawaseppi Huron Band of Potawatomi Indians
- Pokagon Band of Potawatomi Indians
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians with a combined service area of 60 counties

Note: The Grand River Band of Ottawa Indians, located in Grand Rapids, MI has been seeking federal recognition since 2013 (see [Legislative resolution pushes rightful recognition of Grand River Bands of Ottawa Indians \(rapidgrowthmedia.com\)](#)).

See Pub 172 at https://www.michigan.gov/documents/dhs/NAA-Tribal-Service-Area-Map_305179_7.pdf

Native American Affairs

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

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

For more information on services in tribal communities, please visit:

www.michigan.gov/americanindians

Provision of Child Welfare Services

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

- MDHHS provides after-hours CPS for five tribes.
- Ten tribes investigate CPS complaints on tribal land.
- Where tribal government agencies do not have child welfare or tribal court services, the state provides care and supervision for Indian children and collaborates with ICWA Designated Tribal Agents to provide case management.

Tribal Consultation and Coordination in 2021

Consultation and coordination activities in FY 2021 are listed below. The majority of these activities are regularly scheduled and ongoing.

- Monthly calls with the CSA director and leadership, Feb. 1, 2021; March 1, 2021; May 3, 2021; June 7, 2021; Aug. 2, 2021; Sept. 6, 2021; Nov. 1, 2021; and Dec. 6, 2021; excluding quarterly Tribal State Partnership Meeting months of January, April, July, and October.
- Tribal Consultation collaborative governance - 12 consultation meetings were held and seven workgroup invitations that included:
 - APSR review, April 7, 2022; March 31, 2021; and April 5, 2021.
 - MDHHS NAA Policy Tribal Workgroup, held monthly meetings September – January 2022 and increased to biweekly meetings in February 2022.
 - Proposed changes to MCL 712a.13(b) also known as the Foster Care Review Board Legislation. Four meetings were held with tribal governments to collaborate on the legislation. Meeting dates were May 26, 2021, June 15, 2021, Sept. 23, 2021, and Dec. 16, 2021
 - Public Act 260/Guardianship Assistance Act. The department worked in collaboration with the Bay Mills Indian Tribe to create a draft amendment to this legislation. After draft creation, three meetings were held with all tribal governments to finalize the amendment. Meeting dates were June 30, 2021, Oct. 5, 2021, and Nov. 1, 2021.
 - Final review of Structured Decision-Making Centralized Intake Assessment with tribal governments on Oct. 8, 2021.
 - Front End Redesign specific to the Safety and Risk Assessment workgroup meeting occurred on Oct. 6, 2021.
- Monthly Native American Outreach Workers meetings discussion on service enhancements and professional development (virtual); occurs first Tuesday of the month.
- Tribal-State Partnership meetings, a collaborative group of Tribal Social Services directors, state, urban Indian organizations, and CSA staff that focuses on Indian child welfare and ICWA, Jan. 20, 2021, April 21, 2021, July 21, 2021, and Oct. 20, 2021.
- Urban Indian State Partnership meetings, a collaborative group of urban Indian organizations, MDHHS, Michigan Depts. of Natural Resources, Civil Rights, Agriculture and Rural Development, Education, Licensing and Regulatory Affairs, and Michigan State Police that focuses on the challenges facing tribal at-large membership and point-of-entry for services, Dec. 3, 2021 (virtual).
- Monthly quality assurance of Michigan Indian CPS and foster care data reports occurred in collaboration with tribes in 2021.

Tribes were invited to participate or participated in the following 2021 MDHHS committees:

- CCI Steering Committee and workgroups
- Child Welfare Partnership Council
- Front End Redesign and workgroups
- DCWL rule change tribal workgroup
- FFPSA workgroup

- Foster Home CPA Rule Change workgroup
- MDHHS Adoption/Foster/Kinship Care Committee
- QRTP court workgroup
- Structured-Decision Making Tool workgroup
- Tribal FFPSA workgroup

Tribal Consultation Agreements

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

Negotiations

- Tribal consultation occurred with Hannahville Indian Community in 2021 to create a MDHHS State-Tribal Title IV-E Claiming Agreement in which the tribe will maintain care and supervision and MDHHS will make the federal Title IV-E claim and maintenance payments for tribal children in care. The Hannahville Indian Community State-Tribe Title IV-E Claiming Agreement is expected to be completed by October 2022.
- Nottawaseppi Huron Band of Potawatomi Indians (NHBP) has expressed interest in a State-Tribe Title IV-E Claiming Agreement in the future.
- Bay Mills Indian Community (BMIC) and Hannahville Indian Community (HIC) enacted CPS agreements and Adult Protective Services (APS) agreements with MDHHS for MDHHS coverage of CPS/APS on respective tribal land in 2021 due to staffing shortages. The BMIC CPS Memorandum of Understanding (MOU) ended Feb. 28, 2022. HIC extended their CPS MOU until Oct. 1, 2022.
- Updating of the Keweenaw Bay Indian Community (KBIC) Title IV-E Support Agreement occurred in 2021. Due to KBIC staff changes, this agreement update is pending finalization.

Development of tribal access to MiSACWIS FFPSA programming occurred in December 2021 - April 2022. Through a tribal agreement, tribes will have access to social work contacts for their tribal children that are eligible candidates for care under FFPSA Title IV-E programming. Tribal access is expected to be finalized in June 2022 upon completion of the tribal agreement.

CSA is in the process of updating the current 26 tribal agreements addressing services including CPS after-hours, APS, Title IV-E, tribal consultation, Youth in Transition, and Indian child welfare services including those to descendent families utilizing the new State-Tribal Title IV-E Claiming Agreement template. Completion of at least one finalized agreement is targeted for October 2022.

Ensuring Culturally Appropriate Services

MDHHS ensured culturally relevant services were in place for Michigan's AI/AN citizens in 2021 through:

- Conducting stakeholder surveys for quality assurance.
- Developing and conducting ICWA case reviews in collaboration with Michigan tribes and urban Indian organizations.
- Development of grant and contract opportunities for tribal communities.
- Invitations to tribal representatives for participation and input on various CSA committees and workgroups, including the CFSR workgroup.
- Maintaining a public MDHHS Native American Affairs website.
- Mandatory OWDT ICWA training for new caseworkers and supervisors.
- NAA policy implementation.
- Negotiating tribal-state Title IV-E and Title IV-D agreements. Michigan assists the tribe(s) to access Title IV-E maintenance funding, Chafee, training, and data collection resources.
- Participation in regional and national tribal consultation at the following events:
 - Bureau of Indian Affairs Partners in Action Regional Tribal meetings and conferences
 - Governor's Tribal Summit
 - Child Welfare League of America State Indian Child Welfare manager meetings
 - Annual Department of Homeland Security Emergency Preparedness Conference
 - Annual U.S. Department of Health and Human Services and Midwest Association of Sovereign Tribes Tribal Consultation Meeting
- Publishing culturally competent human services materials.
- Quarterly Tribal-State Partnership meetings with representatives from CSA, Michigan's 12 federally recognized tribes, and tribal organizations.
- Reviewing and revising Indian child welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Strengthening the Native American Outreach Worker program through training and policy development.
- Strengthening the state courts' application of ICWA through collaboration with tribal courts, attorneys and social services, CSA, state court administration, and the MDHHS Legal Division.

BSC directors developed ICWA Program Improvement Plans in 2021, including mandatory annual ICWA and MIFPA training for all county child welfare staff. In addition, BSCs developed a local NAA policy point-of-contact to assist caseworkers with ICWA implementation and quality assurance of ICWA data reports. Annual ICWA and BSC ICWA point-of-contact trainings provided through OWDT and NAA occurred in 2021 across all BSCs.

Funding Culturally Appropriate Services

CSA contracted with the following entities to provide culturally relevant and appropriate services in 2021:

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

Placement of Native American Children

In 2021, there were 370 Native American children in the Michigan foster care system. The number of children in each placement are listed below.

Living Arrangement Type	Count of BSC
Adoptive Home	30
Adult Foster Home	3
AWOL	3
Child Caring Institution	10
Detention	5
Friend/Partner Home	1
Juvenile Guardianship Home	6
Licensed Unrelated Foster Home	56
Licensed/Unlicensed Relative Home	124
MDHHS Training School	1
Out of State Licensed Relative	1
Out of State Parental Home	2
Parental Home	116
Rental Home/Apartment	8
Terminated Parental Home	1
Unrelated Caregiver	3
Grand Total	370

Of the 370 Native American children in care in 2021, MiSACWIS data showed 66 percent (244) were placed with parents or relatives, and all case records reflect placement preferences.

Tribal Access to Chafee Foster Care and ETV Services

In 2021, seven tribal youth from Bay Mills Indian Community and the Sault Ste. Marie Tribe of Chippewa Indians accessed Chafee programs/services. In total, \$3,182 in Chafee funding was provided to the seven tribal youth in 2021.

Two tribal youth utilized \$10,000 in ETV in 2021. In 2021, Hannahville Indian Community (HIC) continued tribal consultation for a State-Tribal IV-E Claiming Agreement, which would include Chafee administration if the tribe requested such duties.

All Chafee services including ETV are available to eligible tribal youth without exception. MDHHS includes information about Chafee services and the ETV program at quarterly Tribal-State Partnership meetings, where tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes as requested.

Compliance with ICWA

MDHHS ICWA compliance is measured through the following feedback:

- A statewide survey of tribal social service directors, county and BSC directors, and private agency foster care agency directors
- ICWA Case Reviews measuring Native American Affairs (NAA) policy implementation.
- Individual tribal consultation sessions with Michigan tribes
- MDHHS county director and tribal social services local case monitoring meetings
- MiSACWIS reporting on Indian children in CPS and foster care
- OWDT ICWA training for new child welfare caseworkers
- REDI ICWA training for new child welfare supervisors
- Review of Michigan Court of Appeals 2021 ICWA and MIFPA case decisions
- Supervisory Control Protocol ICWA activities
- Tribal consultation on Michigan's APSR at quarterly Tribal-State Partnership meetings and Tribal State Forum meetings

Tribal feedback on MDHHS state-tribal collaboration and ICWA compliance in 2021 included the following:

- Properly assigning household members to child welfare cases.
- Ensuring invitations to tribal partners to provide recommendations for QRTP assessments.
- Between January 2021 and December 2021, there were 13 cases involving Indian children reviewed by the Michigan Court of Appeals (COA); the court affirmed all but four of the lower court decisions.

Quality Assurance ICWA/MIFPA Protocol

DCQI and Native American Affairs are in the process of finalizing a quality assurance ICWA/MIFPA protocol to ensure all BSCs in Michigan adhere to similar processes when assessing ICWA/MIFPA compliance for their counties. Compliance will be assessed using one case read tool on an ongoing basis. BSC case read information will be shared with Native American Affairs and DCQI to make recommendations for systemic changes in CSA policies, case management guidance, and offer training opportunities for staff to improve service delivery to American Indian/Alaska Native children and families.

2021 ICWA/MIFPA Case Review

An annual MDHHS ICWA/MIFPA case review of CPS investigations and ongoing cases was conducted October - December 2021 with three Michigan tribes, Little Traverse Bay Bands of Odawa Indians, Nottawaseppi Huron Band of Potawatomi Indians, and the Sault Ste. Marie Tribe of Chippewa Indians. Planning for the 2021 ICWA case review occurred from February to September.

Overall ICWA/MIFPA improvement in 2021 was evidenced in comparison with the 2019 ICWA/MIFPA case review results and can be seen in the table below.

Requirement	2019	2021
Inquiring about tribal affiliation at the onset of a case	59%	73%
Completion of MDHHS-5598, AI/AN Child Tribal Enrollment/Eligibility Verification form	65%	72%
Utilization of DHS-120 Notice of Court Proceeding	60%	63%

Opportunities for improvement include providing timely and appropriate active efforts and increasing tribal participation at family team meetings. No ICWA/MIFPA Case Review was conducted in 2020 due to the COVID-19 pandemic.

MDHHS, in partnership with tribal governments, will develop a foster care ICWA/MIFPA case review tool to utilize every other year to assess the state's compliance. The foster care review tool and review process will follow the same practice as was used in the development of the CPS review. MDHHS will solicit tribal government volunteers to participate in the tool development as well as participation in the foster care review that will take place during the months of October, November, and December 2022.

Child Welfare Training

The OWDT and Native American Affairs provides ICWA/MIFPA training in child welfare Pre-Service Institute, a refresher course, and on-demand computer-based training, and REDI provides child welfare New Supervisor Institutes. Participant totals in 2021 include:

- CPS, Foster Care, and Adoption Pre-Service Institute ICWA/MIFPA training:
 - ICWA/MIFPA computer-based training: 1374
 - ICWA/MIFPA refresher training: 7

- Supervisory Control Protocol 2.0 ICWA Activity Webinar: 30

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

Tribal Consultation Progress Made to Improve Outcomes

Goal: MDHHS will ensure compliance with ICWA statewide.

- **Objective 1:** MDHHS will increase the number of children identified as AI/AN at the onset of cases statewide.

Measures: MiSACWIS data on Indian heritage

Benchmarks 2020-2024: Demonstrate improvement each year.

- **2020 Performance:** In 46.5% of 71 cases, a worker contacted a tribe to assess and verify tribal enrollment for a child (area needing improvement).
 - **2020 Performance:** 98 (26%) of 370 Indian children in care are missing tribal membership or eligibility inquiry data and 117 are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with the child record (area needing improvement). MiSACWIS
 - **2021 Performance:** 86 (23%) of 357 case records of Indian children in care case records are missing tribal membership or eligibility inquiry data and 77 (22%) are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with all child records. After system review through the data quality assurance process, these errors are determined data entry errors or case transfers from tribes for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS
 - **2022 Performance:** 84 (23%) of 370 case records of Indian children in care are missing tribal membership or eligibility inquiry data and 47 (13%) are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with all child records. After system review through the data quality assurance process, these errors are determined data entry errors or case transfers from tribes for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS
- **Objective 2:** MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and will inform them of their right to intervene in the proceeding.
- Measures:** MiSACWIS data on Indian heritage and Indian Child Case Review.
- Benchmarks 2020-2024:** Demonstrate improvement each year.

- **2020 Performance:** In 1.5% of 66 cases, workers sent proper notification 10 days in advance of a child custody proceeding to a tribe (area needing improvement). Indian Child Case Review
 - **2020 Performance:** 117 (32%) of 370 case records of the ICWA cases are missing tribal mailing verification data pertaining to notice of a child custody proceeding and legal timeframes; however, a tribe is identified, and a tribal status start date is cited and associated with the child record. Missing data fields may include the following: previous existing child record or data entry error (area needing improvement). MiSACWIS
 - **2021 Performance:** 77 (22%) of 357 case records of the ICWA cases are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with all child records. After system review through the data quality assurance process, these errors are determined data entry errors, or case transfers from tribes for the purposes of title IV-E funding not ICWA compliance errors (satisfactory). MiSACWIS
 - **2022 Performance:** 47 (13%) of 370 case records of the ICWA cases are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with all child records. After system review through the data quality assurance process, these errors are determined data entry errors or case transfers from tribes for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS
- **Objective 3:** MDHHS will ensure placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.
Measures: MiSACWIS data on Indian heritage and Indian Child Case Review.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2020 Performance:** In 2.94% of 68 cases, the worker conducted a diligent search for extended family members for placement (area needing improvement). Indian Child Case Review
 - **2020 Performance:** 229 (60%) of 370 Indian child case records represent parent or relative foster care placements and 370 Indian children case records reflect ICWA placement preferences (satisfactory). MiSACWIS
 - **2021 Performance:** 211 (60%) of 357 Indian child case records represent parent or relative foster care placements and 357 Indian children case records reflect ICWA placement preferences (satisfactory). MiSACWIS
 - **2022 Performance:** 244 (66%) of 370 Indian child case records represent parent or relative foster care placements and 370 Indian children case records reflect ICWA placement preferences (satisfactory). MiSACWIS
 - **Objective 4:** MDHHS will ensure active efforts are made to prevent the breakup of the Indian family when parties seek to place an Indian child in foster care or adoption.

Measures: MiSACWIS data on Indian heritage and Indian Child Case Review.

Benchmarks 2020-2024: Demonstrate improvement each year.

- **2020 Performance:** 28.17% of 71 cases demonstrated efforts provided to families were active efforts (area needing improvement). Indian Child Case Review
 - **2020 Performance:** In 100% of the 370 Indian child welfare cases the court determined active efforts were made to prevent the breakup or to reunify the Indian families (satisfactory). MiSACWIS
 - **2021 Performance:** In 100% of the 357 Indian child welfare cases the court determined active efforts were made to prevent the breakup or to reunify the Indian families (satisfactory). MiSACWIS
 - **2022 Performance:** In 100% of the 370 Indian child welfare cases the court determined active efforts were made to prevent the breakup or to reunify the Indian families (satisfactory). MiSACWIS
- **Objective 5:** MDHHS will provide timely notification to the child's tribe of its right to intervene in any state court proceedings seeking an involuntary placement or termination of parental rights of Indian children.

Measures: MiSACWIS data on Indian heritage and Indian Child Case Review.

Benchmarks 2020-2024: Demonstrate improvement each year.

- **2020 Performance:** In 1.52% of 66 cases, the worker sent proper notice 10 days in advance of a child custody hearing to a tribe (area needing improvement). Indian Child Case Review
- **2020 Performance:** 117 (32%) of 370 case records are missing tribal mailing verification data pertaining to notice of a child custody proceeding and legal timeframes; however, a tribe is identified and associated with the child record (area needing improvement). MiSACWIS
- **2021 Performance:** 77 (22%) of 357 case records are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with all child records. After system review through the data quality assurance process, these errors are determined data entry errors, or case transfers from tribes for the purposes of title IV-E funding not ICWA compliance errors (satisfactory). MiSACWIS
- **2022 Performance:** 47 (13%) of 370 case records are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribe has been identified and a tribal status start date is associated with all child records. After system review through the data quality assurance process, these errors are determined data entry errors or case transfers from tribes for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS

Data Report Innovation

MDHHS increased data reporting on ICWA elements in 2021 through the following:

- MiSACWIS ICWA Screen additions of the MDHHS-5598 form regarding AI/AN Parent Tribal Enrollment/Eligibility Verifications and Date of Initial Court Proceeding.
- CW 1403 AI/AN CPS Report was updated to include the active efforts checklist data.

MiSACWIS Innovation

- MDHHS updated the MiSACWIS system in 2021 to generate a drop-down selection of types of active efforts caseworkers provided to families. Previously, MiSACWIS data reports only had a binary functionality indicating whether an active efforts narrative box was completed and contained content. NAA policy, training, and data reports were updated to include the active efforts checklist completion required for reporting purposes. Enhanced reports will guide identification of state trends as well as family and service barriers, strengths, and needs.
- MiSACWIS Tribal Role and FFPSA programming social work contact access development occurred December 2021 – April 2022. Finalization is expected in June 2022.

Plan for Ongoing Collaboration and Coordination

- MDHHS meets quarterly with Michigan’s federally recognized tribes at regional Tribal-State Partnership meetings and annual Tribal-State Forum meetings to discuss items of mutual interest and collaboration and to come to agreement regarding any concerns that may arise.
- Local MDHHS offices with tribal administrative offices convene monthly case monitoring meetings between county directors and tribal social service staff.
- CSA invites BSC and county director participation at regional quarterly Tribal State Partnership meetings, monthly CSA tribal calls with the CSA director, Child Welfare Leadership meetings, and individual Tribal Consultation meetings with tribes.

Tribal Consultation Planned Activities for 2023

Collaborative governance initiatives planned for 2023 include:

- Indian child welfare case reviews.
- Consultation on the FFPSA, Front-End Redesign, child welfare legislation, NAA policy, Native American Outreach Services policy, and tribal agreements.
- Continued access for tribes to MDHHS child welfare training and the learning management system.
- MiSACWIS ICWA AFCARS enhancement.
- MiSACWIS Tribal FFPSA social work contact agreements and utilization.
- Monthly data review of Indian child CPS and foster care cases.
- Review of the NYTD survey and results through the Youth in Transition program, with tribal discussion and feedback.

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

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

Collaborative Governance on the CFSP and APSR

CSA collaborative governance reviewing feedback on the APSR from tribes occurred on April 4, 2022, March 31, 2021, and April 5, 2021. Two tribes, two BSC directors, 16 county directors, and 17 private agency directors responded to the NAA Collaborator Survey. Respondents reported overall satisfaction with MDHHS ICWA policies, practices, and collaboration. Survey results can be seen in Attachment I, Native American Affairs Tribal Consultation Director’s Survey.

State and tribal child welfare Annual Progress and Services Reports (APSR) are exchanged annually upon approval by the Children’s Bureau. Native American Affairs also ensures the MDHHS public website posting of the CFSP/APSR is distributed to tribes; see [Michigan Child and Family Services Plans and Annual Progress and Services Reports](#).

MDHHS Resources Related to Native American Tribes

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

Service Description

MDHHS administers and oversees the John H. Chafee Foster Care Program for Successful Transition to Adulthood. Chafee goals are addressed through Michigan's Youth in Transition program. Youth in Transition provides support to young people in foster care and increases opportunities for those transitioning out of foster care through collaborative programming in local communities. Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. MDHHS maintains active collaboration with young people in planning and outreach.

MDHHS allocates funds to counties for independent living services for young people transitioning to independence from foster care. Counties may contract with private agencies or provide funds for services. Chafee-eligible expenditures include:

- First month's rent and security deposit.
- Utilities.
- Vehicles, insurance, and car repair.
- Preventive services.
- Mentoring.
- Securing identification cards.
- Employment services and supports.
- Pre-college educational supports.
- Participation in support groups and youth advisory boards.
- Housing startup goods.
- Startup items and supplies for new infants.

Coordination with Other Federal and State Programs

MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3). Young people that meet the criteria for Chafee-funded services are eligible, regardless of race, gender, or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee-funded goods and services. Juvenile justice specialists are offered all training opportunities regarding services available under the Chafee Foster Care Program for Successful Transition to Adulthood.

MDHHS provides oversight to the programs and agencies providing direct services and support to children through the Foster Care, Guardianship, and Adoption program office, which is responsible for ensuring that services meet federal requirements and are provided to all eligible young people. Foster Care, Guardianship, and Adoption program office staff oversee contracting for Chafee services and ensure agencies comply with contractual

obligations.

MDHHS is committed to ensuring that allocated Chafee funds are made available to eligible youth by facilitating disbursements of funds to counties for goods and services. This budget line is reviewed at regular intervals to identify spending patterns and align funds with areas of need. Young people in foster care on or after their 14th birthday are eligible for higher education financial aid in the form of ETV. Youth who exit foster care due to adoption or guardianship at age 16 or older are also eligible for ETV. At age 18, those young people are eligible for all Chafee-funded goods and services.

Michigan continues to coordinate services with other federal and state programs for youth through:

- Summer Youth Employment program coordinated with Michigan Works! Agencies.
- Coordinating with the Michigan State Housing Development Authority to distribute FYI housing vouchers.

Family First Prevention Services Act (FFPSA)

The FFPSA was enacted through Public Law 115-123 on Feb. 9, 2018, which changed the name of the John H. Chafee Foster Care Independence Program to John H. Chafee Foster Care Program for Successful Transition to Adulthood. The act changes the program purpose and population of youth eligible to receive services through the Chafee and the ETV programs. MDHHS made updates to policy and procedures after approval through the counter-signed certification from the Children's Bureau.

Progress in 2021

- MDHHS focused on improving safety of youth in Michigan's CCIs and juvenile justice facilities through contract and policy changes and other methods.
- Young people continue to be provided transitional services in financial stability, education, vocational and career needs, health, mental health, housing, and other needs as identified in collaboration with the youth when developing their service and transition plans.
- Youth, child welfare staff, and community partners receive information and technical assistance for supporting eligible youth to apply for ETVs up to age 26.
- Chafee-funded services are provided to youth who have left foster care, including those who achieved permanency in kinship care, guardianship, and adoption.
- Services provided ensure youth who experience foster care have opportunities to engage in age and developmentally appropriate activities.

Planned Activities for 2023

- MDHHS will identify strategies to expand resources for pregnant and parenting teens.
- MDHHS will provide prevention services to pregnant youth and youth considered at

- risk due to previous foster care experiences.
- MDHHS will assess supports available to youth in independent living and identify evidence-based interventions that can improve outcomes for transition-age youth.
- MDHHS will infuse youth voice throughout all areas of child welfare.
- MDHHS will message and provide technical assistance to child welfare staff and youth on the importance of transition-age youth leaving foster care with legal permanency and supportive adult relationships.
- MDHHS will message and provide technical assistance to youth and child welfare staff on the opportunity of continued support through the Young Adult Voluntary Foster Care (YAVFC) program.

Positive Youth Development

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

- MYOI, offered in every county in Michigan, brings enrolled youth together in their geographic area and involves them in developing opportunities for growth and social connectedness. Youth develop their leadership potential and self-advocacy skills and are provided opportunities to inform policy makers and legislators of ways to improve the child welfare system. The program establishes a youth board in each site that determines which opportunities youth would like to develop within their youth board and in the community.
- The MiTEAM case practice model incorporates authentic youth engagement in team decision-making meetings as their service plans are developed and implemented.
- Along with supportive adults, youth are included in case-planning meetings and semi-annual transition plan meetings, developing their potential through service referrals.
- Youth are encouraged to voice their preference in critical decisions such as school placement and activities they wish to participate in.
- As youth identify areas of need or interest, Chafee funds are made available to support activities and services that develop their potential.

Youth Participation in Improving Foster Care

Progress in 2021

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

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

- The Youth Advisory Board conducts quarterly Youth Town Hall meetings for current and former foster youth to provide updates regarding Chafee, Division X, resources, and other topics relevant to young people transitioning to adulthood.
- The Youth Advisory Board received training from Cetera, an organization that was founded to address resource gaps for young adults between ages 18-28 who are leaving foster care and transitioning to young adulthood. Cetera provided training on advocacy and well-being.
- MDHHS continues to work closely with the Jim Casey Initiative to support with the implementation of Michigan's Youth Advisory Board.
- In November 2021, Michigan developed a workgroup to initiate planning for a TDM Youth Engagement protocol, Youth Engagement Training and Youth Community Representative serving Genesee, Kent, Macomb, Oakland, and Wayne counties (BSC 5). The goal of the workgroup was to develop youth engagement strategies focused on TDMs and youth representatives to support youth in TDMs.
- Youth focus groups were held in March thru April 2022 to obtain youth feedback regarding engagement in family team meetings.
- A survey disseminated to non-MYOI youth to engage feedback regarding youth engagement in family team meetings. The goal is to utilize the feedback to increase youth engagement and participation in important family team meetings.
- In 2021, Macomb County started a workgroup and developed a training for youth representatives for the semi-annual and 90-day transition meetings. Several youth representatives were trained in February 2022.
- Current and former foster youth were invited to participate in local focus groups so participants could learn more about the youth experience in foster care.
- Youth panels are included in conferences, local training, and organizational meetings to bring the voice of youth experiencing foster care to child welfare staff, legislators, community stakeholders and policy makers.
- Youth participated in advocacy and outreach through:
 - Foster parent GROW training.
 - Child Welfare Training Institute panels.
 - Legislative Shadow Day sponsored by Michigan's Children.
 - Community partnership meetings.
 - CCI reformation focus groups.
 - MDHHS workgroups including the Health Advisory and Resource Team, the LGBTQ workgroup and the CFSR focus group.
- Youth were aided in applying for the FosterClub All-Star internship.

- The internship provided youth with the opportunity to develop leadership skills and educate peers and industry professionals. Those youth brought information back to Michigan to support advocacy in child welfare policy areas. Three youth participated in the FosterClub All-Star internship in 2021.
- Due to the COVID-19 pandemic, the internship was provided virtually in 2020 and 2021. The internship was held over the course of five weeks, and interns earned \$500 for each week they participated in the program. All-Stars were provided technology assistance and were engaged in virtual meetings with staff and peers as well as self-paced learning modules.
- For the 2022 year, the FosterClub All-Star internship will transition to a hybrid model for the five-week training portion of the internship.
- Child welfare staff received training and support to engage with youth with authenticity and intention to promote and optimize the youth's development.
- The Foster Care, Guardianship, and Adoption program office provides trainings in local offices related to Chafee funding that includes the goals of the Chafee program and strategies to promote positive youth development during monthly home visits, transition plan meetings and team decision-making meetings.

Opportunities to Engage in Age- or Developmentally-Appropriate Activities

- The discretionary allocation for each county provides funding for young people to participate in a range of activities that support their transition to self-sufficiency and promote normalcy for youth.
- Foster care licensing rules require foster parents to encourage young people to participate in recreational activities appropriate to their age and ability.
- MDHHS foster care policy includes language supporting the Prudent Parent Standards.
- Public and private agency child welfare staff identify local and statewide opportunities that foster learning and promote young people's ability to become self-sufficient, including driver's training.

Progress in 2021

- MDHHS funds 42 MYOI coordinator positions throughout Michigan. The initiative utilizes Chafee funds to develop skills in youth leadership and self-advocacy.
- Participants are provided financial, employment and educational opportunities to support their interests and develop their ability to become self-sufficient.
- MDHHS expanded usage of the Keys to Your Financial Future Curriculum provided by the Jim Casey Initiative. All MYOI sites now utilize the curriculum to provide financial literacy to young people.
- MDHHS collaborated with the Jim Casey Initiative on MYOI programming, youth asset development, and youth engagement best practices.
- Youth are supported with opportunities to engage in age-appropriate activities, including:
 - Driver's training.

- Internships in an area of their interest.
- Educational field trips.
- Extracurricular school activities.
- Senior graduation activities.
- Youth continue to be provided with opportunities to participate in age- and developmentally appropriate activities they identify through engagement with supportive adults, child welfare staff, and community partners.

Justice for Victims of Trafficking Act and the Trafficking Victims Protection Act Safe Harbor

Safe Harbor was one of the key reforms in the 2014 Michigan human trafficking legislative package. Specific changes included:

- Stronger protection for victims.
- Stronger tools to hold traffickers accountable.
- Victim health and welfare provisions.
- Establishment of commissions and boards.

Preventing Sex Trafficking

In response to the growing problem of child trafficking, and in recognition of the vulnerability of foster youth to being targeted, MDHHS created a protocol for child welfare professionals, court personnel, law enforcement officials, and schools. The protocol addresses the following goals:

- To provide a coordinated investigative approach while minimizing trauma to victims
- To provide protection and specialized services to victims and family members
- To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking
- To provide alternatives for handling the case after a child or youth has been identified as a victim of human trafficking

MDHHS has provisions and procedures to identify and assess all reports of known or suspected victims of child sex trafficking. Specifically:

- The MDHHS mandated reporter training includes the definition of child sex trafficking and mandated reporters' responsibility for reporting suspected child sex trafficking.
- MiSACWIS was enhanced to collect information on child victims of sex trafficking in a manner that allows for better tracking.
- Any child or youth identified as a sex trafficking victim must be referred to specialized services aligned to their needs. MDHHS service provision includes a contract with Vista Maria (<https://www.vistamaria.org/>), which provides supportive services and housing for sex trafficking victims.
- Policy regarding Absent Without Legal Permission requires:

- As soon as possible, but no later than one business day after locating the youth, the supervising agency must take the following actions:
 - Notify the National Center for Missing and Exploited Children that the child has been located.
 - Notify law enforcement that the child has been located.
- As soon as possible, but no later than five business days after locating the youth, the supervising agency must meet with the youth to determine the following:
 - The primary factors that contributed to the youth running away.
 - The ways in which the youth’s placement should respond to those factors.
 - The youth’s activities while absent without legal permission, including whether the youth was a victim of sex trafficking.

Progress in 2021

- Training was delivered to child welfare staff in public and private agencies, organizations, and community partners.
- MDHHS continues to cross-train with community agencies to educate the community on identification of trafficking and resources for treating victims.
- MDHHS updated the public MDHHS website with resources.
- Improvements in MiSACWIS enhanced the accuracy of data.
- Human Trafficking policy is maintained in a policy manual referenced by all program areas and updated to include a requirement to screen youth receiving foster care services who are at risk of human trafficking and all closed foster care cases receiving services.
- The CPS program office collaborated with OWDT to create the online training “Human Trafficking of Children” that is available to child welfare staff.
- The MDHHS Human Trafficking Health Advisory Board participated with Division of Victim Services staff in planning for the development of a Human Trafficking Toolkit for Health Providers. The aim of this toolkit is to document the protocol development process used by Ascension Genesys Hospital in creating policy and procedures for identifying and responding to victims of human trafficking. The toolkit will be developed by the Michigan Public Health Institute with advice from the Board during the 2022 calendar year and will be used to informing the work of other health providers looking to improve their response to human trafficking victims.
- The MDHHS Division of Victim Services has \$1.3 million in contracts with 48 agencies across the state that provide services to victims of human trafficking. In Southeast Michigan, the division funds services provided through agencies including Alternatives for Girls, Wayne County Neighborhood Legal Services, Common Ground, Wayne County SAFE, Arab Community Center for Economic and Social Services, Centro Multicultural LaFamilia, and LGBT Detroit.

- The MDHHS Division of Victim Services began developing two separate funding opportunities totaling \$4.5 million to support agencies enhancing services to victims of human trafficking. Funding awards will be made in 2022.
- In consultation with the Human Trafficking Health Advisory Board, Division of Victim Service staff worked with the MDHHS workgroup to draft recommendations for responding to individuals who disclose trafficking on their application for benefits through MI-Bridges. Recommendations included updating the information booklet provided to benefits applicants and development of a resource/brochure that can be provided to individuals who disclose trafficking. These recommendations and resources are currently under review.
- The Human Trafficking Health Advisory Board consulted on media campaign supported by the Division of Victim Services to promote the National Human Trafficking Hotline run by Polaris. The campaign resulted in almost 10 million total impressions. It included human trafficking posters targeting laundromats, barbershops, nail salons, gas stations, and convenience stores. The campaign also posts on social media sites such as Facebook and Instagram. The campaign promoted the national human trafficking hotline.

Training CPS Workers about Sex Trafficking

- Child welfare caseworkers are provided training on child sex trafficking and labor trafficking. An overview of sex trafficking investigation is included in the CPS Pre-Service Institute.
- Human trafficking training is available to all child welfare staff on an ongoing basis through conferences, online training, and local office training.
- MDHHS participated in trainings in collaboration with various stakeholders such as the Prosecuting Attorneys Association of Michigan and SCAO.

DCQI has been collecting sex trafficking as an allegation for several years and has the ability to report the number of allegations and substantiations in NCANDS.

- Sex trafficking is now collected as a removal reason, but only since July 2021, so there is little current data to report. Once collected, the data will be reported in AFCARS 2.0 along with the questions about prior involvement in sex trafficking or involvement after removal, which is currently a question asked upon a youth's return from being absent without legal permission.
- In 2021, the Bureau of In-Home Services initiated a human trafficking workgroup comprised of workers and supervisors who address human trafficking in the field, CPS program office, the Policy and Legislative Bureau, and the Interstate Compact for Juveniles office. Several recommendations regarding updates to policy were made to the Policy and Legislative Bureau.

Foster Youth to Independence Voucher Program and Housing Resources

MDHHS contracts to provide an array of services to homeless youth and those at risk of

homelessness through its Homeless Youth and Runaway programs. These contracts require:

- A minimum of 25 percent of the youth served are former foster youth or homeless due to a dissolved adoption or guardianship.
- Crisis services are available to youth 24 hours a day.
- Several local housing authorities partner with the local child welfare agency to provide vouchers through the Family Unification Program to youth exiting foster care and those at risk of homelessness.

MDHHS committed to reducing homelessness for youth who were previously in foster care in the following ways:

- Collaborating with housing resource partners and local organizations to develop safe, stable, and affordable housing for youth exiting foster care.
- Collaborating with local housing authorities to apply for the Foster Youth to Independence housing vouchers.
 - MDHHS staff and leadership participated in Michigan’s Roundtable on Housing and Urban Development Foster Youth Initiative hosted by the U.S. Department of Housing and Urban Development in partnership with the U.S Department of Health and Human Services.
 - MDHHS sought technical assistance from the National Center for Housing and Child Welfare on applying for Foster Youth to Independence vouchers.
 - Melvindale and Livonia Housing Commissions entered Memoranda of Understanding with MDHHS and are offering Foster Youth to Independence vouchers.
- Collaborating with the Detroit Housing Commission, Housing and Urban Development and Michigan State Housing Authority to provide housing choice vouchers to youth ages 18 to 21 in five counties.
- Participating in a Housing and Urban Development demonstration grant to extend housing for youth eligible for the Family Unification Program in multiple counties throughout the state.
- Developing partnerships with faith-based organizations and community partners to expand housing opportunities for youth.
- Collaborating with the Michigan State Housing Authority and Michigan Coalition Against Homelessness in these areas:
 - Increasing leadership, collaboration, and civic engagement
 - Increasing access to stable and affordable housing
 - Receiving grants for Housing Choice Vouchers in three additional counties

Planned Activities for 2023

- Expanding Family Unification Program vouchers that would cover two additional counties.
- Providing targeted training to MDHHS staff regarding Family Unification Program vouchers.

- Collaborating with local housing commissions to offer Foster Youth to Independence vouchers to eligible youth.

Serving Youth Across the State

- Independent living preparation is required for all youth in foster care ages 14 and older, regardless of their permanency goal. The purpose of independent living preparation is to assist youth to transition to self-sufficiency.
- Native American youth served by tribal child welfare services or MDHHS that meet eligibility criteria are eligible for Chafee funds and ETVs. Information about services is shared with tribes through quarterly Tribal-State Partnership meetings and technical assistance to individual tribes. MDHHS Native American outreach workers in counties with tribal populations provide information and assistance to tribal youth eligible for services.
- MDHHS' Native American Affairs and the Foster Care, Guardianship, and Adoption program office collaborated with tribal welfare agencies to update the Memorandum of Understanding for securing Chafee funds for independent living skills for tribal youth.
- The Foster Care, Guardianship, and Adoption program office provided information and technical assistance to tribes that requested more information on Chafee eligibility and eligible expenses to support their use of the funds.
- Youth participating in the MYOI and coordinators receive training in specific topics pertaining to the needs of transition-age youth.

Planned Activities for 2023

- MDHHS will identify barriers for underutilization of Chafee/Youth in Transition funds in identified counties.
- MDHHS will review current Independent Living Plus program contracts and improve services offered to youth in the programs.

National Youth in Transition Database

MDHHS will continue to cooperate in evaluation of the Chafee program through the National Youth in Transition Database (NYTD). Since 2011, Michigan has gathered demographic and outcome information on young people receiving independent living services. Michigan has remained in compliance with data collection standards every year since 2012. The state uses this data to improve understanding of the needs of young people and identify areas for improvement.

NYTD reports were reviewed with child welfare staff, community stakeholders and agency partners to understand service strengths, gaps, and outcomes of youth in foster care. NYTD information was provided in the following ways and venues:

- The data was shared with the statewide Youth Advisory Board and plans were

developed to training staff in FY 2023 on data to better understand the goals and implications of service delivery that impacts the outcomes of youth.

- Trainings provided to child welfare staff on accessing Chafee (Youth in Transition) funds, including developing a youth's capacity to transition to adulthood.
- Training to MYOI coordinators and education planners to promote their understanding of the needs of youth who are involved in child welfare and to support the planning staff conducts with youth.
- Data was provided to local child welfare offices and community partners for grant applications and community presentations.

The database provides snapshots of services and outcome data. Gaps have been identified through ongoing community partnership meetings, meetings with private agency partners and organization meetings, and ideas have been shared on how to address those gaps to improve service delivery and outcomes of youth. Ongoing staff training, participation in community board meetings and private agency meetings were identified as ways to eliminate gaps. MDHHS continues to provide communication issuances to staff to which include updates regarding policy changes and best practices.

Cohort data suggest gaps are found in the following areas:

- Stable housing for older youth transitioning from care. The FY 2021 cohort for age 21 shows that of youth discharged from foster care, 37 percent reported being homeless within the past two years.
- Family planning and supports for transition age youth who are parents.
- Youth who report incarceration.
- Increased financial self-sufficiency through increased employment among youth ages 19 to 21.

NYTD data was used to improve programs and opportunities in 2021:

- NYTD data was utilized in grant applications in local offices.
- MDHHS utilized NYTD data to support the need for Foster Youth to Independence vouchers.
- NYTD data was used to identify services gaps and under-reporting of service usages.
- NYTD data was used to identify the need for employment opportunity during panel discussion with Michigan's Small Business Association.

MDHHS involves the quality assurance system in the following ways:

- Strategies to enhance collection of quality services data are reviewed with multiple departments to identify areas to be strengthened and implemented where possible.
- The Foster Care, Guardianship, and Adoption program office engages in ongoing review of the data and meets with the data reporting team prior to each submission to ensure data are collected as accurately as possible and to identify any corrections needed.

MDHHS will continue to cooperate with NYTD and in any required national evaluations of the effects of the Chafee and ETV programs in achieving the purposes of Chafee.

Progress in 2021

- NYTD reports were reviewed with child welfare staff, community stakeholders and agency partners to understand service strengths, gaps, and outcomes of youth in foster care. NYTD information was provided in the following ways and venues:
 - Trainings provided to child welfare staff on accessing Chafee funds, including developing a youth's capacity to transition to adulthood.
 - Training for MYOI coordinators and education planners to promote their understanding of the needs of youth who are involved in child welfare and to support the planning staff conduct with youth.
 - In collaboration with local child welfare offices and community partners as they seek data for potential grant applications.
- NYTD data is included in local office and regional trainings to increase understanding of the importance of accurate data collection and to share the results to strengthen service delivery.

Planned Activities for 2023

- In FY 2021, approximately 4,645 youth were served as identified by NYTD data collection. MDHHS will continue to improve data collection to provide more accurate numbers of youth served. This will include collaborating with Michigan's MiSACWIS team to improve service inclusion.
- Conduct NYTD informational meetings with Youth Advisory Board members to educate MDHHS staff and private partners on NYTD and the importance of engaging youth in completion of the NYTD survey.

Serving Youth of Various Ages and States of Achieving Independence

Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. The purpose of independent living preparation is to assist youth in their transition to self-sufficiency. Independent living preparation for youth ages 12 and 13 is encouraged based on availability of services and need.

- Michigan's Young Adult Voluntary Foster Care (YAVFC) program was implemented in 2012 and allows youth who are in foster care at age 18 either to remain voluntarily in foster care when their abuse and neglect case is dismissed, or to return later up to age 21. This program offers case management services and financial supports.
 - In FY 2020, 915 youth were served in the YAVFC Program.
 - In FY 2021, 963 youth were served in the YAVFC Program.
- In 2014, an Independent Living Plus contract was implemented. This is a time-limited service in which young people ages 16 to 19 receive case management, weekly independent living skills coaching and support in education, mental health, and employment in host home or staff-supported housing.

- In FY 2021, 92 youth were served in Independent Living Plus.
- All youth ages 14 and older are included in the development of their service plan and participate in quarterly case planning team decision-making meetings.
- The Casey Life Skills Assessment is a free, online, youth-centered tool that assesses the life skills youth need for their well-being, confidence, and safety as they navigate high school, post-secondary education, employment, and other milestones. The assessment must be completed annually starting at age 14.
- The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for Chafee-eligible youth.
- MYOI utilizes local experts, including Planned Parenthood, to educate participating youth regarding safe sex, pregnancy prevention, and healthy relationships.
- MDHHS has two mentor contracts covering seven counties serving Chafee-eligible youth. In FY 2021, 50 youth were served through the Youth in Transition mentoring program.

Semi-Annual Transition Plan Meetings

Youth ages 14 and older participate in semi-annual transition plan meetings to discuss their permanency goal and identify needs, resources, and adults to support them.

- The semi-annual transition plan meeting addresses housing, supportive relationships, independent living skills, education, employment, health, mental health, financial needs, and the opportunity to extend foster care to age 23.
- Pregnancy prevention is among the topics discussed in creating plans for transitioning to independent living.
- This document becomes the youth's transition plan and progress is evaluated during each meeting.
- Macomb is currently piloting training for youth representatives to support their peers during semi-annual transition meetings.

Educational Assistance Progress in 2021

- Each county MDHHS office is required to have an identified education point-of-contact. This point-of-contact receives an initial specialized training from the education analyst and the Michigan Department of Education foster care consultant, and ongoing training about education policy requirements. They serve as a go-to person for their local school district and the child welfare staff in their county.
- Virtual trainings were held for child welfare staff in March 2022. The trainings covered federal and state education policy, responsibilities of foster care staff, and the Michigan Merit Curriculum. Other training will address special education and Individual Education Plans, surrogate parents, and other topics upon request. All trainings are recorded and posted in the learning management system for those staff who are not able to attend.
- The education analyst and the Michigan Department of Education foster care consultant completed trainings for staff across the state throughout FY 2021. After the

start of the COVID-19 pandemic in March 2020, all trainings were held virtually. Training sessions offered information about policy and law at the federal, state, and local levels as well as procedures and best practices.

- The Foster Care, Guardianship, and Adoption program office worked with the Michigan Department of Education and the Center for Education Performance and Information to meet the requirement of the “Every Student Succeeds Act” to report on students who are in foster care, starting with the 2017-2018 academic year. Since FY 2019, graduation and drop-out information have been reported by the Michigan Department of Education. Graduation rates are tracked in cohorts of four-year, five-year, and six-year intervals. The Center for Educational Performance and Education reported graduation rates of students in foster care as:
 - 40.4% of the 2017-2018 foster care cohort graduated in four years.
 - 49.8% of the 2017-2018 foster care cohort graduated in five years.

 - 43.8% of the 2018-2019 foster care cohort graduated in four years.
 - 55.2% of the 2018-2019 foster care cohort graduated in five years.

 - 39.8% of the 2019-2020 foster care cohort graduated in four years.
 - 56.6% of the 2019-2020 foster care cohort graduated in five years.

 - 39.5% of the 2020-2021 foster care cohort graduated in four years.
 - 54.5% of the 2020-2021 foster care cohort graduated in five years.
- In collaboration with Fostering Success Michigan and the Michigan Department of Education foster care consultant, a track of workshop sessions was developed for the Michigan Department of Education Special Populations Conference for the third year. The 2021 conference was virtual, offering live and recorded sessions. Five sessions were offered that addressed the educational needs of youth in foster care, current policy and procedures, and available resources.
- The education analyst participated as Michigan’s child welfare education point-of-contact in the three-day Virtual Federal Convening for Foster Care Points-of-Contact, that also included state’s education points-of-contact. The education analyst and Michigan Department of Education foster care consultant presented on a panel about school transportation.
- The education analyst provides training to child welfare staff on how to document education information in MiSACWIS.

Personal and Emotional Support for Youth Aging out of Foster Care

- Independent Living Plus contracts provide youth in foster care to develop skills for independent living with case management, weekly training, and referrals to meet their education, employment, health, and mental health needs as identified in their individualized treatment plan.
- Young people are assisted to identify supportive adults during semi-annual transition

plan meetings, 90-day discharge plan meetings, quarterly family team meetings, and when developing a permanency goal of Another Planned Permanent Living Arrangement. Supportive adults are included in meetings and can advocate for youth.

- MDHHS has two contracts to provide mentoring supports to Chafee-eligible youth in two of the five BSCs. Approximately 50 young people were served in FY 2021 through this contract.
- Independent Living Skills Coach contracts with institutions of higher education provide supportive mentors to college students who request them.

Employment Assistance

- Youth ages 14 and older are referred to the local Michigan Works! agency for employment support.
- MYOI coordinators and MDHHS staff collaborate with businesses and organizations in their communities to refer older youth in foster care for job training and employment opportunities.
- MDHHS is committed to collaborating with local corporations and businesses to improve employment opportunities for current and former foster youth.

Progress in 2021

- Education planners provided resource information to public and private child welfare staff and referred youth to employment and education programs in their area.
- MDHHS has an interagency agreement with the Michigan Department of Labor and Economic Opportunity that provides Chafee funding to individual Michigan Works! agencies across the state to implement the Summer Youth Employment Program. It provides job readiness training and summer employment opportunities for youth ages 14 and over with open foster care cases. The program typically serves between 250 and 350 youth per year across the six Michigan Works! agencies. However, due to the COVID-19 pandemic, many businesses that would normally offer summer jobs were closed throughout the summer of 2020. Therefore, the Interagency Agreement was amended in the summer 2020 and summer 2021 programs to lower the Chafee funding and the number of youth expected to be served to 150 youth. Local sites offered some virtual employment and training options, but far fewer youth were served than in previous years.
 - In the FY 2020 Summer Youth Employment Program, 106 young people were served. Of those, 87 completed the program under the 2020 standards.
 - In the FY 2021 Summer Youth Employment Program, 101 youth people were served. Of those, 78 completed the program under the 2021 standards.
- The Summer Youth Employment Program is expected to serve 150 youth in the six sites in 2022. Each of the local MDHHS county offices have identified a point-of-contact to assist with referrals. The education analyst will do regular check-ins with these staff to see if referral are being made and if there are any issues, in hopes of serving more youth than the past two years.

Michigan Youth Opportunities Initiative (MYOI)

MDHHS has expanded programming to Chafee-eligible youth through MYOI. Programming results in positive outcomes in permanency, education, employment, housing, health, fiscal management, and relationships. Encouraging young people to share their insights and experiences enables MDHHS to receive critical input on current policy and practice and make changes in response to the feedback.

Progress in 2021

- There are currently more than 831 youth enrolled in MYOI.
- The initiative provides financial training and bank accounts for enrolled youth. Each youth is provided the opportunity to open a personal savings account and an Individual Development Account. MYOI enrolled youth can receive 1:1 matches for the purchase of an asset such as a car, or first month's rent and security deposit.
- Youth participating in the initiative are offered monthly training on development of age-appropriate independent living skills in employment, education, financial competency, and health.
- All MYOI sites are provided with demographic data of enrolled youth to assist in development of programming.
- MYOI staff received training on technology usage, data systems, best practices for engaging youth, resource availability, and substance use treatment and services.
- Technical support and training are offered to MYOI sites to increase participation and service delivery with equitable opportunities for all young people.
- MYOI provides opportunities for youth to participate in asset trainings and make matched purchases in those areas.
 - In 2021, eight enrolled youth made eight matched purchases.
 - Since the inception of the initiative in 2002, youth have made 1,982 purchases.
- Goals for 2020 include:
 - Targeted outreach to youth of color.
 - Increasing the number of young people engaged as partners in meaningful ways.

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

Progress in 2021

- MDHHS completed work on Tailored Services, Placement Stability and Permanency for LGBTQ Children and Youth, a grant provided by the National Quality Improvement Center managed by the University of Maryland-Baltimore.
 - The grant has focused on building competency of child welfare staff in three counties in working with youth who identify as lesbian, gay, bisexual, transgender, and questioning.

- The CSA Sexual Orientation, Gender Identification and Expression (SOGIE) workgroup reviewed various training curricula to make available to CCI staff and created a training website on the MDHHS public website for easy access to these trainings.
- The MDHHS MiFamily Advancing Leadership for LGBTQ+ Youth (ALLY) Task Force began meetings to assess support needs of relative caregivers, foster parents, and adoptive parents who identify as LGBTQ and form recommendations to increase engagement with LGBTQ resource families.
- MDHHS implemented GROW, the new foster parent and relative foster parent training statewide. The training curriculum has a focus on co-parenting and relationship building. Other curriculum highlights are the inclusion of supporting a child’s sexual orientation, gender identity, and gender expression, DEI, and trauma-informed parenting techniques.
- A Practice Guide for Working with Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit Youth in Michigan’s Child Welfare System was published.

Planned Activities for 2023

- In 2022, MDHHS formed the MiFamily Advancement and Leadership for LGBTQ Youth Task Force, which will review current policies and practices and develop recommendations to enhance service provision, address identified gaps, and determine how to best meet the needs of LGBTQ caregivers and youth in care. Recommendations from the task force will be implemented in 2023.
- MDHHS is seeking a contract to provide training to child welfare staff regarding speaking with youth about their sexual orientation, gender identity and expression and providing competent and affirming services for diverse youth. It is anticipated that these trainings will begin in 2023.
- MDHHS is seeking a contract to facilitate support groups for LGBTQ youth involved with Michigan’s child welfare system, as well as support groups for resource families, including foster parents, relative caregivers, and adoptive parents who identify as members of the LGBTQ community.
- The CSA Sexual Orientation Gender Identity and Expression workgroup continues to examine service and support needs for diverse youth involved with Michigan’s child welfare system, including placement challenges for youth with diverse gender identities.

Young Adult Voluntary Foster Care (YAVFC)

- Michigan passed the YAVFC Act in 2011, allowing young people to remain in foster care until age 21 and receive services and financial support. With the passage of the FFPSA in 2018, YAVFC is available to youth until they reach age 23.
 - Services include mental health, medical, dental, substance abuse, educational and employment supports.
- To be eligible, participants must maintain employment of at least 80 hours per month or participate in an educational program. In Michigan, most youth in YAVFC are in the

following placement types:

- Independent living, including attending a college or university
- Living with a licensed or unlicensed relative
- Participation in YAVFC is voluntary, and participants may choose to exit the program at any time.
- Michigan allows unlimited exits and re-entries into YAVFC.

Progress in 2021

- In FY 2021, 963 young people participated in the YAVFC program.
- After the start of the COVID-19 pandemic in March 2020, many youth who had been meeting employment requirements were no longer working due to the statewide shutdown. To ensure youth were still being supported, the Foster Care, Guardianship, and Adoption program office released a communication instructing the field that youth currently in the program would continue to receive all services and stipend payments until further notice. The exception to allow youth to remain in YAVFC without meeting the employment or school requirement ended on Sept. 30, 2021. Beginning in October 2021, youth must meet requirements, or they will enter a 30-day grace period and then their case could close.
- From July through September 2020, funding was identified to temporarily approve youth to enter the YAVFC program regardless of their ability to meet the work, school, or volunteer requirements. Local staff reached out to youth who had closed cases and met the age requirement.
- The Foster Care, Guardianship, and Adoption program office collaborates with the Federal Compliance Division to provide training to foster care and child welfare funding specialists across the state. Due to the COVID-19 pandemic, all trainings have been held virtually since March 2020. Since June 2020, eight full-day virtual trainings have been provided to staff. Attendees include foster care caseworkers and supervisors from MDHHS and private agencies, and child welfare funding specialists and supervisors.
- Policy for the YAVFC program was updated in October 2021 to make it easier for staff to find information and to better align with federal guidance in Title IV-E funding issued since Michigan's extension of the foster care program was implemented. Updates included:
 - Allowing youth to reside with a biological parent while participating in YAVFC.
 - Marriage being removed as a reason for youth to be found ineligible.
 - Youth are eligible for a bed hold if entering a facility to treat mental illness or substance abuse disorder.
- The YAVFC analyst provides technical assistance to the field through a dedicated email box. Questions fielded through the email box are most often about eligibility, funding, timeframes, and grace periods.
- Youth and child welfare staff are informed of opportunities for transition-age youth in local and regional trainings. Youth are notified of the opportunity to enter YAVFC at

their Semi-Annual Transition meeting, their 90-Day Discharge meetings, and other family team meetings.

Support for Foster Children in Higher Education

- The Michigan Legislature appropriates funding for Fostering Futures Scholarships for eligible young people to attend higher education in Michigan.
 - MDHHS collaborates with the Office of Postsecondary Financial Planning at the Michigan Department of Treasury, to process applications and award scholarship funds.
 - The Foster Care, Guardianship, and Adoption program office verifies eligibility for the scholarships.
- The Foster Care, Guardianship, and Adoption program office collaborates with the contractor for ETV services and with Fostering Success Michigan to provide regional trainings on higher education supports for foster youth in post-secondary programs statewide.
- The Foster Care, Guardianship, and Adoption program office participates in the Fostering Success Michigan's Higher Education Consortium, a network of post-secondary institutions that offer support to students who have been in foster care. The Higher Education Consortium meets quarterly to discuss best practice and challenges they are seeing with their students.
- MDHHS supports 12 post-secondary institutions with campus-based supports for young people in foster care who are attending college.
 - Of these, 10 institutions have contracts with MDHHS to provide independent living skills coaches to participating youth.
 - In the remaining two colleges, MDHHS provides an employee to be a liaison and support person on campus to enrolled students in foster care.

Independent Living Skills Campus Coaches

There are 10 Michigan post-secondary institutions that have a contract with MDHHS that allows them to employ a full-time independent living skills campus coach. Campus coaches assist students who are currently or were formerly in foster care acclimate to campus life and reach their educational goals. In addition to the 10 campus coach contracts, Western Michigan University and the University of Michigan-Ann Arbor utilize MDHHS employees as liaisons. The liaisons work with students from foster care to ensure they receive all services for which they are eligible, including:

- YAVFC.
- ETV.
- Fostering Futures Scholarship.
- Youth in Transition funds.
- Medicaid.
- Daycare.
- Supplemental Nutrition Assistance Program.

Progress in 2021

- In FY 2021, 246 young people were served through the 10 independent living skills contracts, compared to 258 in FY 2020.
- The independent living skills coach contracts require coaches to invite students to take a year-end survey. Each institution receives a report that includes their own program responses and a statewide compiled report.
 - At the end of the 2020-2021 academic year, 82 students completed the survey, compared to 91 last year.
 - Ninety-six percent of participants were either highly satisfied or satisfied with the coaching program.
 - Eighty-five percent of the participants planned to return to campus the following fall semester. Of the 12 who reported they would not be returning, six had graduated, two were transferring to a different institution, one decided to pursue other opportunities, and three had other reasons for leaving. No students reported they were leaving due to a poor grade point average.
 - The average grade point average of those who completed the survey was 2.86.
 - Sixty-two percent of participants reported they were matched with a mentor through the program. Twenty-nine percent were offered a mentor and declined.
- The 2021 survey included questions about the COVID-19 pandemic:
 - When asked what basic life needs, they found to be more difficult to access/manage since the start of the pandemic, the answers most frequently selected were emotional stability (47.6 percent), education, such as assistance with academic guidance, and the transition to online learning (33 percent), and family/relationship stresses (29 percent).
 - When asked what positive things to have occurred since the start of the pandemic, answers included having time to focus on themselves and spending more time with loved ones.
- In FY 2019, 383 students were awarded funding from the Fostering Futures Scholarship Fund.
- In FY 2020, 415 students were awarded funding from the Fostering Futures Scholarship Fund.
- In FY 2021, 708 students were awarded funding from the Fostering Futures Scholarship Fund.

Planned Activities for 2023

- Messaging will continue to inform all eligible youth in foster care of opportunities to attend higher education.
- The MDHHS education analyst will continue statewide training and technical support for child welfare workers and stakeholders on educational opportunities and resources.
- The MDHHS education analyst will provide technical assistance to the independent

living skills coach contractors, and other post-secondary programs across the state, to ensure they are serving all eligible youth on campus.

Collaboration with Other Public and Private Agencies

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

- MDHHS provides Medicaid coverage to foster youth who leave MDHHS supervision and care to age 26 under the Patient Protection and Affordable Care Act.
- MYOI is a partnership with the Jim Casey Youth Opportunities Initiative in its 20th year of assisting older youth in foster care through training, advocacy, leadership development and financial competency.
- Each MYOI site collaborates with community partners and stakeholders to develop opportunities for employment, education, and social activities for young people in foster care.
- The Foster Care, Guardianship, and Adoption program office staff collaborate with the Office of Native American Affairs to include the needs of tribal youth in program and policy updates.
- MDHHS awards contracts to private agencies to address the needs of older youth in foster care, including contracts for mentor programs, Summer Youth Employment Programs, Independent Living Skills Coaches, and youth requesting Independent Living Skills Plus.
- The Foster Care, Guardianship, and Adoption program office collaborates with other state agencies, including SCAO, Department of Treasury, Department of Education, Michigan State Housing Development Authority, and others to ensure the needs of older youth experiencing foster care are identified and met.
- The Foster Care, Guardianship, and Adoption program office collaborates with the Michigan Department of State to understand the barriers to youth receiving their state identification cards and driver's licenses.
 - The Department of State recorded a 45-minute webinar that was posted in the MDHHS learning management system to assist foster care staff with understanding how to access state identification cards and driver's licenses for youth who are in foster care.
 - Data is being pulled on a semi-annual basis to determine how many foster youth ages 16 and older have their state identification care and/or driver's licenses. Field staff are asked what, if any, barriers there are to youth accessing these.

Training and Technical Assistance

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

- MDHHS cross-trains with state and community agencies in human trafficking and education issues.
- The Foster Care, Guardianship, and Adoption program office collaborates with the Michigan Network of Youth and Families to provide technical assistance and guidance to connect providers with resources for special concerns such as trauma, human trafficking, diverse sexual orientation and gender identity and substance use.
- Training on the importance of accurate and timely collection of survey and service information was provided to analysts assigned to the BSCs and private agencies.
- Monthly supervisory phone conferences are used to provide updates and information to child welfare supervisory staff regarding the importance of accurate and timely collection of surveys and documentation of services provided to youth.
- Training is provided to public and private child welfare staff upon request regarding the availability of startup living expenses for eligible youth.
- Technical assistance is provided to public and private child welfare staff to support timely access and documentation of startup living expenses for eligible youth.
- Training is provided to MYOI and child welfare staff regarding eligible expenses, opportunities available to youth and documentation of Chafee-funded expenditures.
- Information for caseworkers is available through child welfare in-service training; some topics include Honoring and Empowering Adolescents and Teen Matters; Meeting the Needs of Adolescent Youth.

John H. Chafee Foster Care Program Consultation with Tribes

All Chafee services including ETV are available to eligible tribal youth without exception. MDHHS includes information about Chafee services and the ETV program at quarterly Tribal-State Partnership meetings. Tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes upon request.

Training and Technical Assistance

- MDHHS provides Native American outreach workers in each local office with a tribal population who provide individual services and assistance with applications to ensure all tribal youth are aware of the available services and how to access them.
- The OWDT provides ICWA training for new child welfare and supervisory staff through online and facilitator-led supervisor training.
- The SCAO Court Improvement Program statewide task force holds meetings quarterly to advocate on behalf of tribal families.
- Review of whether tribes would like to develop, supervise, or oversee Chafee, ETV and other child welfare services and receive a portion of the state's allotment for administration is conducted annually, or at the tribe's request.

MDHHS is in the process of updating prior Memoranda of Understanding for Michigan's federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in

foster care. The Foster Care, Guardianship, and Adoption program office presents updates on Chafee and ETV at the quarterly Tribal-State Partnership meetings and conducts follow-up as requested. The Keweenaw Bay Indian Community requested a Title IV-E tribal-state agreement that became effective when their federal plan was approved on Jan. 1, 2014.

Training in Support of the Goals and Objectives of the Chafee Program

To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in the Pre-Service Institute and Program-Specific Transfer Training. Technical assistance is provided upon request. As new issues are identified, information is shared with child welfare management and staff through communication issuances and monthly supervisory phone calls. Michigan provides the following training on the needs of young people preparing for independent living:

- Training is provided about college scholarships and other post-secondary resources including how to prepare youth for college and accessing resources once they are there.
- Training is offered to child welfare staff about education policy requirements to ensure youth in foster care are reaching their educational goals, including graduating from the K-12 system with a diploma or GED.
- Monthly technical assistance phone calls occur with MYOI coordinators on policy updates.
- Regional and county office trainings are presented on the policy, procedures, and benefits of accessing Youth in Transition funding for older foster youth.
- Foster and adoptive youth share their experiences on youth panels.
- Training to foster and adoptive caregivers on topics identified in their communities, including how to assist youth preparing for independent living, and providing culturally sensitive services, including services to LGBTQ youth.
- OWDT offers training in special interest areas, including working with youth who identify with diverse sexual orientation and gender identity and expression, human trafficking, and the educational needs of youth in foster care.
- Foster Care, Guardianship, and Adoption program office staff have attended training and peer-to-peer meetings offered by Children's Bureau and shared necessary information to MDHHS staff.

Division X Chafee Policy Updates

One of the provisions of Division X of the Consolidated Appropriations Act states that, effective Dec. 27, 2020, foster care cases should not be closed for youth with open cases who were 18 and older, and any youth, aged 18 and older, whose case closed between Jan. 28, 2020, and April 20, 2021, should be allowed to re-enter care. Division X allowed for the additional allocation of Chafee funding be used for independent living stipends to those youth who were not Title IV-E eligible. The State continues to utilize the Division X funds to support youth. Michigan was unable to begin utilizing the allocated funds until fiscal year 2022 due to a delay in legislative authorization. The State will continue to support youth through Sept. 30,

2022 and will obligate funding where allowable. MDHHS received spending authority in the FY 2022 budget.

Several communications were released to the field since the start of the pandemic and included the following instructions:

- Foster care cases were not to be closed for youth who were in YAVFC based on the youth not meeting work/school/volunteer requirements, residing with a parent, or for lack of face-to-face or virtual contact.
- Foster care cases for youth who were Michigan Children’s Institute (MCI) permanent wards and who turned 19 could be changed to a Legal Status-51, MCI instead of closing the case.
- Courts should be asked to keep foster care cases open for temporary court wards.

Despite these instructions, cases were closed prior to having Division X spending authority. Upon receiving the spending authority, MDHHS made active efforts to locate and contact youth whose foster care cases closed after Dec. 27, 2020, in order to offer them funding. Youth received the daily independent living stipend for the days from the date their case closed to Sept. 30, 2021. As of April 1, 2022, payments have been made for 393 youth and efforts are still being made to contact the remaining youth.

The following changes were made for youth to access Youth in Transition funding:

- Exceptions to exceed the lifetime limit on Youth in Transition funds for housing needs, ongoing rent payments, and past due rental payments are reviewed on a case-by-case basis.
- Funds are used to assist youth in meeting living expenses, groceries, and grocery or meal delivery, and utilities.
- Funds may be used to purchase reasonably priced cell phones, tablets, laptops, internet service, cell phone plans, and other technology.
- Funds may be used to provide respite care services and additional support for parenting or pregnant youth.
- Funds may be used to purchase or reimburse youth for personal protective equipment.
- Funds may be used to provide services and support to address social isolation. This includes sending gift boxes, cooking kits, puzzles, art and hobby supplies, and other interactive items.

Engaging Young People with Lived Experience.

Michigan re-launched the Statewide Youth Advisory Board in 2021. The Statewide Youth Advisory Board provides a structure for young people who have experienced foster care to inform and advise on policies and practices that directly impact youth in the child welfare system. The statewide youth advisory board serves multiple purposes:

- Opportunity for youth to learn leadership and advocacy skills.
- Opportunity for youth to form partnerships with the community and stakeholders.

- Review and recommend changes in policy and practice to better support youth and their families.
- Create best practices to improve the child welfare system.

Projects the Youth Advisory Board was and will continue to be involved in include:

- The Youth Advisory Board assisted with the plans to allocate Division X funds and participated in information sharing about the additional supports that MDHHS was providing with the funds.
- Members of the Youth Advisory Board met with MDHHS leadership to discuss best practices to improve the child welfare system.
- The Youth Advisory Board will continue to hold quarterly Youth Town Hall meetings that target provision of resources and services to current and former foster youth.

MDHHS will continue to engage youth with lived expertise to improve best practices, programs, and policy implementation through youth participation in focus groups, youth engagement surveys, and youth participation in workgroups.

COVID-19 Stimulus Funding For Foster Youth

- MDHHS is providing eligible current and former youth who are 18 through 22 years of age with one-time \$1,500 financial payments.
- MDHHS provided eligible current and former youth aged 23-26 years with \$1,000 financial payments. Four hundred-eighty payments were provided to youth in FY 2021.
- MDHHS has obligated funds to provide youth 23-26 with any additional \$1,000 financial payments before Sept. 30, 2022.

EDUCATION AND TRAINING VOUCHERS PROGRAM

Education and Training Vouchers (ETV) Service Description

The ETV Program is a state-administered program implemented through a contract with Samaritas of Michigan since 2006. Samaritas maintains an online database and website that streamlines the application process and is used to track utilization of vouchers on each youth's award and education history. This ensures a youth is never awarded more than \$5,000 in one fiscal year. Youth can receive vouchers until age 26 but cannot receive more than five years of ETV funding.

ETV Program Coordination

Samaritas maintains a close and collaborative relationship with Michigan's college programs, Michigan Department of Treasury's Office of Postsecondary Financial Planning, which administers the Tuition Incentive Program, and Fostering Futures Scholarship program, MYOI coordinators, and the Fostering Success Michigan organization. Samaritas ensures students

receiving an ETV award are aware of other opportunities supporting education success. Additionally, MDHHS coordinates with Samaritas, Michigan Department of Treasury, Michigan Department of Education, and the Fostering Success Michigan director to provide statewide trainings to youth, child welfare staff, education staff for K-12 programs, post-secondary programs, and community organizations on educational opportunities and financial aid. In 2018, an amendment was completed on the ETV contract to extend the eligibility requirement to the youth's 26th birthday. ETV staff complete 50 outreach activities each year, including training, webinars, and mass mailings. Since March 2020, training was conducted through a virtual platform.

During the Covid-19 pandemic, changes were temporarily made to the ETV program to ensure that youth had the financial support needed during that difficult time. These exceptions included removing the cumulative grade point average requirement of 2.0 and allowing youth to remain eligible even if dropping more than one class in a semester. Exceptions were allowed until Oct. 1, 2021.

Division X Funding from the Supporting Foster Youth and Families Through the Pandemic Act

With the additional funding provided under Division X, youth who are awarded ETV funding are temporarily able to receive a higher award amount. Youth can receive up to a maximum of \$12,000 during the fiscal year, instead of \$5,000. Because Michigan did not receive legislative budget approval, Samaritas was not able to move forward with administering this during FY 2021.

Once MDHHS received legislative budget approval, the contract with Samaritas was amended. In December 2021, Samaritas began reaching out to youth who had received ETV awards since the start of the fiscal year to notify them they would receive additional funding. Any new applicants will receive the larger award amount until the end of FY 2022.

In addition to Samaritas' outreach to eligible youth, outreach was provided to all campus-based support programs across the state, including those 12 institutions that receive formal support from MDHHS. Fostering Success Michigan and Michigan's Children posted information regarding the increased funding on their social media sites and within their networks. From Oct. 1, 2021, to Feb. 28, 2022, 224 youth received the higher award amount.

ETV for Unaccompanied Minors

In 2013, MDHHS began including unaccompanied refugee minors in the ETV program. The ETV staff works closely with the Office of Refugee Services to ensure young people are aware of the application process.

- In 2019, 108 unaccompanied refugee minors were awarded vouchers.
- In 2020, 123 unaccompanied refugee minors were awarded vouchers.
- In 2021, 89 unaccompanied refugee minors were awarded vouchers.

ETV for Tribal Youth

All tribal human services directors are sent ETV materials and provided technical assistance upon request. MDHHS participates in quarterly Tribal-State Partnership meetings to discuss access of tribal youth to ETVs.

- In 2019, 11 young people who identified as tribal members were awarded vouchers.
- In 2020, two young people who identified as tribal members were awarded vouchers.
- In 2021, two young people who identified as tribal members were awarded vouchers.

Education and Training Vouchers Awarded

Samaritas’ contract to administer ETV awards requires that they provide unduplicated numbers of students receiving an award.

School Year	Total ETVs Awarded	New ETVs
2020-2021 School Year (July 1, 2020, to March 31, 2021)	342	104
2020-2021 School Year	365	116
2021-2022 School Year (July 1, 2021, to March 31, 2022)	312	69
2021-2022 School Year, estimated (July 1, 2021, to June 30, 2022)	350	100

SERVICE DESCRIPTION - TITLE IV-B(1) FUNDS

Title IV-B(1) Service Description - Stephanie Tubbs Jones Child Welfare Services

Michigan’s Title IV-B(1) funding is used for child welfare services, including:

- CPS, described in Michigan’s Child Abuse Prevention and Treatment Act (CAPTA) 2022 Annual Update.
- Crisis intervention – Family Preservation Services, described in the Child and Family Services Continuum section.
- Prevention and Family Support Services, described in the Child and Family Services Continuum section.
- Time-Limited Family Reunification Services, described in the Child and Family Services Continuum section.
- Foster Family and Relative Care Maintenance services, described in the Child and Family Services Continuum section.

SERVICE DESCRIPTION – TITLE IV-B(2) FUNDS

Title IV-B(2) Service Description – MaryLee Allen Promoting Safe and Stable

Families - Strong Families/Safe Children

Strong Families/Safe Children, Michigan's Title IV-B(2) program, requires collaborative planning among local human services and other child welfare stakeholders. Community groups, in partnership with MDHHS local offices, assess local resources and gaps in services, develop annual service plans and recommend contracts for community-based service delivery.

Title IV-B(2) Family Preservation - Placement Prevention Services

These include services to help families at-risk or in crisis, including:

- Alleviating concerns that may lead to the out-of-home placement of children.
- Maintaining the safety of children in their own homes when appropriate.
- Providing support to families to whom a child has been returned from placement.
- Supporting families preparing to reunite or adopt.
- Assisting families in obtaining culturally sensitive services and supports.

Services are targeted to parents or primary caregivers with children who have an open foster care, juvenile justice, or CPS cases. Services in 2021 included:

- Parenting education.
- Parent aide.
- Wraparound coordination.
- Families Together Building Solutions.
- Crisis counseling.
- Flexible funds for individual needs.

Title IV-B(2) Family Support Services

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

- Increasing family stability
- Increasing parenting confidence, resilience, and supportive connections
- Helping support and retain foster families (Public Law 115-123 of 2018, Section 50751)
- Providing a safe, stable, and supportive family environment
- Strengthening and promoting healthy relationships
- Enhancing child development

.Family support services are provided to parents and primary caregivers who have:

- An open foster care, juvenile justice, or CPS case.
- A child welfare case that has closed in the past 18 months.
- A CPS investigation in the past 18 months.
- Three or more rejected CPS complaints.

The services provided include:

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

Title IV-B(2) Family Reunification Services

Eligibility for Family Reunification services was amended in March 2019 to serve parents or primary caregivers who are responsible for the care and supervision of minor child(ren) and who have a MDHHS-supervised case in out-of-home placement, with family reunification as the goal. Services provided under the Family Reunification services category include:

- Individual, group, and family counseling.
- Substance use disorder treatment and recovery.
- Mental health services.
- Services to address domestic violence.
- Transportation to and from family reunification services.
- Wraparound coordination.
- Supportive visitation and parenting time support services.
- Parent Partners peer mentoring.
- Flexible funds for individual needs.

The elimination of the time limit for Family Reunification services while a child is placed out of their home, and the expanded time limit for services after return of a child to their home enhanced the availability of long-term assistance to families and allowed realistic time frames for readjustment and transition of children back into the care of their families. The expanded time frame for service provision after family reunification increases support to birth families and may help address long-term effects of trauma and foster care placement, leading to improved outcomes and child and family well-being.

Title IV-B(2) Adoption Promotion and Support Services

Services that encourage adoption from the foster care system include pre- and post-adoptive services that expedite the adoption process and support adoptive families. Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan's foster care system. Services provided in 2021 includes:

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

Michigan has historically treated foster and adoptive family recruitment and support as an allowable activity under the Adoption Promotion and Support Services category because it is

recognized that permanent or adoptive homes often come from the stability of a foster family.

Title IV-B(2) Percentages for 2021

The percentages below reflect 2021 actual expenditures for the Title IV-B(2) grant and include other allowable expenditures in addition to Strong Families/Safe Children services. Some Title IV-B(2) funds were used to augment other state resources for preventive services to families.

- Family Preservation, Placement Prevention: 36 percent
- Family Support: 30 percent
- Time-Limited Reunification: 25 percent
- Adoption Promotion and Support: 3 percent
- Administrative costs: 5 percent

Rationale for Percentage Variances

In Michigan, Title IV-B(2) funds are allocated to county MDHHS offices for spending in the areas of need identified by those counties. Allocation of Title IV-B(2) funds to county offices allows service expenditures in the four service categories to match the needs of each county, which maximizes available resources.

Direct adoption services in Michigan are provided by private agencies, which receive adoption incentive payments through a cost pool that does not include Title IV-B(2) funds, but instead utilizes other federal, state, and local dollars. Further, there is a reduced cost for post-adoption counseling services because children receiving adoption assistance are eligible for Medicaid coverage, including counseling services.

The lesser percentage of actual expenditures in the Adoption Promotion and Support service category does not affect the accessibility of resources for adoption promotion and support because Michigan also has centrally administered initiatives and adoption support services funded through Title IV-B(1), as well as state, local, and donated funds. Adoptive families may also receive services categorized as family support or family preservation. The reduced need for Adoption Promotion and Support services and administrative costs allowed Michigan to utilize additional grant funds in Family Preservation, Family Support, and Family Reunification services in 2021.

Title IV-B(2) Estimated Percentages for 2022

The Title IV-B(2) estimates for fiscal year 2022 submitted with this plan indicate Michigan expects to allocate the following percentages of Title IV-B(2) funds for the four service categories and administrative costs:

- Family Preservation: 20 percent
- Family Support: 30 percent
- Family Reunification: 20 percent

- Adoption Promotion and Support: 20 percent
- Administrative costs: 10 percent

DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to all 83 counties for community-based collaborative planning and delivery of family preservation, family support, family reunification, and adoption promotion and support services. Michigan’s Strong Families/Safe Children program requires collaboration with local groups in service planning to ensure that services fit the needs of the community and can be individualized. Stakeholder groups include representatives from:

- Michigan Department of Education.
- Local and regional schools.
- Public and private service organizations.
- The medical community.
- Mental and behavioral health service providers.
- Courts.
- Parents.
- Consumers.
- Law enforcement.

Accessible Services for Traditionally Underserved Populations

In Michigan, supportive services to families have a high degree of accessibility to traditionally underserved populations. The majority of Michigan’s family support services are provided in the family home, eliminating the necessity for transportation to a service provider. Home-based services allow service providers to meet families in their own environment and gain an immediate understanding of a family’s strengths and needs, which facilitates effective service delivery. Family support services are determined through multi-disciplinary community groups that direct funding to the services identified as necessary, given each community’s particular characteristics.

The program maintains community-based assessment, selection, and delivery of Title IV-B(2) services. There are no changes planned to Michigan’s Title IV-B(2) program design for 2023.

JUVENILE JUSTICE PROGRAMS

In 2021, MDHHS Juvenile Justice Programs continued its administration of state and federal grants. In 2021, policy writing for Juvenile Justice Programs for State of Michigan juvenile justice case managers and public and private, contracted juvenile justice residential treatment

facilities was transitioned to a new CSA Legislative and Policy unit. Juvenile Justice Programs continues to manage:

- Regional detention support services.
- An assignment unit for all juvenile justice residential placements.
- Two state-run residential juvenile justice facilities and reentry/aftercare.
- Thirteen private contracted residential juvenile justice facilities.
- Prison Rape Elimination Act compliance monitoring and audits for all public and private, contracted juvenile justice residential facilities.
- Juvenile forensic mental health examiner and stakeholder training.
- Implementation and training of the juvenile justice risk assessment system.
- Two interstate compacts, the Interstate Compact for Juveniles (ICJ), and the Interstate Compact on the Placement of Children (ICPC).

The two state-run juvenile justice residential facilities provide secure treatment and detention services for delinquent youth 12 to 20-years-old, placed either directly by the county court or by an MDHHS juvenile justice specialist through the Juvenile Justice Assignment Unit. Juveniles include males and females who are delinquent for whom community-based treatment is determined inappropriate. Services include secure short-term detention, general residential, treatment of youth who have problematic sexual behaviors, and substance use disorder treatment. Residential facilities operate at the secure level and include 24-hour, seven days per week staff supervision.

The 13 private contracted juvenile justice residential facilities include both secure and non-secure placements, and provide services including general residential, youth with problematic sexual behavior, mental health and behavioral stabilization, substance abuse rehabilitation, developmentally disabled and cognitively impaired programming, and those who are victims of human trafficking. Juvenile justice facilities under contract have been certified as Qualified Residential Treatment Programs (QRTP) to comply with the FFPSA beginning April 1, 2021. In accordance with these requirements, all 13 facilities are required to provide six months of aftercare support to youth upon return to a community-based placement. Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for these six months of aftercare for the two state run facilities.

Juvenile Justice Programs also provides re-entry services to adjudicated youth with disabilities through an interagency agreement with Michigan Rehabilitation Services. The program delivers evidence-based and promising practices resulting in lower rates of recidivism, increased employment and education outcomes and permanency for youth with disabilities when re-entering the community.

The Interstate Compact Office continues to administer two federal compacts, the ICPC and the ICJ. ICPC staff continue to be involved with technical assistance and training directed toward increasing the timeliness of ICPC home studies and quarterly reports supporting foster

care and adoption placements across state lines. ICPC staff also advocated for Michigan implementation of the National Electronic Interstate Compact Enterprise (NEICE) now in use by 38 states. ICJ staff continued to participate with other state counterparts in the ICJ Midwest Region, on the national ICJ Training Committee, ICJ Finance Committee and Racial Justice Ad Hoc Committee.

Residential Collaboration and Technical Assistance Unit (RCTAU)

The RCTAU was established in June 2021, as a pilot program to assist CCI that are experiencing risk factors around MIC and DCWL substantiations. In addition, RCTAU evaluates and analyzes physical management and seclusion usage among CCIs.

RCTAU utilizes the Risk Stratification Tool that consolidates data from the MIC Unit and DCWL. The tool weighs and scores the total number of investigations and substantiations, as well as physical management data. There are currently 13 agencies receiving assistance from RCTAU ranging from monitoring areas through a full-scale action plan. All licensed facilities with Michigan are reviewed weekly for potential risk factors.

During the pilot, RCTAU built partnerships with CCIs to improve outcomes. There have been ongoing meetings with seven agencies to help build the criteria and utilization of the unit. Agencies have begun to access assistance to mitigate risks as the unit becomes more associated with enhanced support and technical assistance.

Following are the objectives of the RCTAU:

- Provide enhanced coaching and support to providers that demonstrate elevated safety risks and are unable to attain improvement on their own.
- Reduce the number of substantiated MIC cases.
- Reduce the number of substantiated safety violations cited by the DCWL.
- Decrease use of restraint and seclusion.

RCTAU received approval for funding to hire permanent staffing who began on March 20, 2022. With full time staffing the unit is able to conduct more ongoing comprehensive assessments and onsite visits to improve performance measures and desired outcomes. In addition, the unit has obtained support from Building Bridges Initiative, which focuses on six core strategies to improve agency cultures around therapeutic relationships. The Building Bridges Initiative will provide group trainings as well as individual coaching to agencies with more advanced needs.

Data Collection and Integration

Juvenile Justice Programs continues to hold as a top priority improving data collection and integration that supports juvenile justice and child welfare services. Data will be used to develop a CQI process. Juvenile Justice Programs worked with child welfare partners to begin developing a dashboard for residential programs and is working with the Harvard University Government Performance Lab on creating active contract management processes. Upon

termination of the contract with the Harvard University Government Performance Lab, DCQI will take over the responsibility within CSA to continue the work.

Goal: MDHHS will develop a dashboard for residential programs.

Status: The dashboard is currently active. The CCI Dashboard is described in the Quality Assurance System section of this report.

Goal: Juvenile Justice Programs will implement QRTP reviews.

Status: Juvenile Justice Programs began implementation of QRTP reviews on April 1, 2021. The implementation will be reviewed, and frequent stakeholder engagement will occur to incorporate feedback into the processes, including the independent assessment process, the court approvals, payment rates, and new aftercare service provisions.

Planned Activities for 2023

Planning is ongoing for the enhancement of programs and services for young adults including:

- Enhancing re-entry services to disabled youth who can work or be rehabilitated to ensure supports are available to help them return to the community through partnership with Michigan Rehabilitation Services through expansion of the program into private residential facilities.
- Providing statewide training on the Prison Rape Elimination Act.
- Regular communication and collaboration with training staff, residential providers and juvenile justice specialists and supervisors to enhance program integrity. This includes local office expert and residential liaison conference calls and web demonstrations, Juvenile Justice Programs and Child Welfare Training Institute collaborative meetings, and quarterly Juvenile Justice Field and Residential Policy Advisory Committees.
- Work on the Mental Health Diversion Council that includes the implementation of a curriculum and training for juvenile competency forensic mental health examiners and restoration providers. It also includes the implementation of statewide training on evidence-based practices from national experts and critical intervention mapping sessions with two counties, Kent and Van Buren.
- Increase the use of in-home care and community-based services for young people who are delinquent as a means of reducing out-of-home placements.
- Development of a state-level youth advisory board to inform providers and policy makers on the youth perspective.
- The RCTAU Unit will hire permanent staffing to provide CCIs with elevated risks a higher level of enhanced support.
- The RCTAU Unit will monitor and access a contract with Building Bridges Initiative offering coaching to agencies that have higher needs of technical assistance.
- Juvenile Justice task force participation to include meetings, workgroups, and action planning for forthcoming recommendations.
- Ongoing interface with stakeholders that represent juvenile justice interest within Michigan.

JUVENILE JUSTICE TRANSFERS

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. County courts may refer a youth to MDHHS for delinquency care and supervision as a temporary delinquent court ward under the Social Welfare Act, 1939 PA 280 or commit the youth as a public ward under the Youth Rehabilitation Services Act, 1974 PA 150 as dispositional options under the Probate Code, 1939 PA 288.

One-hundred-twenty-five young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2021. This data was obtained from the wardship coding in MDHHS Data Warehouse that counted those children and youth whose type of wardship changed from abuse/neglect to juvenile justice or who became dual abuse/neglect-juvenile justice wards in FY 2021. As of Feb. 18, 2022, there were 192 dual abuse/neglect-juvenile justice wards in Michigan.

Juvenile Supervision in Michigan

In Michigan, most youth in the juvenile justice system remain the responsibility of the local court. Some youth with open foster care cases enter the juvenile justice system and remain under court supervision. The state does not have access to the case management systems used by court programs; therefore, determining the number of dual wards is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

Status: Juvenile Justice Programs continues participation in discussions around the funding and support for a statewide data resource for delinquency services in Michigan. This work continues in 2022 through a data subcommittee of the Juvenile Justice Task Force, which is led by the lieutenant governor of Michigan.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In 2021, following a review of the 15 MiSACWIS case records of dissolved adoptions in the state, there were no known children who were previously adopted internationally.

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight of children adopted from other countries once they enter Michigan's custody due to a disrupted or dissolved adoption. Michigan tracks disrupted and dissolved adoptions through MiSACWIS.

Children adopted from other countries are entitled to the full range of services as are all

children in Michigan. These include family preservation, family reunification, and community services for pre- and post-adoptive families at risk of adoption disruption or dissolution.

Supporting the Families of Children Adopted from other Countries

Private agencies that provide services for international adoptions are licensed as CPAs and held to Michigan’s licensing rules for adoption. DCWL performs on-site reviews and investigations of alleged rule violations. Adoption assistance programs provide permanency for children with special needs who are adopted from foster care. As a result, the statutory requirements for eligibility reflect the needs of children in the child welfare system and are difficult to apply to children adopted from other countries. The statute does not categorically exclude these children from participation in adoption assistance programs; however, it is highly improbable children adopted abroad by U.S. citizens or brought into the United States from another country for adoption will meet the eligibility criteria in federal and state law.

Planned Activities to Support Children Adopted from Other Countries

MDHHS provides post-adoption services through eight regional Post-Adoption Resource Centers. Participation is voluntary and free of charge. The Post-Adoption Resource Centers are designed to support families who have finalized adoptions of:

- Children from the Michigan child welfare system.
- Children adopted in Michigan through an international or a direct consent or direct placement adoption.
- Children who have a Michigan-subsidized guardianship assistance agreement.

The Post-Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention
- Coordination of community services
- Information dissemination
- Education and advocacy
- Family recreational activities and support
- Website and newsletters about topics relevant to adoptive families, community resources, and a calendar of events and trainings

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Michigan received \$1,660,000 in Adoption and Legal Guardianship Incentive funds from FY 2018 that were expended in FY 2021 for the following initiatives:

- Year three of a three-year contract with Eastern Michigan University to develop and implement pre-service and pre-licensure training for foster, adoptive, and kinship parents.
- Temporary staffing resources to compile closed adoption records to respond timely to

requests from adult adoptees for information from their foster care and adoption records.

- Contract with the Dave Thomas Foundation for Adoption to employ recruiters to find children waiting in foster care adoptive homes, secure placements, and work toward the finalization of adoptions.
- Expansion of the MARE contract to include reviews of adoption cases.
- Preservation and Reunification Goods and Services through specific assistance to families for stability throughout the pandemic.
- Funding to address safety issues for unlicensed relatives with a kinship placement.

Michigan received the following in Adoption and Legal Guardianship Incentive funds: \$810,000 to be expended by Sept. 30, 2022, and \$1,245,000 to be expended by Sept. 30, 2023. Michigan plans on expending the funds on costs under part B, including post-adoption services, and part E of Sec. 473A of the Social Security Act. Some possible expenditures include:

- Contract with the Dave Thomas Foundation for Adoption to employ recruiters to find children waiting in foster care adoptive homes, secure placements, and work toward the finalization of adoptions.
- Expansion of the MARE contract to include reviews of adoption cases.

ADOPTION SAVINGS EXPENDITURES

2021 - Michigan expended Adoption Savings Expenditures on the following services to families:

- Post-Adoption Resource Centers
- Adoption resource consultant services
- Parent-to-Parent services
- Regional Resource Teams
- Amount held harmless from counties for increases to residential programs

Michigan does not foresee challenges in accessing and spending future Adoption Savings funds.

KINSHIP NAVIGATOR PROGRAM FUNDING

In FY 2021, the Kinship Care Resource Center (KCRC) with Kinship Navigator Program funding implemented the following:

- Coordinated the Michigan Kinship Care Coalition and provided technical assistance to members.

- Participated in meetings, events, and conferences with diverse stakeholder representation to strengthen care coordination for kinship families.
- Coordinated with statewide 211 director and contracted with 211 to develop an Application Programming Interface, which will surface 211 resources via the current KCRC Help Center, available on the KCRC website.
- Served any relative who is raising or considering raising a child(ren) of a family member due to the child(ren)'s parents being unable to care for them. The placement arrangement can be an informal, private arrangement between the parents and the relative caregiver, or it can be a result of involvement with Michigan's child welfare system. Families may self-refer or be referred by a child welfare or other agency.
- Employs kinship navigators with lived kinship caregiver experience. Two additional navigators were hired during the fiscal year.
- Provided outreach to relative caregivers with foster placements.
- Assessed kinship support group offerings and utilization and maintained an online calendar of kinship support group meetings.
- Developed a database with over 1,000 referral sources.
- Participated in national and state events and conversations aimed at improving outcomes for kinship families.
- Presented about kinship family needs, barriers, and resources at events, conferences, and for organizations.
- Engaged in service delivery activities with kinship caregivers through phone calls, emails, and social media.
- Continued development of communication, technology, and information sharing. This includes an information/tracking database, marketing, resource database, and brochures.
- Planned, coordinated, and delivered nine live webinars.
- Pilot development for a case manager model in Shiawassee and Genesee counties. A case manager was hired to assist with the pilot development and is responsible for implementation in FY 2022.
- Ongoing program development evaluation.

Additionally, the KCRC provided \$50,000 in short-term financial support to families during the COVID-19 public health emergency period. One hundred eighty-three relative providers received up to \$1,000 in financial support to address a specific crisis or an episode of need.

At the end of FY 2021, MDHHS received approval to use Family First Transition Act funds to enhance the Kinship Support Program to continue to work toward evidence-based services and supports. The Kinship Support Program will utilize \$3,400,000 to implement evidence-based services and support program enhancements. Program enhancements began in FY 2022.

MONTHLY CASEWORKER VISIT DATA AND FORMULA GRANT

Michigan makes concerted efforts to achieve or exceed the monthly caseworker child visit requirement. Michigan reports monthly caseworker visits from the AFCARS submissions. The target and Michigan's performance for the percentage of children visited each month by fiscal year for the CFSP 2019 - 2024 is:

- 2019 requirement: 95 percent - Michigan achieved 97.4 percent.
- 2020 requirement: 95 percent - Michigan achieved 97.3 percent.⁶
- 2021 requirement: 95 percent - Michigan achieved 95.7 percent.

Since federal fiscal year 2015, Michigan has consistently exceeded the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in foster care at the child's residence. The percentage of children visited in their residence each fiscal year in the CFSP 2019 – 2024 is:

- 2019: 98.4 percent.
- 2020: 80.6 percent.⁷
- 2021: 98.2 percent.

Maintaining Progress on Monthly Caseworker Visits

Michigan's standard for the frequency of caseworker visits of children in foster care exceeds federal standards. Current policy for caseworker contacts with children in out-of-home placement is as follows:

- The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or placement move. The first contact must take place within five business days from the date the case is assigned or within five business days of the placement move. At least one contact each month

⁶ CSA provided guidance to caseworkers following the guidance issued on March 18, 2020 by the Children's Bureau. The guidelines were communicated to all staff members outlining expectations that children are to be visited in the safest environment possible meeting the expectations outlined in section 422(b)(17) of the Social Security Act.

Michigan implemented use of video conferencing to conduct monthly face-to-face visits with children in foster care. MiSACWIS recorded such video conferencing to distinguish between visitation types. In addition, the DCQI DMU developed weekly tracking reports of all caseworker visit activities to monitor COVID-19 responses.

⁷ In 2020, virtual visitation was utilized during the state's executive stay-at-home order. Following the expiration of that order, caseworker visits were encouraged to take place in an outdoor setting to limit exposure and potential to spread the COVID-19 virus. This impacted the percentage of caseworker visits at the child's residence compared to previous reporting years.

- must take place at the child’s placement.
- The caseworker must have at least one face-to-face contact with the child each calendar month in subsequent months. At least one contact each calendar month must take place at the child’s placement.
- The caseworker must have weekly face-to-face contact with the parent(s) and the child in the home for the first month after the child returns home. This period may be extended to 90 days if necessary.
- The caseworker must have two face-to-face contacts with the parent(s) and the child each calendar month in the home for subsequent months after the child has returned home until case closure unless the family is receiving Family Reunification or Families First services.
- Each contact must include a private meeting between the child and the caseworker.

The topics listed below must be discussed with the child at each visit:

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

Monthly Caseworker Visit Formula Grant

In 2021 and continuing in 2022, Michigan used the Monthly Caseworker Visit Formula Grant for the following activities:

Child Welfare Workforce Training and Mentoring

CSA contracted with Alia Innovations to facilitate workgroups, trainings, and workshops for MDHHS and private child welfare staff to help build resiliency and prepare Michigan's child welfare workforce leaders to facilitate transformation toward a more trauma-informed system, driven by the well-being of staff and families, and focused on early prevention and intervention. Trainings include information on healing childhood trauma, developmental trauma, building individual and organizational resilience, managing organizational change, and other innovative programming.

Alia Innovations training will improve the quality of caseworker visits and engagement with families by providing caseworkers and supervisors advanced training in the skills needed to communicate with parents and children in a way that promotes the healing of trauma and builds supportive relationships. These build on the teaming, engagement, and mentoring skills in the MiTEAM practice model, which if used effectively, will improve assessment, service planning, and interventions in collaboration with families.

CSA contracted with The Ruth Ellis Center to provide trainings titled *Building Safety with Diverse Sexual Orientation and Gender Identity Expression (SOGIE) Youth and their Caregivers* and *Asking about SOGIE for child welfare staff* with the goal of increasing well-being, placement stability and permanency for LGBTQ youth, or youth with diverse SOGIE, in foster care. The Ruth Ellis Center trainings will improve the quality of caseworker visits and engagement with LGBTQ youth and their caregivers.

MICHIGAN SUPPLEMENTAL FUNDING ACTIVITIES FY 2021

Note: Expenditure of federal supplemental funds allocated to Michigan is pending approval by the Michigan state legislature.

Federal Grant: Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 [P.L. 116-136]

Purpose: To assist families with increased needs due to COVID-19 to ensure child safety, family cohesion and reunification.

Allocation Amount: \$1,424,370; no barriers were identified; this grant was fully spent.

Funded Activities: MDHHS, private agency foster care, family preservation providers and Post Adoption Resource Centers were allowed to utilize COVID-19 funding, up to \$1,000 per family, for specific items or services to ensure child safety, family cohesion and reunification. Funding available until Dec. 31, 2020. Examples of items purchased using CARES Act funding are below:

- Emergency food
- Eviction prevention
- Utility arrearages
- Case goal-related purchases
- Clothing
- Linens
- Diapers and wipes
- Medication copays
- Birth certificates
- State IDs
- Car seats
- Household goods
- Car repairs
- Car insurance
- Hotel costs for families
- Prescriptions not covered by medical insurance

- Home repairs
- Extermination services
- Dumpster rentals
- Educational supplies
- Parenting tools
- Beds and cribs
- Home application fees
- Pre-paid cell phones and minutes cards
- Transportation assistance for case-related activities

Federal Grant: FFPSA Transition Grant, Public Law (P.L.) 116-94, Section 602

Purpose: To support implementation of FFPSA and further its goals, Congress passed the Family First Transition Act as part of P.L. 116-94 signed into law on Dec. 20, 2019. FFPSA Transition Grants may be used for any purpose specified in Title IV-B of the act, the portions of the act authorizing the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1) and the MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, subpart 2). Funds may also be used for activities directly associated with implementation of FFPSA. The FFPSA Transition Grants will be awarded in fiscal year (FY) 2020 but will remain available to grantees for expenditure through the end of FY 2025.

Allocation Amount: \$15,605,582

Planned Activities:

- Approximately \$4.3 million is being invested in the HOMEBUILDERS® program. The HOMEBUILDERS® model is a nationally recognized, evidence-based family preservation program. HOMEBUILDERS® is designed to eliminate barriers to service while using research-based interventions, including motivational interviewing, to improve parental skills and capabilities, family interactions, and children's behavior, while promoting safety. HOMEBUILDERS® is available in seven Michigan counties.
- Approximately \$1,079,438 will be spent on evaluation activities over three years for promising and supportive services identified in Michigan's Title IV-E Prevention Plan including Trauma-Focused Cognitive Behavioral Therapy, Family Spirit, and SafeCare.
 - Trauma-Focused Cognitive Behavioral Therapy serves children and adolescents who have experienced trauma. This program targets children and adolescents who have Post-Traumatic Stress Disorder symptoms, dysfunctional feelings or thoughts, or behavioral problems. Caregivers are included in treatment as long as they did not perpetrate the trauma and child safety is maintained.
 - Family Spirit is designed to serve mothers for as long as possible, from 28 weeks gestation until three years postpartum. Home visitors teach 63 lessons during 52 home visits. Each visit is 45-90 minutes long. Visit frequency tapers over time.
 - SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. SafeCare is designed for parents and

caregivers of children ages birth through 5 who are either at-risk for or have a history of child neglect or physical abuse. The program aims to reduce child abuse and neglect. The SafeCare curriculum is delivered by trained and certified providers.

- Funding will also be used to support coordination and delivery of Motivational Interviewing training. MDHHS is contracting with the Public Consulting Group to assist in coordination and delivery of Motivational Interviewing training for public and private child welfare staff. Motivational Interviewing can be used to promote behavior change with a range of target populations and for a variety of problem areas. Michigan will use Motivational Interviewing as a strategy to serve adolescents and adults with challenges in the areas of substance abuse and mental health and increase motivation to improve parenting skills.

Federal Grant: Division X - Additional Chafee Funding – Supporting Foster Youth and Families through the Pandemic Act

Purpose: Continued safe operation of child welfare programs and support for older foster youth.

Allocation Amount: \$9,403,852. Spending did not begin until FY 2022 due to a delay in approved authorization by the Michigan Legislature.

Planned Activities:

- Allows youth who left foster care due to age during the pandemic period (Jan. 27, 2020 – April 20, 2021), to re-enter foster care if not yet 22 years old and stay until their 22nd birthday or Sept. 30, 2021, whichever comes first. Title IV-E eligible youth can continue to be funded by Title IV-E even if not meeting education/employment/volunteerism requirements. For those who are not Title IV-E eligible, this Chafee allocation may be used.
- No youth ages 18 to 20 should have their foster care case close due to age, until Sept. 30, 2021. Title IV-E eligible youth can continue to be funded by Title IV-E even if not meeting education/employment/volunteerism requirements. For those who are not Title IV-E eligible, this Chafee allocation can be used for them.
- For fiscal years 2020 and 2021, Chafee funding may be used to provide services and assistance to any otherwise eligible youth or young adult who experienced foster care at age 14 or older and has not yet attained age 27.
- The state may provide driving and transportation assistance to youth; creates a cap on the amount provided to each youth/young adult at \$4,000 per year.
- Lifts limit of states using a maximum of 30 percent on room and board.

Federal Grant: Division X - Additional ETV Program

Purpose: To provide additional support for foster youths' participation in higher education.

Allocation Amount: 1,366,839. Spending did not begin until FY 2022 due to a delay in approved authorization by the Michigan Legislature.

Planned Activities: Allow increase in ETV funds for youth; increase flexibility of eligibility to include youth not attending post-secondary institution or training program due to COVID-19.

- Allows youth to be awarded up to \$12,000 for the year instead of \$5,000 for the year until Sept. 30, 2022.
- Allows youth to be awarded ETV funds if not meeting the enrollment or the satisfactory achievement requirements that are normally in place until Sept. 30, 2021.
- Youth can be awarded if not attending post-secondary institution or training program due to Covid-19 until Sept. 30, 2021.
- Extends the maximum age to the 27th birthday until Sept. 30, 2021.

Federal Grant: Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families Program

Purpose: To provide community-based family support, family preservation, family reunification, and adoption promotion and support activities.

Allocation Amount: \$1,981,268

Planned Activities:

- Extension of substance abuse support contracts.
- Allocation to counties for counseling, specific assistance to meet concrete needs, parenting skill support, peer to peer mentoring, mental health services, substance abuse treatment services, assistance to address domestic violence, and other related activities.
- SCAO Court Improvement Program technology enhancements, training for courts, and programs to help families avoid delays due to COVID-19.

Federal Grant: American Rescue Plan Child Abuse Prevention and Treatment Act State Grant

Purpose: To improve the child protective services system of the state in a manner consistent with any of the 14 program purposes of CAPTA.

Allocation Amount: \$2,907,744

Planned Activities:

- Develop a prevention track from Michigan's Centralized Intake, including the implementation of Family Resource Centers (FRCs) to connect children and families with quality community resources that are available, accessible, and culturally appropriate.
- Technology support tool to connect children and families with quality community resources that are available, accessible, and culturally appropriate to prevent child abuse and neglect. The tool will track referral details for reporting purposes and provide the ability to identify strengths and gaps in available services and supports for referral.

- Analysis of current mandated reporter laws, policy, and materials, as well as the development and implementation of updated mandated reporter curriculum and training to address implicit bias and reduce disproportionality.
- Develop, strengthen, and facilitate training of the legislatively mandated Plan of Safe Care to support and safeguard families with substance use needs

Federal Grant: American Rescue Plan Community-Based Child Abuse Prevention (CBCAP) State Grant

Purpose: To support community-based prevention focused programs.

Allocation Amount: \$7,150,872

Planned Activities:

- The implementation of Family Resource Centers (FRCs) to connect children and families with quality community resources that are available, accessible, and culturally appropriate.
- Increase local prevention programming and capacity to improve access to community services for all families and children.

Federal Grant: Court Improvement Program 2021 Supplemental Funding

Purpose: To address needs stemming from the COVID-19 public health emergency to ensure the safety, permanence, and well-being needs of children are met in a timely and complete manner. Courts must collaborate with child welfare agencies on the local and state levels and jointly plan for the collection and sharing of all relevant data and information to ensure those outcomes.

Allocation Amount: \$231,521

Planned Activities: SCAO Child Welfare Services division will distribute grants to circuit courts for the following activities:

- Enhance virtual courtroom operations. Judicial officers and court personnel were provided technological supports to conduct virtual court hearings and avoid delays in legal proceedings. Training on how to use remote technology and best practices for conducting virtual court hearings was included.
- Access to technology to increase party participation. The court provided technological supports to ensure that parties, attorneys, and other stakeholders, can meaningfully participate in remote court hearings, meetings, parenting time, and case activities.
- Compensated attorneys to attend out-of-court client meetings or handle ancillary legal matters to achieve more timely permanency.
- Administrative solutions/strategies to resolve backlog of child protection cases due to COVID-19. Courts identified the cohort of foster care cases in which the hearings have been delayed due to COVID-19 and develop strategies to prioritize timely disposition of those cases.
- Other strategies to help avoid delays in legal proceedings, or to assist juvenile courts with needs that have resulted from COVID-19.

The Michigan Dept. of Health and Human Services will not exclude from participation in, deny benefits to, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.



Children's Services Agency

Child Abuse Prevention and Treatment Act State Plan

2022 Annual Update

CONTENTS

Child Abuse Prevention and Treatment Act 2021 Annual Update	3
Children’s Justice Act State Grant Funds	4
Child Abuse and Neglect Laws	4
Safe Care for Infants Affected by Substance Use	5
CPS Policy Updates.....	14
Child Abuse Prevention and Treatment Act Program Areas	16
Child Maltreatment Deaths	33
Expanding and Strengthening Children’s Protective Services	34
Children’s Protective Services Workforce	36
Juvenile Justice Transfers.....	37

Attachments

2022 CPS Staffing Allocation	Attachment E
Services Specialist Job Specification	Attachment F
2021 Citizen Review Panel Annual Report and MDHHS Response	Attachment G

Michigan’s Child Abuse Prevention and Treatment Act Coordinator

Mary Lou Mahoney, Director, Prevention, Preservation and Protection

Michigan Department of Health and Human Services

235 S. Grand Avenue, Suite 510, P.O. Box 30037

Lansing, MI 48909-0037

517-243-2743

Mahoneym2@michigan.gov

CHILD ABUSE PREVENTION AND TREATMENT ACT 2022 ANNUAL UPDATE

Michigan’s Child Abuse Prevention and Treatment Act (CAPTA) state plan aligns with the state’s Child and Family Services Review (CFSR) goals of improving the safety, permanency, and well-being of children and families. Michigan’s Child Protection Law and child protection policies and procedures are applicable to all jurisdictions in the state. Activities to address CFSR outcomes are noted in this 2022 update. Information on ward transfers from the abuse/neglect system to the juvenile justice system can be found at the end of this report. Michigan continues to coordinate Children’s Protective Services (CPS) goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	2017	2018	2019	2020	2021
Number of complaints received	167,160	171,171	170,650	155,859	159,743
Percent of complaints assigned for investigation	56%	56%	56%	46%	41%
Percent of investigations resulting in confirmed abuse or neglect	28%	27%	22%	24%	24%
Maltreatment in foster care ¹	18.56	16.5	16.78	Data not available ²	Data not available ³
Recurrence of maltreatment ⁴	14.7%	14.1%	14.6%	Data not available ⁵	Data not available ⁶

¹ The rate of victimization per 100,000 days of foster care of all children in foster care.

² Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, performance data on recurrence of maltreatment is not currently available.

³ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, performance data on recurrence of maltreatment is not currently available.

⁴ Of all children who were victims of maltreatment during a 12-month target period, what percent were victims of another maltreatment allegation within 12 months of the initial report?

⁵ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, performance data on recurrence of maltreatment is not currently available.

⁶ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, performance data on recurrence of maltreatment is not currently available.

CAPTA STATE GRANT FUNDS

CAPTA state grant funds are used for activities and contracts to reduce child abuse and neglect and improve practice. These did not change significantly in 2021 beyond expected progress in the development of structured decision-making tools. CAPTA funds support:

- Implementing the “birth match” system to identify parents whose parental rights were terminated, leading to an automatic referral and investigation.
- An annual child abuse and neglect conference field staff registration fees.
- A paternity testing contract for children in the child welfare system.
- Safe sleep programming and services support.
- Support for the CPS Advisory Committee and annual conference.
- Support for the statewide child death review contract.
- CPS program office travel costs to reinforce policy and practice requirements.
- Safety assessment and safety planning training.
- Mandated Reporter training materials.
- Support for Medical Advisory activities and trainings.
- Development, implementation, and training of Structured Decision-Making tool for Centralized Intake.
- Development, implementation and training of Structured Decision-Making Safety and Risk Assessment tools.

The department is utilizing American Rescue Plan funds to support the implementation and development of Plans of Safe Care. CSA’s In-Home Services Bureau is pursuing a contract to develop, strengthen, and facilitate training of the Plan of Safe Care to support and safeguard families with substance use needs. An initial \$24,000 is allocated to the Michigan Public Health Institute for this work. Funds will also be used to build the Plan of Safe Care toolkit as part of the training implementation.

CHILD ABUSE AND NEGLECT LAWS

No substantive changes were made to Michigan law during the report period (July 1, 2021 – June 30, 2022) that will affect the state’s continued eligibility for CAPTA State Grant Funds.

The Federal Court of Appeals ruled in July 2021 that the Fourth amendment does, in fact, govern a social worker’s in-school interview of a child pursuant to a child abuse investigation, such that, at a minimum, a social worker must have reasonable suspicion of child abuse before conducting an in-school interview when no other exception to the Fourth Amendment’s warrant requirement applies. Caseworkers must obtain parental consent prior to interviewing a child that is not an alleged victim of abuse or neglect. Further, if at any time during an investigation a caseworker no longer suspects abuse or neglect, further interviews with any

child requires consent of a parent prior to conducting an interview. It was also ruled that temporary voluntary arrangement discussion must be led by the parents and cannot be utilized as an ultimatum. The decision to change, extend, or stop the arrangement rests with the parent. CPS and/or temporary caregivers may not restrict a parent's physical custody or access to their child during these arrangements. When there is no longer a need for the voluntary arrangement, the caseworker must notify the family and document.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

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

- Mandated reporters are required to report suspected child abuse or neglect if the reporter knows or, from the child's symptoms has reasonable cause to suspect, that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body. A report is not required if the person knows that the alcohol, controlled substance, or metabolite, or the child's symptoms, are the result of medical treatment administered to the newborn infant or his or her mother.
- A complete list of mandated reporters is listed in MCL 722.623. The following medical professionals are mandated reporters:
 - Physicians and physician's assistants
 - Dentists and registered dental hygienists
 - Medical examiners
 - Nurses
 - Persons licensed to provide emergency medical care
- Policy requires CPS investigators to:
 - Contact medical professionals to confirm exposure and/or to identify appropriate medical treatment for the infant.
 - Review the family history.
 - Interview the parents to assess the need for substance use disorder, assessment prevention/treatment, or recovery support.
 - Determine the parents' capacity to provide adequate care of the newborn and other children in the home.

Direction was added to policy regarding safety assessments. If the child is determined to be safe on the safety assessment, the caseworker may follow the steps identified in policy and close the case. Cases may remain open to assist the family if the safety assessment result is safe with services.

Development of Plans of Safe Care

Michigan's policies and procedures for developing a Plan of Safe Care for infants identified as

affected by substance use include the following:

- In 2017, policy changes included the requirement for a Plan of Safe Care for infants identified as affected by substance use of their parent and/or withdrawal symptoms, or as victims of Fetal Alcohol Spectrum Disorder. In these cases, the worker must develop a Plan of Safe Care to:
 - Address the health and substance use treatment needs of the mother and infant and other affected family members.
 - Ensure that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
 - Take steps to ensure services provided to the infant and family are monitored either through MDHHS involvement or another service provider.
 - Address concerns through appropriate referrals. The referral and monitoring of these services must be documented by the worker in MiSACWIS.
- In 2017, MDHHS initiated a statewide effort to enhance mandated reporter training for medical providers. The trainings continued through 2018. The training provided:
 - Clarification of mandated reporters legal requirements to report suspected child abuse or neglect.
 - Guidance on how to identify safety concerns in situations when substance use/abuse is suspected.
 - Suggested approaches for working with parents and providers to develop Plans of Safe Care for infants suspected of being affected by parental substance use, withdrawal symptoms, or diagnosed with Fetal Alcohol Spectrum Disorder or Neonatal Abstinence Syndrome.
- MDHHS created a training for family preservation providers “Plan of Safe Care – A Guide to Help Substance-Affected Families Keep Baby Safe”.
- In confirmed complaints in which the infant requires medical treatment to address symptoms resulting from the substance exposure and medical personnel indicate that the exposure seriously impairs the infant’s health or physical well-being, a petition for court jurisdiction is required within 24 hours.
- Services must be coordinated with medical personnel, maternal infant health programs and substance use disorder assessment and treatment providers.
- Children ages 0 to 3 suspected of, or having confirmed substance exposure, and/or developmental delay must be referred to Early On.
- MDHHS employs a substance use analyst who oversees a variety of substance use projects within MDHHS including plans of safe care, helps provide insight on substance use within child welfare, and works collaboratively with various stakeholders at all levels regarding substance use.
- MDHHS works collaboratively with stakeholders through a variety of workgroups throughout the state related to substance use.
- In 2021, Governor’s Task Force on Child Abuse and Neglect developed a Plan of Safe Care Protocol. The protocol identified how to develop and implement Plans of Safe Care

at three distinct timeframes: pre-natal, at birth, and post-natal. The protocol will be available to all child welfare staff, medical professionals, and service providers. As of June 2022, the draft protocol is being reviewed by CSA leadership.

- A Plan of Self Care Training Steering Committee was created in 2022.
- The Michigan Public Health Institute in collaboration with MDHHS and the National Center on Substance Abuse and Child Welfare will develop training in 2022 for child welfare staff and external partners including medical personnel and community partners. MDHHS was awarded \$1,000,000 in funding from the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. With the support of this grant, MDHHS has:
 - Participated in multi-disciplinary teams to address opioid use by facilitating sharing of data between various systems.
 - Expanded the Substance Use Disorder Family Support Program pilot to 12 counties. The pilot provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect.
 - Obtained intensive home-based programming to address substance use in various counties.
 - Partnered with the University of Michigan Child and Adolescent Data Lab to analyze data and provide an evaluation of the Substance Use Disorder Family Support Program.
 - Partnered with the University of Michigan Child and Adolescent Data Lab to analyze data to identify families impacted by substance use disorder as a way to prevent recurrence.
 - Worked collaboratively with the Governor’s Task Force on Child Abuse and Neglect and the Citizen Review Panel on CPS, Foster Care, and Adoption to address gaps in various systems related to substance use.

To ensure compliance with Plan of Safe Care policy, the Michigan’s Supervisory Control Protocol, which is required to be completed by the CPS supervisor on every CPS investigation, asks the following question for every CPS investigation involving substance use: “Was a Plan of Safe Care developed to address needs of the infant, mother, and other household members?” Supervisors are required to verify compliance with this policy on all investigations and follow-up is required if it is not completed.

The department monitors compliance in this area through routine case reviews completed by the CPS Peer Review Teams and the Compliance Review Team. Each case review requires an evaluation for documentation of a Plan of Safe Care. The Compliance Review Team also verifies whether the required service referral was made.

The CSA In-Home Services Bureau, in coordination with DCQI and CSA’s Policy and Legislative

Unit, assesses the case review findings data to identify areas needing enhanced training and/or policy changes. The Compliance Review Team provides training for the Plans of Safe Care when they conduct comprehensive trainings in the county offices.

Multi-Disciplinary Outreach, Consultation and Coordination

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

- **2017 Policy Academy - MDHHS Recovery Oriented Systems of Care.** Michigan was one of 10 states selected to participate in the “2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers.” Michigan developed a cross-system plan to address the needs of infants affected by opioids and their caregivers.
- **Comprehensive Addiction and Recovery Act workgroup.** The workgroup developed a work plan to ensure Michigan is meeting the requirements of the 2016 Comprehensive Addiction and Recovery Act and the provisions of the Child Abuse Prevention and Treatment Act. Participants included internal and external child welfare and public health systems. The focus of the work was on:
 - Creating uniform definitions of substance affected newborns and Plans of Safe Care.
 - Aligning MDHHS policies, programs, and contracts with the Comprehensive Addiction and Recovery Act.
 - Identifying and implementing cross-system responses to newborns affected by substances and their families.
 - Training and education on Plans of Safe Care for birthing hospital staff, home visitation programs, infant mental health programs, family preservation services, CPS, and foster care programs.
 - Establishing a plan for tracking and monitoring all infants born affected by substances, and implementation of Plans of Safe Care.

As of September 2021, the workgroup completed the tasks outlined and transition of the work and any technical assistance will be provided through engagement with the Governor’s Task Force on Child Abuse and Neglect and the department’s engagement with the National Center on Substance Abuse and Child Welfare. As a result:

- The department aligned its policies with the federal definition.
- Family preservation contracts were amended to include the requirement for providers to review Plans of Safe Care if created or to create one with the family if one was not developed.
- Michigan Public Health Institute program forms were aligned with the federal requirements.
- Training was offered to staff.
- Information was shared with hospitals.
- MiSACWIS was updated to identify whether a newborn identified with positive

toxicology had a Plan of Safe Care.

Michigan Collaborative Quality Initiative of Birthing Hospitals

The Michigan Collaborative Quality Initiative is a birthing hospital collaborative that the department supports. Medicaid funds a portion of the time of the collaborative leader and the Division of Maternal and Infant Health funds a contract nurse 10 hours per week to assist. The hospitals that are part of the collaborative are those that have a Neonatal Intensive Care Unit or Special Care Nursery. Of the 80 birthing hospitals in Michigan, there are 35 hospitals that fall into this category. The initiative is providing training regarding screening of infants for Neonatal Abstinence Syndrome with the Finnegan screening tool and using Eat, Sleep, and Console. In partnership with the initiative, MDHHS Division of Maternal and Infant Health provides education and training for birthing hospitals on screening infants for the signs and symptoms of Neonatal Abstinence Syndrome and linking families to evidence-based home visiting. Technical assistance and training provided to staff to improve practice for caring for infants affected by substance abuse includes:

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

Technical Assistance to Support Plans of Safe Care

The National Center on Substance Use in Child Welfare has assisted with the development of substance use training and training resources. MDHHS requested written feedback and suggestions from the field and created priorities to be developed and implemented in 2022:

- MDHHS will develop a process that CPS and foster care workers can use to assess parenting capacity, parenting time, permanency planning, and child safety concerns when substance use is a factor.
- In February 2022 the National Center on Substance Use in Child Welfare began offering guidance and resources to begin developing a Plan of Safe Care protocol implementation and training plan.
- MDHHS will provide substance use training and coaching on symptoms, warning signs,

identifying the presence of treatments, relapse, and recovery planning, including how to engage parents with substance use disorder, opioid use disorder, and/or co-occurring disorders. Online training modules required for new hire CPS and foster care workers will be available in 2022.

Progress in 2022

- When the Plan of Safe Care Protocol is approved, the department will contract with the Michigan Public Health Institute which will develop the training and the roll out plan for implementation. The institute began developing the roll out plan and training in May 2022.
- MDHHS continues to develop access to resources and encourage collaboration and care coordination with relevant service providers, and medical professionals.

Justice for Victims of Trafficking Act and the Trafficking Victims Protection Act Safe Harbor

Safe Harbor was one of the key reforms in the 2014 Michigan human trafficking legislative package. Specific changes included:

- Stronger protection for victims.
- Stronger tools to hold traffickers accountable.
- Victim health and welfare provisions.
- Establishment of commissions and boards.

Preventing Sex Trafficking

In response to the growing problem of child trafficking, and in recognition of the vulnerability of foster youth to being targeted, MDHHS created a protocol for child welfare professionals, court personnel, law enforcement officials, and schools. The protocol addresses the following goals:

- To provide a coordinated investigative approach while minimizing trauma to victims.
- To provide protection and specialized services to victims and family members.
- To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking.
- To provide alternatives for handling the case after a child or youth has been identified as a victim of human trafficking.

Progress in 2021

- Training was delivered to child welfare staff in public and private agencies, and to community organizations and community partners.
- MDHHS continues to cross-train with community agencies to educate the community on identification of trafficking and resources for treating victims.
- MDHHS updated the public MDHHS website with resources.
- Improvements in MiSACWIS enhanced the accuracy of data.

- Human Trafficking policy is maintained in a policy manual referenced by all program areas and updated to include a requirement to screen youth receiving foster care services who are at risk of human trafficking and all closed foster care cases receiving services.
- In 2020, MDHHS completed a thorough review of policy, practice, and systems and reviewed how these impacted MDHHS response to child labor and sex trafficking. This will result in updates to tools used by staff to address human trafficking in Michigan.
- The CPS program office collaborated with the Office of Workforce Development and Training to create the online training “Human Trafficking of Children” which is available to child welfare staff.
- The MDHHS Human Trafficking Health Advisory Board participated with the Division of Victim Services staff in planning for the development of a Human Trafficking Toolkit for Health Providers. The aim of this Toolkit is to document the protocol development process used by Ascension Genesys Hospital in creating policy and procedures for identifying and responding to victims of human trafficking. The Toolkit will be developed by the Michigan Public Health Institute with advice from the Board during the 2022 calendar year and will be used to informing the work of other health providers looking to improve their response to human trafficking victims.
- The MDHHS Division of Victim Services has \$1.3 million in contracts with 48 agencies across the state that provide services to victims of human trafficking. In Southeast Michigan, the division funds services provided through agencies including Alternatives for Girls, Wayne County Neighborhood Legal Services, Common Ground, Wayne County SAFE, Arab Community Center for Economic and Social Services, Centro Multicultural LaFamilia, and LGBT Detroit.
- The MDHHS Division of Victim Services began developing two separate funding opportunities totaling, 4.5 million dollars, to support agencies enhancing services to victims of human trafficking. Funding awards will be made in 2022.
- In consultation with the Human Trafficking Health Advisory Board, Division of Victim Service Staff worked with MDHHS working group to draft recommendations for responding to individuals who disclose trafficking on their application for benefits through MI-Bridges. Recommendations included updating the information booklet provided to benefits applicants and development of a resource/brochure that can be provided to individuals who disclose trafficking. These recommendations and resources are currently under review.
- The Human Trafficking Health Advisory Board consulted on a media campaign supported by the Division of Victim Services to promote the National Human Trafficking Hotline run by Polaris. The Campaign resulted in almost 10 million total impressions. It included human trafficking posters targeting laundromats, barbershops, nail salons, gas stations and convenience stores. The campaign also digital posts on social media sites such as Facebook and Instagram. The campaign promoted the national human trafficking hotline.

MDHHS has provisions and procedures to identify and assess all reports of known or suspected victims of child sex trafficking. Specifically:

- The MDHHS mandated reporter training includes the definition of child sex trafficking and mandated reporters' responsibility for reporting suspected child sex trafficking.
- MiSACWIS was enhanced to collect information on child victims of sex trafficking in a manner that allows for better tracking.
- Any child or youth identified as a sex trafficking victim must be referred to specialized services aligned to their needs. MDHHS service provision includes a contract with Vista Maria (<https://www.vistamaria.org/>), which provides supportive services and housing for sex trafficking victims.
- Policy regarding Absent Without Legal Permission (AWOLP) indicates:
 - As soon as possible, but no later than one business day after locating the youth, the supervising agency must notify the National Council on Missing and Exploited Children that the child has been located and notify law enforcement that the child has been located.
 - As soon as possible, but no later than five business days after locating the youth, the supervising agency must meet with the youth to determine the following:
 - The primary factors that contributed to the youth running away.
 - The ways in which the youth's placement should respond to those factors.
 - The youth's activities while AWOLP, including if the youth was a victim of sex trafficking.

Training CPS Workers about Sex Trafficking

- Child welfare caseworkers are provided training on child sex trafficking and labor trafficking. An overview of sex trafficking investigation is included in the CPS Pre-Service Institute.
- Human trafficking training is available to all child welfare staff on an ongoing basis through conferences, online training, and local office training.
- MDHHS participated in trainings in collaboration with various stakeholders such as the Prosecuting Attorneys Association of Michigan and SCAO.

DCQI has been collecting data on sex trafficking as an allegation for several years, and as such, has the ability to report the number of allegations and substantiations in NCANDS.

- Sex trafficking is now collected as a removal reason, but only since July 2021, so there is little current data to report. Once collected, the data will be reported in AFCARS 2.0 along with the questions about prior involvement in sex trafficking or involvement after removal, which is currently a question asked upon a youth's return from going absent without legal permission. Answers to those questions are available but not yet federally

reported.

- In 2021, The CSA In-Home Services Bureau commenced a human trafficking workgroup comprised of workers and supervisors who address human trafficking in the field, CPS Program Office, the Policy and Legislative Bureau, and the Interstate Commission for Juveniles Office. As a result of this workgroup, several recommendations regarding updates to policy were made to the Policy and Legislative Bureau. CPS program office worked with the Division of Victim's Services to ensure the human trafficking analyst through the Division of Victim's Services was able to lead any future protocol revisions.

The Infant Safe Sleep Act

Enacted in 2014, the Infant Safe Sleep Act requires hospitals and health professionals to provide readily understandable information and educational and instructional materials regarding infant safe sleep practices. Hospitals and other professionals working with families are supported with access to a free online training for hospital nurses (234 completions) and free educational materials to use in their work with families; 251,836 educational items were distributed by MDHHS in FY 2021. MDHHS provides a website for ongoing education that includes testimonials from parents who lost a child when a contributing factor may have been the child's sleep environment or position. The Infant Safe Sleep website can be accessed at www.michigan.gov/safesleep.

MDHHS requires CPS investigators to discuss safe sleep practices with parents of children under 12 months. If an infant is not provided with a safe sleep environment, the CPS worker must document efforts to assist the family in creating one. The worker can utilize friends and family, community resources or local funds to assist the family.

MDHHS provides training on the basic information of infant safe sleep for all child welfare workers and includes community partners in those trainings. In 2018, the MDHHS Infant Safe Sleep program released "Safe Sleep 201" training for home visitors and child welfare workers which is available online. The training addresses how professionals can have more effective conversations with families to promote safe sleep practices while addressing the challenges families face in following the guidelines. In fiscal year 2021, 584 participants were trained in Safe Sleep 201.

Each year, Michigan reports infant deaths in which an unsafe sleep environment may have been a factor to the federal Centers for Disease Control and Prevention. This data can be found in the Sleep-Related Infant Deaths in Michigan report at <https://www.keepingkidsalive.org/publications/>.

MDHHS is improving the quality of CPS investigations through initiatives including:

- CPS Child Death Alert and Report. This software enhancement collects child death information and notifies key MDHHS personnel when a death has occurred.

- Foster Care, Adoption and Juvenile Justice Child Death Alert and Report programming helps MDHHS collect accurate death information for children under the care and supervision of MDHHS.

MDHHS sponsored a safe child/safe sleep campaign for the prevention of child deaths. Risk factors in child deaths include:

- Lack of smoke detectors
- Poor prenatal care
- Substance use during pregnancy
- Unsafe sleep environments
- Poor supervision
- Inappropriate selection of caregivers

The MDHHS prevention campaign educates customers on home safety, shaken baby syndrome and creating safe sleep environments. MDHHS county offices have brochures, videos, and resources available to clients and providers. MDHHS distributed Safe Sleep Kits statewide that include posters, brochures, toy cribs and dolls, reminder door hangers and an informational DVD.

The In-Home Services Bureau will continue coordination with the MDHHS Safe Sleep Office, Michigan Department of Education, community providers, and the state Child Death Review Team to create and maintain a statewide plan to provide the video to the public in a variety of settings, including:

- Health care settings
- Public health offices
- MDHHS county offices
- The 2019 Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization grant recipient

CPS POLICY UPDATES

MDHHS updates CPS policy as needed to improve clarity of requirements, incorporate changes in federal or state law and accommodate best practices. Policy also reinforces that CPS practice be implemented with compassion, through a trauma-informed lens and is directed toward helping families provide adequate care for their children. Changes to policy in 2021-2022 were driven with the goal of better supporting families, providing worker relief, and making policy more streamlined by:

- Obsolete policy items that were a better fit elsewhere or were already located in another section of policy.

- Removing policies to ensure the work being done by caseworkers is productive and an efficient use of time and resources.

The following policies were updated to provide policy clarification or additional/updated based on feedback from various stakeholders:

PSM 713-01, CPS Investigations:

- If at any time during an investigation a caseworker no longer suspects abuse or neglect, further contact with any child requires prior consent of a parent.
- Reasonable suspicion of abuse or neglect exists when the current, known facts and/or circumstances, indicate abuse or neglect may have occurred. Reasonable suspicion no longer exists when the facts and circumstances of the investigation do not indicate child abuse or neglect can be confirmed.
- Discussions of a temporary voluntary arrangement for a child should be led by a parent or legal guardian, and the decision to change, extend or stop the arrangement rests with the parent. CPS may not restrict a parent's custody or access to their child without a court order.
- The disposition summary must identify how the facts and evidence obtained during the investigation led to the case outcome.

PSM 713-11, Assessments:

- The word investigation replaces the word complaint reflect that caseworkers should only count the number of prior assigned confirmed or denied investigations for neglect or abuse in which any adult household member identified in the current investigation was an alleged perpetrator.
- Definitions and detailed information regarding the FANS assessment was removed from PSM 713-11, Assessments, and a link was added to FOM 722-09A, Family Assessment of Needs and Strengths to streamline policy.
- Assessment domains, scoring, definitions, and milestones used for completion of the CANS were removed from PSM 713-11, Assessment and a link was added to FOM 722-09, Child Assessment of Needs and Strengths to streamline policy.

PSM 714-1, Post-Investigative Services:

- Caseworkers must continue to search for and identify relatives and demonstrate search and outreach activities in each case service plan. The DHS-991, Relative Search Checklist, may assist caseworkers with locating relatives. The DHS-987, Relative Documentation, is required to detail information regarding the relative and to document dates of contact.
- Genograms are required on all open Category I, II, or III cases in the initial updated service plan. Resources for completion of genograms are available through Office of Workforce Development and Training Child Welfare Institute guides, including standard symbols for genograms and a genogram example video.

- Language was added to align with statute and to clarify when reclassification of a Category I, II, or III case is required.
 - If the family does not voluntarily participate in services, or make progress towards reducing the risk level, the caseworker must consider reclassifying the case from a Category III case to a Category II case.
 - A court petition is required if the department previously classified the case as Category II and the child's family does not voluntarily participate in services.
- The caseworker must document the reasons for reclassifying the case in the updated service plan, including the results of the safety and risk reassessments and the reassessment of the Family Assessment of Needs and Strengths and Child Assessment of Needs and Strengths.
- Absent effective preventive services, the planned arrangement for the child is foster care.
- When a new investigation has been linked to an open ongoing case, and a preponderance of evidence has been found on the new complaint, the worker must open or maintain the case with the higher risk level.

CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRAM AREAS

CAPTA Section 106(a)1. To improve the intake, assessment, screening, and investigation of reports of abuse and neglect.

To ensure consistency in response to CPS complaints across the state, MDHHS established a statewide 24-hour Centralized Intake hotline for abuse and neglect reporting in 2012. CPS Centralized Intake ensures consistency in complaint disposition through the following activities:

- Maintaining and updating detailed step-by-step guidelines regarding internal procedure.
- Continually assessing internal procedures for consistency and compliance with statute.
- Continually providing training to Centralized Intake staff.
- Debriefing with staff when critical incidents occur.
- Participating in systematic change work groups.

Centralized Intake continues to complete quality assurance by reviewing all reconsideration requests from local offices. By utilizing a data-driven approach which focuses on trends, Centralized Intake has been able to ensure the correct screening decision was made during the intake process. Centralized Intake has been able to reduce the number of reconsideration requests, as well as reduce the number of screening decisions overturned.

Criminal Background Clearances

Michigan complies with federal requirements for background clearances by completing central registry and criminal history clearances for all foster care, relative, and adoptive placements.

Michigan Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children (R. 400.9205) require a criminal background check and a CPS central registry check for all licensed foster and adoptive parents and other adult household members. Licensing Rules for Child Placing Agencies (R. 400.12309) also require child-placing agencies to conduct these checks. No changes in this process have occurred over the last year.

Licensing consultants complete an annual onsite inspection of every child-caring institution (CCI). During annual reviews, personnel files are reviewed, in addition to a sample of files for current staff. The licensing consultant checks the central registry clearance, training records, criminal history information, and other documentation.

The Division of Child Welfare Licensing (DCWL) processes all background clearances on behalf of MDHHS contracted CCIs. DCWL does not process criminal history/Central Registry background checks for CCIs that are not contracted with MDHHS. The responsibility to obtain those clearances falls on the non-contracted CCI.

The Michigan Child Protection Law was amended to allow MDHHS to verify that an employee, potential employee, volunteer, or potential volunteer of an agency in which the person will have access to children is not on the child abuse and neglect central registry. There have been no substantive changes to the law affecting the state's eligibility for the state grant (Section 106 (b)(C)(1)).

- In 2021, the CPS program office reviewed and responded to over 5,327 requests for central registry clearance checks.

MDHHS Birth Match Process

The MDHHS birth match process matches Michigan births to a list of adults whose parental rights were terminated in Michigan following child abuse and neglect court proceedings. It allows MDHHS to identify cases that may require a court petition documenting the likelihood of threatened harm based on previous termination of parental rights or a history of severe physical abuse. The process results in investigation and assessment of risk to the infant.

CAPTA Section 106(a) 2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations and improve legal preparation and representation.

MDHHS works with the Governor's Task Force on Child Abuse and Neglect, Office of Workforce Development and Training, Prosecuting Attorneys Association of Michigan, and the State Court Administrative Office to train public and private child welfare staff to use investigative protocols. To improve practice, MDHHS utilizes the following:

- **A Model Child Abuse Protocol** - To coordinate handling of child abuse and neglect cases among MDHHS, law enforcement, and prosecuting attorneys, the Governor's Task Force created "A Model Child Abuse and Neglect Protocol with an Approach Using a

Coordinated Investigative Team” in 2013. This protocol was revised effective June 2021 and included a multi-disciplinary approach. The Governor’s Task Force paid an additional \$56,000 to provide extended training to local counties, including MDHHS, law enforcement, prosecutors, and other stakeholders in 2021.

- The Prosecuting Attorneys Association of Michigan continues to provide training to increase collaboration between prosecutors, CPS, and law enforcement on multi-disciplinary team investigations. The department, in collaboration with the Governor’s Task Force on Child Abuse and Neglect, has contracted with the Prosecuting Attorneys Association of Michigan to provide training on the Model Child Abuse Protocol.
- In 2021, the department worked with the Prosecuting Attorneys Association of Michigan (PAAM) to gather local child abuse protocols to ensure collaboration between prosecutors, CPS, and law enforcement. Of the 83 counties, 66 had local multi-disciplinary team protocols that met statutory requirements, four had protocols that did not meet statutory requirements, eight did not have protocols but had started the process to create them and five counties did not have protocols and had not started the creation process. Through continued efforts with PAAM and MDHHS, in 2022, of the 83 counties, 80 now have local multi-disciplinary team protocols that meet statutory requirements, one has a protocol that does not meet statutory requirements, one does not have a protocol but has begun the process to create one, and one has no protocol in place and has not started the creation process.
- **Forensic Interviewing Protocol** - MDHHS assists investigative professionals to use best practices when interviewing children. MDHHS and Central Michigan University developed the Forensic Interviewing Protocol to conduct an interview with a child in a developmentally sensitive, unbiased, and truth-seeking manner that supports accurate and fair decision-making. The protocol is trained in law enforcement and child welfare programs. This protocol continues to be utilized as the primary protocol for training new child abuse and neglect investigators. In 2017, the fourth edition of the Forensic Interview Protocol was published.
- **Medical Child Abuse Protocol** - To address risk in families that includes complex medical and psychological issues, the Governor’s Task Force revised the investigative protocol “Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation, Assessment and Treatment,” and created the Medical Child Abuse Protocol that identifies medical child abuse and establishes guidelines for each discipline involved in an investigation. This update places the focus of the investigation on the abuse inflicted on the child, instead of the potential mental health concerns of the alleged perpetrator (Children’s Justice Act grant funded via the Governor’s Task Force).

The protocols above can be accessed on the Governor’s Task Force website at:
http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_66367-77800--,00.html

- **Human Trafficking Protocol** - MDHHS created and updated a protocol that aligns with federal and state legislation. The protocol defines best practice for determining whether a child is a victim of human trafficking, and how to move forward once a child has been identified as a victim. In 2022, In-Home Services is working with department offices and community partners to update the protocol along with system, policy, and training as needed.
- **Methamphetamine Protocol** - Through a multi-disciplinary development of the Methamphetamine Protocol, MDHHS addressed the immediate health and safety needs of children exposed to methamphetamine lab settings, established best practices, and provided guidelines for coordinated efforts between MDHHS workers, law enforcement and medical services. The protocol can be reviewed here: https://www.michigan.gov/documents/dhs/Meth_Protocol_179585_7.pdf.
- **Plan of Safe Care Protocol** - MDHHS worked collaboratively with the Governor's Task Force on Child Abuse and Neglect, as well as other child welfare stakeholders to create a protocol to address substance use by caregivers caring for infants. This draft protocol is currently with MDHHS leadership for review. This protocol is expected to be finalized in 2022.

CAPTA Section 106(a) 3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

MDHHS will continue to improve case management and services by decreasing the number of children in out-of-home placement and enhancing the role of parents and families throughout the case planning process. MDHHS is using the following strategies:

- CPS policy requires additional supervisory oversight and pre-removal family team meetings for all investigations including cases involving children in out-of-home placement. CPS workers are required to consult with their supervisors prior to disposition.
- In 2017, MDHHS completed statewide implementation of the enhanced MiTEAM practice model. Implementation included virtual learning, structured activities, practice support, resources, and feedback for improving teaming and engagement with families, assessment, and mentoring skills for child welfare workers. A workgroup to consider updates to the MiTEAM practice model is currently in the planning stage.
- The Guy Thompson Parent Advisory Council was created in 2018. The council comprises birth parents who have successfully completed services offered by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs. In 2020 and 2021, the council completed a parent leadership training, conducted a purpose workshop, contributed to performance improvement planning, participated in program initiatives, and continued leading quarterly meetings. The council expanded its reach within the child welfare system. Since the creation of the council, members have participated in the following:

- Child and Family Services Review Program Improvement Plan
- Family First Prevention and Services Act Target Population Workgroup
- Children’s Trust Fund Request for Proposal Review
- Michigan Court Improvement Project Task Force
- Child-caring institution reform initiatives
- Child Welfare Improvement Task Force
- Casey Family Programs subcommittees
- National Center on Substance Abuse and Child Welfare Core Workgroup
- Reduce Fatalities and Reoccurring Child Injuries Caused by Crime Victimization workgroup
- Presented at BSC 2 Town Hall, CPS Advisory meeting, and MDHHS CQI conference and trainings
- Provided feedback on policy changes, Central Registry reform, CPS redesign work, and safety planning

CAPTA Section 106(a) 4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.

MDHHS addressed safety through changes in CPS policy and the following activities:

- Providing statewide safety planning training (Safety by Design) and threatened harm training for all child welfare staff.
- To enhance accuracy for the risk assessment tool utilized by child welfare staff, a training was developed by CSA and presented by the Office of Workforce Development and Training for CPS supervisors in 2021.
- Training for all MDHHS and private agency staff was presented on safe sleep.
- Suicide prevention initiatives, including a conference co-sponsored by MDHHS:
 - In 2018, the Compliance Review Team (CRT) was created. Each month the Data Management Unit provides the CRT with a randomized sample of CPS dispositions that occurred the previous month. The goal of the review is to provide data to counties statewide to ensure policy and law compliance, improve CPS system functioning, and improve outcomes for children and families at the county level. The CRT sends feedback to local offices after each review, and to the BSCs quarterly. In 2020, the CRT reviewed 1,242 disposed cases. In 2021, the CRT reviewed 1,166 disposed cases.
 - While the CRT has found acceptable or improving compliance standards in many areas, six areas of opportunity for improvement have been identified statewide that correlate with documentation weaknesses noted in the 2018 Office of the Auditor General CPS audit. Areas of focus include:
 - Accurate history and trends documentation
 - Central Registry clearance documentation
 - Accurate risk assessment scoring
 - Timely law enforcement notifications

- Timely prosecutor notifications
- Central Registry placement notification

The CRT is currently developing BSC- and county-specific targeted training to improve compliance adherence with these policies.

- The CRT reviews individual investigations for appropriate compliance and documentation for over 50 policy and law requirements. Compiled data from these individual investigation reviews is provided to every county and BSC quarterly. This data is used to highlight strengths of policy and law compliance, as well as spotlight areas for improvement that counties and BSCs can use to develop focused areas of training. The CRT team is currently in the process of working with each of the BSCs to develop individual trainings to address their specific policy needs.
- To reduce incidents of maltreatment in care and ensure child safety, the Placement Collaboration Unit (PCU) was piloted in Oakland County and implemented statewide in April 2019. The unit focuses on screened-out CPS complaints involving court wards placed in their home or in out-of-home care to address any concerns before they rise to the level of child abuse and neglect. Every complaint transferred to the PCU is reviewed by a PCU supervisor to ensure it has been appropriately transferred and does not meet criteria for CPS-MIC assignment. When it is determined that a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

Progress in 2021 and 2022

Through a contract with The Governor’s Task Force on Child Abuse and Neglect, the State Court Administrative Office provides insightful and progressive multi-disciplinary trainings reflective of national and state trends to Michigan’s child welfare professionals that enables them to advocate for the best interests of Michigan’s children and families through competent performance of each professional’s duties.

- The 5 Chairs Series, Part 3: “Practice Makes Perfect-The Road to Long Term Care” (Sequel to the GTFCAN 24th Annual Summit Sessions held in February 2021)
- The 5 Chairs Series, Part 1: “Frontline Support from the 5 Chairs Life Kit”
- The 5 Chairs Series, Part 2: “The 5 C’s of the ‘5 Chairs’ – Challenge, Courage, Choice, Care and Change”
- The 5 Chairs Series, Part 3: “Practice Makes Perfect: The Road to Long Term Care”
- Child Sexual Abuse Investigation Training Webinar Series

Front-End Redesign

The CSA In-Home Services Bureau, in partnership with national experts and various stakeholder groups, is pursuing a child well-being system rooted in prevention, family preservation, and equity, referred to as the Front-End Redesign. At this time, specific areas of focus include:

- The development and implementation of a new Structured Decision Making (SDM) intake assessment for Centralized Intake to help ensure accuracy, consistency, and equity in assignment decisions made by intake. This is currently at the inter-rater reliability testing phase and full implementation is expected by January 2023.
- The development of a new prevention track at Centralized Intake to provide services and resources to children and families who are the subject of a screened-out referral to address any identified risk factors. The pilot for this program began in May of 2022 for Kalamazoo and Calhoun Counties.
- Contracting with Michigan 211, which will be reaching out to families who have a screened-out CPS complaint and meet certain criteria, to provide community resources, and follow-up to ensure the family service needs are met to reduce the likelihood of interaction with CPS.
- Revisions to Michigan's maltreatment types to align and operationalize these definitions with the language and intent of the Child Protection Law.
- Collaboration with the Office of Workforce Development and Training began in April 2022 to develop a training on the updated maltreatment types for child welfare staff and the expected training launch date is December 2022.
- Development of new SDM safety assessment, risk assessment, and risk reassessment tools to improve decision making and outcomes for children and families. Safety and risk assessment tools are used by workers to assess child safety and to help determine the likelihood of future system involvement. The implementation of new tools is expected to shift Michigan's current practice for assessing and servicing families, improving efforts to address risk, reducing the likelihood of further intervention by the department.
 - In 2021, work began on the SDM safety assessment, and the pre-implantation work phase was completed. Currently, the SDM safety assessment is at the Assessment Customization phase, where a variety of stakeholders are providing feedback and recommendations to the current safety assessment utilized by child welfare staff. Completion and full implementation is expected by 2024.
- Currently the SDM risk assessment and reassessment work is on hold due to pending legislation needed to move forward.
- Analysis and overhaul of mandated reporter training curriculum and materials with a focus on addressing implicit bias and disproportionality.
 - A Request for Proposal has been submitted for approval for a contractor to develop a new curriculum with a focus on implicit bias and disproportionality.
 - CSA created a workgroup with various stakeholders to make recommendations for the new mandated reporter training curriculum.
- Legislative changes to modify Michigan's Child Protection Law to reflect a 21st century child well-being system, to ensure alignment with the development of new tools and practices, and to provide clarification in areas of ambiguity and subjectivity.

- This includes a request to modify Michigan’s current Central Registry to tie placement on the Central Registry to serious acts of child abuse and neglect vs. current practice which is based on future risk.
- Policy modifications to reflect any legislative changes and implementation of new tools and practices.
- Training enhancements and new training opportunities.
- Other strategies to address workflows and workloads with a dedicated focus on addressing secondary trauma for staff.

CAPTA Section 106(a) 5. Developing and updating systems of technology that support the program and tracking reports of child abuse and neglect.

CPS program office continues to work with the Data Management Unit and the MiSACWIS team to create reports for local managers to track outcomes and ensure that local managers are able to access and understand these reports. Development of enhanced oversight reports for supervisors is ongoing, and users are trained in case documentation. Data reports are published in the Infoview system and county managers receive training to accurately monitor case management activities. During 2021, new supervisor training included training opportunities for interpreting the data reports.

The Supervisory Control Protocol (SCP) was developed and implemented statewide by a team of policy and field staff in response to the Office of Auditor General’s (OAG) CPS audit and was implemented statewide in February 2019. The SCP was designed to increase the frequency and effectiveness of supervisory review and approval of investigation activities, improve worker compliance with CPS investigation requirements and verify that required documentation occurred. Technology was developed to enable efficient application of the SCP and as a way for supervisors, program managers, county directors, and CSA leadership to monitor practice compliance. SCP data and manual case reads by the Compliance Review Team indicate that the SCP has improved compliance with policy and law. MDHHS has observed notable improvements in areas identified as material in the OAG’s final report.

MDHHS leveraged technology to develop a Mobile Investigator application. The mobile application was implemented statewide in February 2019. Key features include:

- Worker safety feature (check-in/check-out)
- Ability to remotely enter social work contacts
- Ability to scan and upload documents to MiSACWIS
- Access to Michigan’s 211 platform for immediate access to local resources and services

MDHHS is continuously seeking field feedback to improve the effectiveness and efficiency of the application to support widespread user adoption and utilization.

Comprehensive Child Welfare Information System (CCWIS) Development

Any changes to CPS policy, practice, or the development of new tools will inform CCWIS development. As changes occur throughout the development of CCWIS, changes will be integrated accordingly. There are ongoing conversations with the MiSACWIS team to keep them abreast of new developments to discuss timing and integration of Central Registry changes or changes as a result of redesign efforts. CCWIS will improve data quality, data reporting abilities, oversight and monitoring, and usability for child welfare staff. The CCWIS system will reflect all changes as a result of the front-end redesign, designed to improve outcomes for children and families, provide new decision-making support tools for staff, address implicit bias, and reduce disproportionality. The CCWIS will also support further incorporation of Prevention functionality as the programming expands.

CAPTA Section 106(a) 6. Developing, strengthening, and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals, and personal safety training for caseworkers.

MDHHS continues to provide training for child welfare professionals, including:

- Michigan’s annual Child Abuse and Neglect Prevention Conference.
- In-service training to enhance caseworker skills.
- A yearly summit in collaboration with the Governor’s Task Force on Child Abuse and Neglect to increase knowledge regarding the investigation, prosecution, and juvenile justice intervention of child welfare cases.
- Training in collaboration with the Michigan State Police for all stakeholders on drug endangered children.
- In 2021, the Michigan Child Welfare Professional’s Safety Protocol was finalized and distributed. As part of the protocol, each county is required to create a safety workgroup which addresses safety within the office.

CAPTA Section 106(a) 7. Improving the skills, qualifications and availability of individuals providing services to children and families.

MDHHS provides training statewide in collaboration with stakeholders, including:

- MDHHS sponsors Michigan’s annual Child Abuse and Neglect Prevention Conference.
- The CPS Advisory Committee is a group of CPS supervisors and standing members from the Office of Workforce Development and Training, Centralized Intake, Native American Affairs and DCQI. The advisory team meets monthly in a virtual setting to discuss CPS policy, practice, and implementation to enhance policy development and develop a network that enhances child welfare awareness and strengthens leadership skills.
- In partnership with various universities throughout the state, the Office of Workforce Development and Training continues to provide in-service training to enhance caseworker skills.
- The Governor’s Task Force utilizes funding to provide educational opportunities and resources across multidisciplinary professions.
- MDHHS continues to implement the Child Welfare Certificate Program through a

partnership with the Michigan schools of social work. Bachelor level students participating in the program complete 60 social work credit hours in child welfare-related course work and a 400-hour internship in a CPS, foster care, or adoption program at MDHHS or a child-placing or tribal agency. When students with child welfare certification are hired into child welfare positions, they are able to attend a condensed version of the Pre-Service Institute. Thirteen universities participated in Michigan's Child Welfare Certificate Program in 2020.

- In 2022, 1,626 CPS positions were allocated. MDHHS collaborates with Michigan State University and other schools of social work and the Michigan Department of Civil Service to identify and hire qualified candidates and develop internship programs. MDHHS partners with Wayne State University of Social Work on implementation of enhanced recruitment and retention strategies for current and prospective child welfare staff in southeast Michigan.
- MDHHS updated the curriculum for the CPS Pre-Service Institute to ensure the content is relevant, up-to-date, and effective in preparing new workers. MDHHS continues to explore alternative delivery methods for the knowledge-based segments of the training.

Progress in 2021

The Governor's Task Force on Child Abuse and Neglect provided training and resources in 2020 to address child welfare legal issues. The task force developed an interagency agreement with the State Court Administrative Office to train child welfare professionals via the printing, distribution, and implementation of resource guides, practice manuals, and other materials.

Due to the need to continually investigate child abuse and neglect cases during COVID-19, the department partnered with the Governor's Task Force on Child Abuse and Neglect to create guidelines for utilizing technology to forensically interview children. Guidance was provided to child welfare stakeholders on how to appropriately utilize technology while completing forensic interviews in July 2020.

MDHHS collaborates with the Governor's Task Force to provide trainings to child welfare staff. The Task Force sponsors an annual training each year. Due to the ongoing COVID-19 pandemic, the 24th annual 2020 Summit was conducted virtually over three days. The summit featured keynote speaker Louise Evans, founder and director of the 5 Chairs Project. The conference featured breakout sessions addressing implicit bias, human trafficking, eliciting responses from children, self-care, the Indian Child Welfare Act, dismantling disproportionality within child welfare, cultural enrichment in transracial families, and the process of identifying and categorizing maltreatment. The 2020 Summit had 866 attendees. Materials from the 2020 Summit are available at:

<https://courts.michigan.gov/Administration/SCAO/OfficesPrograms/CWS/ChildWelfareServices/Training/Pages/Governor's-Task-Force-on-Child-Abuse-and-Neglect-Annual-Summit.aspx>.

Due to the Covid pandemic the 24th annual Summit for 2020 was moved to February 2021 (as noted above). The 25th annual 2021 Summit was held virtually on Dec. 8-10, 2021. There were two additional sessions held over the three-day event; Youth with Problematic Sexual Behaviors in the Child Welfare System: Best Practices to Support Investigation, Safety Planning and Treatment and Transforming Michigan's Child welfare System Through Antiracism, Diversity, Equity, and Inclusion. The 2021 Summit had over 750 registered participants. Materials from the 2021 Summit are available at: [MDHHS - Accomplishments and Resources \(michigan.gov\)](https://www.michigan.gov/mdhhs/0,4570,7-323_14277_14278_14279_14280_14281_14282_14283_14284_14285_14286_14287_14288_14289_14290_14291_14292_14293_14294_14295_14296_14297_14298_14299_14300_14301_14302_14303_14304_14305_14306_14307_14308_14309_14310_14311_14312_14313_14314_14315_14316_14317_14318_14319_14320_14321_14322_14323_14324_14325_14326_14327_14328_14329_14330_14331_14332_14333_14334_14335_14336_14337_14338_14339_14340_14341_14342_14343_14344_14345_14346_14347_14348_14349_14350_14351_14352_14353_14354_14355_14356_14357_14358_14359_14360_14361_14362_14363_14364_14365_14366_14367_14368_14369_14370_14371_14372_14373_14374_14375_14376_14377_14378_14379_14380_14381_14382_14383_14384_14385_14386_14387_14388_14389_14390_14391_14392_14393_14394_14395_14396_14397_14398_14399_14400_14401_14402_14403_14404_14405_14406_14407_14408_14409_14410_14411_14412_14413_14414_14415_14416_14417_14418_14419_14420_14421_14422_14423_14424_14425_14426_14427_14428_14429_14430_14431_14432_14433_14434_14435_14436_14437_14438_14439_14440_14441_14442_14443_14444_14445_14446_14447_14448_14449_14450_14451_14452_14453_14454_14455_14456_14457_14458_14459_14460_14461_14462_14463_14464_14465_14466_14467_14468_14469_14470_14471_14472_14473_14474_14475_14476_14477_14478_14479_14480_14481_14482_14483_14484_14485_14486_14487_14488_14489_14490_14491_14492_14493_14494_14495_14496_14497_14498_14499_14500,27707,27708,27709,27710,27711,27712,27713,27714,27715,27716,27717,27718,27719,27720,27721,27722,27723,27724,27725,27726,27727,27728,27729,27730,27731,27732,27733,27734,27735,27736,27737,27738,27739,27740,27741,27742,27743,27744,27745,27746,27747,27748,27749,27750,27751,27752,27753,27754,27755,27756,27757,27758,27759,27760,27761,27762,27763,27764,27765,27766,27767,27768,27769,27770,27771,27772,27773,27774,27775,27776,27777,27778,27779,27780,27781,27782,27783,27784,27785,27786,27787,27788,27789,27790,27791,27792,27793,27794,27795,27796,27797,27798,27799,27800,27801,27802,27803,27804,27805,27806,27807,27808,27809,27810,27811,27812,27813,27814,27815,27816,27817,27818,27819,27820,27821,27822,27823,27824,27825,27826,27827,27828,27829,27830,27831,27832,27833,27834,27835,27836,27837,27838,27839,27840,27841,27842,27843,27844,27845,27846,27847,27848,27849,27850,27851,27852,27853,27854,27855,27856,27857,27858,27859,27860,27861,27862,27863,27864,27865,27866,27867,27868,27869,27870,27871,27872,27873,27874,27875,27876,27877,27878,27879,27880,27881,27882,27883,27884,27885,27886,27887,27888,27889,27890,27891,27892,27893,27894,27895,27896,27897,27898,27899,27900,27901,27902,27903,27904,27905,27906,27907,27908,27909,27910,27911,27912,27913,27914,27915,27916,27917,27918,27919,27920,27921,27922,27923,27924,27925,27926,27927,27928,27929,27930,27931,27932,27933,27934,27935,27936,27937,27938,27939,27940,27941,27942,27943,27944,27945,27946,27947,27948,27949,27950,27951,27952,27953,27954,27955,27956,27957,27958,27959,27960,27961,27962,27963,27964,27965,27966,27967,27968,27969,27970,27971,27972,27973,27974,27975,27976,27977,27978,27979,27980,27981,27982,27983,27984,27985,27986,27987,27988,27989,27990,27991,27992,27993,27994,27995,27996,27997,27998,27999,28000)

CAPTA Section 106(a) 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

MDHHS trains mandated reporters on their responsibility to report suspected abuse and neglect as required under Michigan's Child Protection Law. The CPS program office provides technical assistance to the field, professional groups, and the public regarding the role of CPS.

The CPS program office works with county offices and other local and state partners to provide statewide mandated reporter training. In 2022, the In-Home Services Bureau within the CSA enhanced mandated reporter training through the following strategies:

- Distributed online training
- Revised the mandated reporter training PowerPoint
- Planned development of a new mandated reporter curriculum to focus on implicit bias and disproportionately.

A contact phone number is provided to mandated reporters who have questions about their role or concerns about a complaint they submitted. Centralized Intake staff provide assistance with:

- Distribution of the Mandated Reporter's Resource Guide.
- Guidance and training regarding mandated reporting as requested.
- Maintaining a statewide mandated reporter training initiative. This initiative ensures that trainers are available in every county MDHHS office throughout the state.

Progress in 2021

- In 2019, the MDHHS Michigan Online Reporting System was made available for mandated reporters to report suspected child abuse and neglect. The online reporting system decreases wait time for mandated reporters reporting alleged abuse and neglect. Allowing mandated reporters the ability to report suspected child abuse and neglect online has provided an additional avenue for reporting and increased the likelihood that reports of abuse/neglect were made in a timely manner.
 - Centralized Intake received an average of 126 complaints per weekday, with a weekly average of 881 complaints utilizing the reporting system.
- MDHHS created a Detroit office for Centralized Intake to:
 - Increase the ability to obtain and retain qualified applicants.

- Ensure MDHHS had a contingency plan for technology outages. Should one office have a technology outage, the other office could continue to fully function and maintain operations.
- In 2021, MDHHS completed a review of their mandated reporter training. After the review, the training was retooled and included information regarding disproportionality within the child welfare system and bias in reporting suspected child abuse and neglect.
- MDHHS continues to remain active in training mandated reporters. A list of trainers in each county, as well as other mandated reporting resources continue to be available at www.michigan.gov/mandatedreporter.

Planned Activities for 2023

- A bid was submitted for a contractor to develop a new Mandated Reporter curriculum to focus on implicit bias and disproportionately with full implementation in 2023.
- Continue to provide Mandated Reporter Train-the-Trainer training with the current curriculum that is being updated by the Mandated Reporter Training Committee to focus on disproportionality and implicit bias.

CAPTA Section 106(a) 9. Developing and implementing programs to assist obtaining services for families of infants who are disabled.

MDHHS chairs the Medical Advisory Committee, which reviews policies and makes recommendations on how MDHHS can meet the medical needs of children. The committee provides a bi-monthly forum to discuss medical issues pertaining to child abuse and neglect.

Topics of past meetings include:

- CPS policy and practices
- Child maltreatment/child abuse and neglect
- Examination and assessments
- Substance-exposed infants
- Sentinel injuries

The committee creates training initiatives and facilitates discussions on issues related to medical child abuse and neglect. In 2021, the Medical Advisory Committee worked with MDHHS to provide new hire and local county training that educates field staff regarding medical child abuse.

During 2019 and 2020, CSA joined a collaboration between Children’s Special Health Care Services and CMH services providers and related partners to identify and address gaps in services and communication related to children with complex health and developmental/behavioral health needs. The outcomes of this work included developing a glossary of information to assist children and families with system access and providing a list of systems priorities to build/maintain ongoing collaboration and service delivery. System partners

have continued this work in 2021 and 2022.

Planned Activities for 2023

- The Medical Advisory Committee developed training to assist workers in assessing abuse and neglect. These trainings are co-trained with child abuse pediatricians. Regional trainings continued throughout 2021.
- The Medical Advisory Committee developed training to assist workers in assessing abuse and neglect. A webinar will be created in 2022 for all staff to access through the agency's Learning Management System.

Early On

CAPTA requires all child victims, ages birth to 36 months in confirmed cases of CPS Categories I and II to be referred to a Part C-funded early intervention service. Michigan's early intervention service, Early On, assists families with infants and toddlers that display developmental delays or have a diagnosed disability.

MDHHS focuses on enhancing developmental information provided by CPS workers about Early On to ensure appropriate services are provided. In 2020, MDHHS referred 9,154 children to Early On. Of these:

- Approximately 63 percent (5,728) of infants born were substance affected.
- Approximately 76 percent (6,926) were infants less than 12 months old.

In 2021 the MDHHS Early On consultant received 13,072 CAPTA referrals. 11,597 of those referrals met policy requirements and were referred on to the local Early On programs. 8,146 referrals involved substance-exposed infants. 5,972 referrals were for children under 12 months of age.

Planned Activities for 2023

In 2023, MDHHS will focus on the following projects related to Early On:

- Service coordination between MDHHS staff and Early On to enhance and maintain a comprehensive early intervention system of services, referring children who are primarily eligible for Early On services and/or meet the requirements of CAPTA.
- Training to MDHHS field staff regarding the MDHHS Early On referral process and services Early On provides.
- Ongoing provision of resources to MDHHS field staff, through the Early On link of MiSACWIS, so MDHHS staff can readily access information related to the 0-3 aged population.
- Collaboration with Early On agency partners, remaining aware of updated projects and policies.

CAPTA Section 106(a) 10. Developing and delivering information to improve public education on the roles and responsibilities of the child protection system.

MDHHS is in the process of completing a systemic change to the child protection system. MDHHS is transforming the child protection system to a system which provides services and supports to families at risk to prevent maltreatment as well as ensuring child safety. To do this, MDHHS is:

- Completing the Front End Redesign project
- Organizing and participating in child welfare stakeholder meetings
- Obtaining technical assistance from national experts
- Improving decision-making tools utilized by Centralized Intake and CPS
- Updating policies to reflect systemic changes as a result of the Front End Redesign project

CAPTA Section 106(a) 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies.

Citizen Review Panels

Michigan's three citizen review panels are:

- The Citizen Review Panel on Prevention
- The Citizen Review Panel on CPS, Foster Care and Adoption
- The Citizen Review Panel on Child Fatalities

Citizen Review Panel for Prevention

Since 1999, the Children's Trust Fund (CTF) has administered the Citizen Review Panel for Prevention. The purpose of the panel is to develop and improve prevention services in response to identified needs in all 83 counties. The Children's Trust Fund provides primary and secondary prevention programming through the provision of financial, technical support and resources to 100+ community-based abuse prevention programs. In 2021, CTF gathered information through surveying and conversation to determine that the top priorities include: Family Resource Centers, Child Sexual Abuse Prevention and Fatherhood/Parent Leadership Initiatives.

Citizen Review Panel on CPS, Foster Care, and Adoption

This panel functions as a committee of the Governor's Task Force and serves as a stakeholder group for Michigan's Child and Family Services Review and the Child and Family Services Plan. In 2020, this panel focused on learning about the functioning and needs of multidisciplinary teams within Michigan.

The Committee submitted their recommendations to MDHHS leadership for review and feedback. The department has established a workgroup to develop a toolkit for multi-disciplinary teams that came as a direct result of the recommendations. In 2021 the Citizen's Review Panel entered into a multiphase exploration of Adverse Childhood Experiences (ACEs). Phase 1 included surveying professionals regarding their knowledge of ACEs, where educational

and training gaps exist, how it is used and how ACES can make a difference in the lives of children and families. Over 4,500 professionals responded to the survey, which indicates an intense interest and need identified.

Citizen Review Panel on Child Fatalities

The Michigan Child Death State Advisory Team serves as the Citizen Review Panel for Child Fatalities. Organized through a contract with the Michigan Public Health Institute, this Citizen Review Panel is composed of MDHHS, law enforcement, medical examiners, hospitals, the courts, educational professionals, and other advocates. The panel examines child fatality cases in which the family had previous interaction with CPS and makes recommendations to the department regarding identified improvement opportunities.

CAPTA Section 106 (a) 12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.

MDHHS Juvenile Justice Programs formed a work group to create and modify dual ward policy and practice. Dual wards are youth who are both abuse/neglect and delinquent court wards. The group developed policies on service provision and coordination.

Juvenile Programs update

MDHHS published policy on case management of dual wards that requires early identification of “crossover” youth to ensure coordination of services and planning with other programs including CPS and foster care. Juvenile justice youth under the care and supervision of the department have case management activities and case service plans documented in MiSACWIS. If a dual ward youth is in a state run or private, contracted juvenile justice residential treatment facility, the residential record and treatment planning is also documented in MiSACWIS. This allows for caseworkers to readily identify other workers assigned to activities with the dual ward youth to effectively collaborate and coordinate services with current information shared across programs.

Goal: MDHHS will improve data collection to assess the targeting of services to crossover youth and dual wards.

Status: The Data Management Unit is working with the Department of Technology, Management and Budget to integrate juvenile justice data into a single repository to produce cohesive juvenile justice and child welfare reports. MDHHS Juvenile Justice Programs worked with the Data Management Unit to incorporate juvenile justice data into monthly reports on child welfare populations. Reports now include the state facility populations, a breakdown of the juvenile justice population by legal status and the population of dual wards. Efforts continue to ensure improved data collection and analysis. In addition, a report has been developed to identify abuse/neglect and juvenile justice youth that have been reported as

absent without legal permission in the MiSACWIS system. This allows for follow-up by the Education and Youth Services unit with workers to ensure appropriate actions are being taken to locate the youth.

Goal: MDHHS will improve services to youth reentering the community from residential placement.

Status: Medicaid allows for Wraparound services to be provided by the community mental health system to youth reentering the community for up to 180 days prior to the release date. Juvenile Justice Programs collaborates with the Division of Mental Health Services to Children and Families and the Office of Workforce Development and Training to provide guidance to workers of the effective use and implementation of this extended service availability.

Planned Activities for 2023

Planning is ongoing for the enhancement of programs and services for youth impacted by the juvenile justice system including:

- Enhancing re-entry services to disabled youth who can work or be rehabilitated so that supports are available to help them return to the community.
- Working with the Education and Youth Services analyst on the development of a best practice guide for working with youth who identify as lesbian, gay, bisexual, transgender, or intersex.
- Complying with federal regulation 28 CFR 115.341 (c) and (d) which requires the collection and recording of sexual orientation, gender Identity, and gender expression data in MiSACWIS. CPS and foster care workers complete this information to help ensure children are in placements that meet the youth's needs.
- Obtaining sexual orientation, gender identity, and gender expression information upon intake at residential programs to ensure the child's needs are met.
- Creation of a tool to assist child welfare workers in obtaining and documenting sexual orientation, gender Identity, and gender expression data.
- Providing training to child welfare and juvenile justice staff to effectively utilize trauma screening and assessment tools and services.
- Enhancement of MDHHS' juvenile justice website to include information on the evaluation of competency to proceed in delinquency matters for youth involved in the juvenile justice system.

CAPTA Section 106(a) 13. Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services.

MDHHS collaborates with other agencies and community partners through:

- The Governor's Task Force on Child Abuse and Neglect, which is coordinated through the CPS program office and promotes effective handling of CPS complaints through

collaborative efforts in initiatives, protocols, and publications.

- Participating in the statewide infant safe sleep steering committee focused on prevention of sleep related fatalities, support for at-risk families and education for Michigan families regarding safe sleep practices.
- Participating in the Opioid Stakeholders Workgroup which consists of internal and external stakeholders, including publicly funded behavioral health and community health departments to address opioid use.
- Working collaboratively with the Chapin Hall Michigan Team to implement the state five-year Family First Prevention Services Act prevention plan.
- Convening a Family First Prevention Services Act steering committee which includes public health agencies, CPS, and private community-based programs to provide child abuse and neglect prevention and treatment services.
- Providing services in 12 counties to parents who are using substances. The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect.

Michigan's system of evidence-based home visiting programs provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0-5. Home visiting programs partner with families to connect them with community resources to meet self-identified needs, provide supportive parenting, health, relationship, and safety information, and offer encouragement with the intent that children may grow and develop in a safe and stimulating environment and be prepared for school. The Michigan home visiting system is a robust system of eight models, serving nearly 22,000 families annually in FY 2021.

CAPTA Section 106(a) 14. Developing and implementing procedures for collaboration among CPS, domestic violence services and other agencies.

Domestic violence is present in more than half of all CPS investigations and in open CPS services cases. In 2015, the department contracted with David Mandel and Associates (now the Safe and Together Institute) to introduce the Safe and Together approach to handling domestic violence cases in child welfare. Training was mandatory for all public and private child welfare staff and supervisors and was completed in 2018. Additional in-service trainings are now occurring.

The goal for CPS is that in every investigation, domestic violence should be evaluated. Based on policy expectations, the field is to effectively identify protective strategies of the non-offending parent as well as the perpetrator patterns that impact the safety of the child(ren) in the home. The field will work with the non-offending parent to enhance protective efforts and engage in safety planning that expands upon these efforts and takes into consideration the perpetrators patterns and risk to the family. The focus of service is intended to result in behavioral changes of the perpetrator.

CHILD MALTREATMENT DEATHS

Michigan receives reports on child fatalities from a number of sources, including law enforcement agencies, medical examiners/coroners, and local child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters, the reports are not inserted into Michigan's National Child Abuse and Neglect Data System (NCANDS) submission until a link between the child fatality and maltreatment is established after completion of a CPS investigation. If the link between the death and maltreatment is confirmed, it is recorded as a fatality due to abuse and/or neglect in MiSACWIS and included in NCANDS submissions.

Michigan utilizes information provided by the state vital statistics department through the Michigan Fetal Infant Mortality Review and the Sudden Unexplained Infant Death Registry. This data is compiled with the assistance of the Michigan Public Health Institute and is incorporated with the information obtained from local child death review teams, law enforcement, local health departments and medical examiners/coroners to ensure accurate recording of child deaths in Michigan. Each year, this information is compiled into the Annual Michigan Child Death Report provided to the governor and Michigan Legislature. The report on the most recent five years can be accessed at: [Reports, Evaluations & Studies \(michigan.gov\)](#)

Michigan Child Death State Advisory Committee

The committee reviews findings and data from local Child Death Review Teams and conducts an independent child death reviews to make recommendations for policy and statute changes, as well as to guide statewide education and training to prevent child deaths. The committee disseminates an annual compilation of the reviews of child deaths in Michigan. The report outlines recommendations for policy, legislation, and procedures to reduce the number of preventable deaths. Sleep-related fatalities, fetal substance exposure resulting in death, and violence are areas critical for future study. The project coordinator of the National Citizen Review Panels has recognized this team as the model for other states' citizen review panels. Michigan created a Comprehensive Statewide Plan to Prevent Child Fatalities, which is being updated. The current (draft) plan can be viewed here:

[www.michigan.gov/documents/mdhhs/Comprehensive Statewide Plan to Prevent Child Fatalities 729135 7.pdf](http://www.michigan.gov/documents/mdhhs/Comprehensive_Statewide_Plan_to_Prevent_Child_Fatalities_729135_7.pdf)

Child Death Investigation Training

Training on child death investigations, uniform definitions, protocols, and prevention is offered annually to CPS staff, medical examiners, law enforcement and other professionals. Participants are trained to utilize the reporting form, learn from case examples, and discuss all aspects of

child death scene investigations. Trainings are provided by MDHHS and partner agencies on an ongoing basis.

The Office of Family Advocate (OFA) receives an alert when fatality investigations are reported to Centralized Intake. In FY 2020, the Office of Family Advocate received 353 alerts. In FY 2021, it received 319 alerts. The OFA completed a limited number of in-depth fatality case reviews in FY 2020 and 2021. In late FY 2021, staff from the OFA and DCQI piloted the Safe System Fatality Review program in partnership with Casey Family Programs and the University of Kentucky. The program will review 100 to 150 cases involving child fatality to identify improvement opportunities related to child welfare practice and fatality prevention. The OFA collaborates with numerous stakeholders including the Citizen Review Panel for Child Deaths. Additionally, MDHHS is in its third round of funding from the Garrett Lee Smith Suicide Prevention Federal Grant. The OFA has partnered with MDHHS's Violence and Injury Prevention Unit and the University of Michigan to address suicide prevention. Previously, the University of Michigan collaborated with the OFA to survey over 280 child welfare staff regarding suicide prevention and published a nationally recognized paper on the project. The University, along with two Michigan counties, also piloted an assessment tool which identified risk of suicide in children entering the foster care system. MDHHS also certified 12 child welfare staff to deliver suicide prevention training endorsed by Livingworks, a national leader in suicide intervention training.

Michigan is one of five states to receive the Department of Justice's Child Safety Forward grant which focuses on reducing fatalities that result from crime. The OFA has partnered with the Michigan Public Health Institute, Social Current (formerly Alliance for Strong Families and Communities), and Michigan's Children's Trust Fund to provide data and research related to the creation of Family Resource Centers and additional training related to safety planning. The Office of Family Advocate also works with the Safe Delivery Committee and Safe Sleep Committee.

Child Death Protocol

In 2022 the Governor's Task Force Training Committee in collaboration with the Protocol Committee will begin review of the Child Death Protocol following a multi-phase approach; to identify the current gaps and needs and inform the task force as to the next step, which may include development of a protocol, followed by support of a training for the field.

EXPANDING AND STRENGTHENING CHILDREN'S PROTECTIVE SERVICES

Michigan developed unique approaches to prevent and effectively respond to risk and safety factors that may contribute to child abuse and neglect, including:

- Utilizing the Safe and Together approach to domestic violence in child welfare cases. Workers statewide are trained in utilization of the Safe and Together and the skills it

provides are incorporated into Michigan's case practice model, MiTEAM.

- Statewide Safety by Design training for frontline workers and supervisors. This training provides a child-centered approach to effective safety planning.
- Ongoing training and support to prevent infant deaths in which the sleep environment may be a factor.
- Collaboration with Casey Family Programs and Evident Change to determine strategies for improving the safety of children in foster and relative placements and the effectiveness in meeting the child's and family's needs.

Since 2018, MDHHS has collaborated with Evident Change regarding the revalidation process of the safety and risk assessment tools to improve caseworker response, service delivery and child and family outcomes. In 2021, work began on the Structured Decision-Making (SDM) safety assessment, and the pre-implantation work phase was completed. Currently, the SDM safety assessment is at the Assessment Customization phase, where a variety of stakeholders are providing feedback and recommendations to the current safety assessment utilized by child welfare staff. Completion and full implementation is expected by 2024. Currently the SDM Risk Assessment and Reassessment work is on hold due to pending legislation needed to move forward.

In 2018, the results of an audit on CPS investigations was released to the public. MDHHS is dedicating considerable time and resources to addressing all audit findings. These efforts include policy changes, database changes, utilizing technology to improve the child welfare system and creation of various work groups such as the Compliance Review Team and Supervisor Peer review Team.

In 2019, MDHHS implemented technology and training to address child and worker safety, including:

- The Supervisory Control Protocol, which was created to ensure supervisors check the status of policy requirements at three checkpoints during the investigation phase of the complaint. This technology allows supervisors the ability to evaluate what has been completed on a case, what needs to be completed, and address any concerns they have.
- Self-Defense/Personal Safety training for child welfare staff was developed in collaboration with the Michigan State Police. In the four-hour training, workers received instruction on situational awareness, risks approaching homes, body language and responding to threatening behavior, as well as basic defensive tactics if an assault should occur.
- In the fall of 2021, the Michigan Child Welfare Professional's Safety Protocol was finalized and distributed. As part of the protocol, each MDHHS county office must create a safety workgroup which will review reported safety incidents, create a uniform response to incidents that do occur, and ensure their local office procedures are updated as needed. To ensure each MDHHS local office reviews the protocol yearly, the

MDHHS 5843 was created to obtain information on how each county was ensuring they followed the protocol. As part of the protocol being released, many local offices updated policy and procedures regarding worker safety.

- The Mobile Worker Application was created to allow workers the ability to enter contacts quickly and accurately from the field. The application also provides workers with the questions which must be asked during an interview. The Mobile Worker Application allows workers to “check in” and “check out” to ensure their safety. Should a worker not “check out” timely, their supervisor will receive alerts.

CHILDREN’S PROTECTIVE SERVICES WORKFORCE

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

In 2022, 1,626 CPS positions were allocated. The following CPS staffing ratios remain the standard for MDHHS:

- CPS cases per ongoing worker: 17 to 1, for CPS Categories I, II and III
- CPS cases per investigation worker: 12 to 1
- CPS worker to supervisor: 5 to 1

CPS workers must possess a bachelor's or master's degree with a major in one of the following:

- Behavioral Science
- Community Services
- Counseling Psychology
- Criminal Justice Administration
- Early Childhood Studies
- Family Ecology
- Family Life Education
- Family Studies
- Family and/or Child Development
- Guidance/School Counseling
- Human Development and Family Studies
- Human Services
- Psychology
- Social Work
- Sociology

CPS workers must successfully complete a nine-week pre-service training and a minimum of 270 hours of competency-based classroom and field training. During this time, the new hire spends four weeks in a classroom setting and five weeks training in the field. The employee is required to pass a competency-based performance evaluation, including a written examination.

In addition to program specific knowledge, new workers receive training related to risk factors, forensic interviewing, database entry, trauma informed child welfare practices, completing family team meetings, continuum of care, legal training, the Indian Child Welfare Act, and the Michigan Indian Family Preservation Act, Structured Decision Making tools, family engagement, safety planning, domestic violence, and completing a mock trial.

During the training process, new workers are assigned mentors from the local office. The mentors provide guidance to the workers during the beginning phase of their career. The new hires shadow experienced workers in the field as well as their mentor during the training process. Once the new hire begins to receive case assignments their mentors will go with them into the field to help the new hires learn the job.

The CPS supervisor training is a competency-based 40-hour curriculum for child welfare supervisors who have not previously had supervisory training. At the conclusion of the training, the supervisor must pass a competency-based evaluation. MDHHS will continue to provide program-specific training for supervisors related to the monitoring of staff performance, policy, and case reading.

To ensure child welfare staff acquire current knowledge on a variety of subjects, staff who complete case management activities must complete 32 hours of training each year. Managers who oversee caseworkers must complete 16 hours of training per year. Trainings are offered on-line, in classrooms, and webinar format throughout the state on a variety of topics.

The demographic information for CPS worker allocations includes their location in the state, by county. Statewide and county level CPS worker information is in APSR 2023 Attachment E: CPS Staffing Allocation. Information on the qualifications for CPS professionals can be found in Attachment F: Services Specialist Job Specification.

JUVENILE JUSTICE TRANSFERS

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. County courts may refer a youth to MDHHS for delinquency care and supervision as a temporary delinquent court ward under the Social Welfare Act, 1939 PA 280 or commit the youth as a public ward under the Youth Rehabilitation Services Act, 1974 PA 150 as dispositional options under the Probate Code, 1939 PA 288.

One-hundred-twenty-five young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2021. This data was obtained from the wardship coding in MDHHS Data Warehouse that counted those children and youth whose type of wardship changed from abuse/neglect to juvenile justice or who became dual abuse/neglect-juvenile

justice wards in FY 2021. As of February 18, 2022, there were 192 dual abuse/neglect-juvenile justice wards in Michigan.

Juvenile Supervision in Michigan

In Michigan, most youth in the juvenile justice system remain the responsibility of the local court. Some youth with open foster care cases enter the juvenile justice system and remain under court supervision. The state does not have access to the case management systems used by court programs; therefore, determining the number of dual wards is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

Status: Juvenile Justice Programs continues participation in discussions around the funding and support for a statewide data resource for delinquency services in Michigan. This work continues in 2022 through a data subcommittee of the Juvenile Justice Task Force, which is led by the Lieutenant Governor of Michigan.

SUPPLEMENTAL CAPTA FUNDING

Federal Grant: American Rescue Plan Child Abuse Prevention and Treatment Act State Grant

Purpose: To improve the child protective services system of the state in a manner consistent with any of the 14 program purposes of CAPTA.

Allocation Amount: \$2,907,744

Planned Activities:

- Develop a prevention track from Michigan's Centralized Intake, including the implementation of Family Resource Centers (FRCs) to connect children and families with quality community resources that are available, accessible, and culturally appropriate.
- Technology support tool to connect children and families with quality community resources that are available, accessible, and culturally appropriate to prevent child abuse and neglect. The tool will track referral details for reporting purposes and provide the ability to identify strengths and gaps in available services and supports for referral.
- Analysis of current mandated reporter laws, policy, and materials, as well as the development and implementation of updated mandated reporter curriculum and training to address implicit bias and reduce disproportionality.
- Develop, strengthen, and facilitate training of the legislatively mandated Plan of Safe Care to support and safeguard families with substance use needs

Federal Grant: American Rescue Plan Community-Based Child Abuse Prevention (CBCAP) State Grant

Purpose: To support community-based prevention focused programs.

Allocation Amount: \$7,150,872

Planned Activities:

- The implementation of Family Resource Centers (FRCs) to connect children and families with quality community resources that are available, accessible, and culturally appropriate.
- Increase local prevention programming and capacity to improve access to community services for all families and children.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits to, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallocation for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2023: October 1, 2022 through September 30, 2023

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	38-60000134-C4	
Michigan Dept. of Health and Human Services, Div. of Continuous Quality Improvement		4. UEI:	C2AQVDYYUAS7	
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)		
235 S. Grand Avenue, PO Box 30037		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT		
Lansing, MI 48909				
a) Contact Name and Phone for Questions:	Kelly Sesti 517-719-4240			
b) Email address for grant award notices:		MDHHS-Grants@michigan.gov		
REQUEST FOR FUNDING for FY 2023:				
The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula. Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$8,395,769	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$46,442	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		
a) Family Preservation Services		20.0%	\$1,631,866	
b) Family Support Services		30.0%	\$2,447,798	
c) Family Reunification Services		20.0%	\$1,631,866	
d) Adoption Promotion and Support Services		20.0%	\$1,631,866	
e) Other Service Related Activities (e.g. planning)		0.0%	\$0	
f) Administrative costs		10.0%	\$815,933	
<i>(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)</i>				
g) Total itemized request for title IV-B Subpart 2 funds:		100.0%	\$8,159,329	
<i>NO ENTRY: Displays the sum of lines 7a-f.</i>				
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$515,759	
a) Total administrative costs (not to exceed 10% of MCV request)			\$51,575	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$2,555,487	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$4,171,796	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$350,000	
11. Requested Education and Training Voucher (ETV) funds:			\$1,164,769	
REALLOTMENT REQUEST(S) for FY 2022:				
<i>Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.</i>				
12. Identification of Surplus for Reallocation:				
a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (should they become available for re-allotment):				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
Title Director, Children's Services Agency		Title		
Date 8/11/2022		Date 11/15/2022		

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Michigan Dept. of Health and Human Services, Div. of Continuous Quality Improvement

For FY 2023: OCTOBER 1, 2022 TO SEPTEMBER 30, 2023

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (narrative)	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 1,004,772			\$ 2,555,487				\$ -	103,106	65,178	Eligible Children and Families	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 22,593	\$ 1,631,866		\$ -				\$ -	19,464	4,866	Eligible Children and Families	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 3,760,839	\$ 2,447,798		\$ -				\$ -	12,107	7,849	Eligible Children and Families	Statewide
4.) FAMILY REUNIFICATION SERVICES		\$ 1,631,866		\$ -				\$ -	10,973	6,550	Eligible Children and Families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,631,866						\$ -	5,150	3,450	Eligible Children and Families	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 3,561,123						\$ 56,024,892	\$ 152,186,717	12,224	-	Eligible Children	Statewide
(b) GROUP/INST CARE	\$ -						\$ 19,851,208	\$ 121,869,296	1,382	-	Eligible Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 94,395,500	\$ 58,061,500	21,325	21,325	Eligible Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 3,169,900	\$ 7,204,600	1,209	1,209	Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 4,171,796			\$ 917,796	1,055	-	Eligible Youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 1,164,769		\$ 256,249	350	-	Eligible Youth	Statewide
12.) ADMINISTRATIVE COSTS	\$ 46,442	\$ 815,933	\$ 51,575				\$ 117,990,479	\$ 116,689,771				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 694,738	\$ 1,243,938				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 136,620	\$ 5,489,620				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,197,833	\$ 4,354,359				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 464,184				\$ -	\$ -				
18.) TOTAL	\$ 8,395,769	\$ 8,159,329	\$ 515,759	\$ 2,555,487	\$ 4,171,796	\$ 1,164,769	\$ 294,461,170	\$ 468,273,846				



19.) TOTALS FROM PART I	\$8,395,769	\$8,159,329	\$515,759	\$2,555,487	\$4,171,796	\$1,164,769	----	----	----	----	----	----
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	----	----	----	----	----	----

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

- On this form
- In the APSR Narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2020 Grants: October 1, 2019 through September 30, 2021

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 38-6000134-C4	
Michigan Dept. of Health and Human Services, Div. of		235 S. Grand Avenue, PO Box 30037		4. UEI: C2AQVDYYUAS7	
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		Lansing, MI 48909			
Description of Funds	(A) Actual Expenditures for FY 19 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (narrative)	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 8,451,797	111,835	70,497	Eligible Children	Statewide
a) Administrative Costs (<i>not to exceed 10% of CWS allotment</i>)	\$ 20,234				
7. Total title IV-B, subpart 2 (PSSF) funds:					
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 8,220,882	38,959	17,634	Eligible Children and Families	Statewide
a) Family Preservation Services	\$ 2,583,487				
b) Family Support Services	\$ 3,156,898				
c) Family Reunification Services	\$ 2,100,222				
d) Adoption Promotion and Support Services	\$ 324,511				
e) Other Service Related Activities (e.g. planning)	\$ -				
f) Administrative Costs (<i>FOR STATES: not to exceed 10% of PSSF spending</i>)	\$ 55,764				
g) Total title IV-B, subpart 2 funds:					
NO ENTRY: This line displays the sum of lines a-f.	\$ 8,220,882				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 241,211				
a) Administrative Costs (<i>not to exceed 10% of MCV allotment</i>)	\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 4,167,797	4,645	-	Eligible Youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth (<i>not to exceed 30% of Chafee allotment</i>)	\$ 150,000	116	-	Eligible Youth	Statewide
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 1,419,930	350	-	Eligible Youth	Statewide
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.					
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official			
					
Title	Date	Title	Date		
Director, Children's Services Agency	8/11/2022		11/15/2022		

Final statewide allocations for CPS

FY 2022

1,626 Total

County Group	FY22
Alpena-Montmorency	6
Alcona-Iosco	8
Alger-Marquette-Schoolcraft	13
Antrim-Charlevoix-Emmet	20
Baraga-Houghton-Keweenaw	7
Cheboygan-Presque Isle	8
Chippewa-Luce-Mackinac	12
Crawford-Otsego-Oscoda	10
Delta-Dickinson-Menominee	15
Benzie-Manistee	9
Missaukee-Wexford	18
Gd Traverse-Kalkaska-Leelanau	22
Ogemaw-Roscommon	10
Gogebic-Iron-Ontonagon	5
BSC-1 Total	163
Arenac-Bay	24
Gladwin-Midland	19
Clinton-Eaton	26
Saginaw	33
Gratiot-Shiawassee	22
St. Clair-Sanilac	37
Clare-Isabella	20
Huron-Lapeer-Tuscola	25
Ingham	58
BSC-2 Total	264
Mecosta-Osceola	16
Mason-Oceana	16
Muskegon	50
Lake-Newaygo	17
Allegan-Barry	38
Berrien	34
Calhoun	34
Kalamazoo	69
Ottawa	35
Van Buren	19
Cass- St. Joseph	23
Ionia-Montcalm	33
BSC-3 Total	384
Jackson	42
Branch-Hillsdale	24
Livingston	20
Washtenaw	28
Lenawee-Monroe	38
BSC-4 Total	152
Genesee	92
Kent	111
Macomb	79
Oakland	105
Wayne	276
BSC-5 Total	663
Statewide Total	1626

MICHIGAN CIVIL SERVICE COMMISSION
JOB SPECIFICATION
SERVICES SPECIALIST

JOB DESCRIPTION

Employees in this job complete and oversee a variety of professional assignments to provide services to socially and economically disadvantaged individuals in programs administered by the Michigan Department of Health and Human Services (MDHHS) such as protective services, foster care, adoption, juvenile justice, foster home licensing, and adult services.

There are four classifications in this job.

Position Code Title - Services Specialist-E

Services Specialist 9

This is the entry level. As a trainee, the employee carries out a range of professional services specialist assignments while learning the methods of the work.

Services Specialist 10

This is the intermediate level. The employee performs an expanding range of professional services specialist assignments in a developing capacity.

Services Specialist P11

This is the experienced level. The employee performs a full range of professional services specialist assignments in a full-functioning capacity. Considerable independent judgment is required to carry out assignments that have significant impact on services or programs. Guidelines may be available, but require adaptation or interpretation to determine appropriate courses of action.

Position Code Title - Services Specialist-A

Services Specialist 12

This is the advanced level. At this level, employees may function as a lead worker overseeing the work of lower level Services Specialists or have regular assignments which have been recognized by Civil Service as having significantly greater complexity than those assigned at the experienced level. The recognized senior-level assignment for this level is the Maltreatment in Care (MIC) Children's Protective Services worker.

NOTE: Employees generally progress through this series to the experienced level based on satisfactory performance and possession of the required experience.

JOB DUTIES

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

Engages in face-to-face contact with alleged victims of abuse and/or neglect and visits their homes or designated placements.

Provides casework services to dependent, neglected, abused, and delinquent children and youth; children with disabilities; socially and economically disadvantaged and dependent adult clients; and other individuals and families.

Observes individuals, families, and living conditions.

Determines the appropriate method and course of action and implements service, treatment, and learning plans.

Develops plans and finds resources to address clients' and families' problems in housing, counseling, and other areas, using specific service methods; monitors services provided.

Writes and maintains social case histories, case summaries, case records, and related reports and correspondence.

Provides or secures protective services for endangered children and adults qualifying for such services.

Provides direct counseling services to clients.

Screens individuals newly committed to the department and develops plans for care, service, treatment, and learning.

Conducts family assessment and placement studies.

Presents assessment and service plans at pre-dispositional and dispositional hearings.

Interprets behavioral problems for parents and other caregivers and otherwise assists them in providing appropriate care to children.

Serves as liaison between the department and community groups in developing programs, interpreting rules and regulations, and coordinating programs and services.

Provides 24-hour crisis intervention assistance.

Provides on-call services.

Evaluates applications for family and group, day care, home registration and licensing purposes; regulates child care in approved homes through periodic reviews.

Recruits and trains new foster parents.

Investigates, assesses, and follows up on complaints of abuse or neglect.

Visits abused or neglected wards, family, and other support persons in their homes, foster homes, or residential placements.

Prepares legal documents, forms, and petitions; utilize state tools and systems to record case assessments and actions.

Testifies in court on progress and services rendered to children and families.

Transports clients to court hearings, clinic appointments, and placement homes.

Responds to general inquiries and conducts searches for adoptive placements for special needs children; provides post-adoptive services for the children and families.

Attends and completes annual, in-service training as required.

Performs related work as assigned.

Additional Job Duties

Services Specialist 12 (Lead Worker)

Oversees the work of professional staff by making and reviewing work assignments, establishing priorities, coordinating activities, and resolving related work problems.

Services Specialist 12 (Senior Worker)

The CPS-MIC investigator takes the lead on coordinating the investigation involving multiple child welfare programs and/or law enforcement and facilitates the dispositional case conference with all parties to review and ensure consistency with the investigative findings.

Redacts confidential information from Investigative Reports that are provided to the interested parties of the investigation; assures that policies and legal requirements are met and assure that each party only receives information they are legally entitled to.

Coordinates with multiple child placement agencies, court systems, and counties in relation to investigations; maintains an understanding of the court systems, and adapts work methods, processes, and approach to meet requirements and needs of the involved parties to assure successful intervention.

Conducts investigations of child abuse and neglect in licensed and unlicensed foster homes, residential facilities, juvenile justice facilities, day care centers, and day care homes.

Maltreatment in Care (MIC) Children's Protective Services Worker:

JOB QUALIFICATIONS

Knowledge, Skills, and Abilities

NOTE: Some knowledge in the area listed is required at the entry level, developing knowledge is required at the intermediate level, considerable knowledge is required at the experienced level, and thorough knowledge is required at the advanced level.

Knowledge of state and federal social welfare laws, rules and regulations.

Knowledge of social work theory and casework, group work and community-organization methods.

Knowledge of interviewing techniques.

Knowledge of human behavior and the behavioral sciences, including human growth and development, dynamics of interpersonal relationships, and family dynamics.

Knowledge of cultural and subcultural values and patterns of behavior.

Knowledge of the basic principles of casework involving analysis of the physical, psychological, and social factors contributing to maladjustment.

Knowledge of the problems of child welfare work with reference to dependent children, children with behavior problems and other children in need of special care.

Knowledge of casework methods and problems involved in the adoption and boarding of children.

Knowledge of juvenile court procedures.

Knowledge of social problems and their causes, effects, and means of remediation.

Knowledge of the types of discrimination and mistreatment to which clients may be subjected.

Knowledge of family and marital problems, and their characteristics and solutions.

Knowledge of community resources providing assistance to families and individuals.

Knowledge of departmental assistance payments programs.

Ability to observe client conditions and environments.

Ability to operate a motor vehicle.

Ability to maneuver through homes safely.

Ability to apply rehabilitation principles and concepts to social casework.

Ability to develop, monitor, and modify client service plans.

Ability to communicate with individuals who have emotional or mental problems and with members of different cultural or subcultural groups.

Ability to persuade or influence people in favor of specific actions, changes in attitude, or insights.

Ability to interpret laws, regulations, and policies.

Ability to maintain records and prepare reports and correspondence related to the work.

Ability to communicate effectively with others.

Ability to maintain favorable public relations.

Additional Knowledge, Skills, and Abilities

Services Specialist 12 (Lead Worker)

Ability to set priorities and assign work to other professionals.

Ability to organize and coordinate the work of others.

Ability to organize and facilitate meetings.

Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.

Knowledge of federal and state mandated confidentiality laws; ability to accurately apply these laws and redact documents accordingly.

Ability to utilize the competencies of teaming, engagement, assessment, and mentoring in all aspects of job responsibilities.

Services Specialist 12 (Senior Worker)

Ability to organize and facilitate meetings.

Knowledge of child welfare statutes, policies, and procedures.

Knowledge of group dynamics and processes.

Knowledge of risk assessment.

Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.

Knowledge of federal and state mandated confidentiality laws; ability to accurately apply these laws and redact documents accordingly.

Knowledge of how to prepare legal documents, forms and petitions.

Knowledge of how to utilize state tools and systems to record case assessments and actions.

Ability to be proficient at teaming, engaging, assessing and mentoring.

Ability to impact change by using leadership skills.

Ability to use conflict resolution, respectful communication, facilitation, negotiation and organizational skills.

Ability to work autonomously.

Ability to enhance and develop the knowledge and skills needed to act as a technical expert.

Ability to collect and use critical thinking to analyze data.

Ability to work with several different software systems.

Ability to professionally communicate both in writing and orally.

Ability to utilize the competencies of teaming, engagement, assessment, and mentoring in all aspects of job responsibilities.

Working Conditions

Some jobs require considerable travel.

Some jobs require an employee to work in adversarial situations.

Some jobs require an employee to work in a hostile environment.

Physical Requirements

Some jobs require the ability to lift 25 lbs. in order to complete the duties of the position. This can include children and equipment.

Education

Possession of a bachelor's or master's degree with a major in one of the following human services areas: social work, sociology, psychology, forensic psychology, interdisciplinary studies in social science, education, community development, law enforcement, behavioral science, gerontology, special education, education of the emotionally disturbed, education of the gifted, family ecology, community services, family studies, family and/or child development, counseling psychology, criminal justice, human services, or in a human services-related counseling major.

OR

Possession of a bachelor's degree in any major with at least 30 semester (45 term) credits in one or a combination of the following human services areas: social work, sociology, psychology, forensic psychology, interdisciplinary studies in social science, education, community development, law enforcement, behavioral science, gerontology, special education, education of the emotionally disturbed, education of the gifted, family ecology, community services, family studies, family and/or child development, counseling psychology, criminal justice, human services, or in a human services-related counseling major.

Experience

Services Specialist 9

No specific type or amount is required.

Services Specialist 10

One year of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist 9.

Services Specialist P11

Two years of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist 10.

Services Specialist 12

Three years of professional experience providing social casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist P11.

Special Requirements, Licenses, and Certifications

Candidates are subject to a MDHHS background check.

Any candidate hired as a Services Specialist in a protective services, foster care services, or adoption services position must successfully complete an eight week pre-service training program that includes a total of 270 hours of competency-based classroom and field training. The employee will also be required to pass a competency-based performance evaluation which shall include a written examination. Additionally, the employee must successfully complete a minimum number of hours of in-service training on an annual basis.

Possession of a valid driver's license.

NOTE: Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION

<u>Job Code</u>	<u>Job Code Description</u>	
SOCERSPL	SERVICES SPECIALIST	
<u>Position Title</u>	<u>Position Code</u>	<u>Pay Schedule</u>
Services Specialist-E	SOCSSPLE	W22-079
Services Specialist-A	SOCSSPLA	W22-080

KB

06/30/2019

**Michigan Department of Health and Human Services/MI Children's Trust Fund
Citizen Review Panel for Prevention
2021-2022 Annual Report**

Purpose: The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to *prevention, children receiving care in the system, and child fatalities.*

Committee Members

Robert Dorigo-Jones, Michigan's Children, Director of Public Policy
Suzanne Greenberg, Children's Trust Fund, Executive Director
Emily Schuster-Wachsberger, Children's Trust Fund, Local Council Coordinator
Jodi Spicer, Children's Trust Fund, Training and Education Manager

2022 Plans: During 2021-early 2022, due to the COVID 19 pandemic, the team's meetings were replaced with continued development of more reliable and user-friendly data collection with the local programs that are providing community-based programs in each of 83 counties. The data collected will continue to assist CTF/PCA Michigan with future child abuse and neglect prevention programming planning. There were discussions of what data was needed, where the survey should be distributed and how the data would be collected, analyzed, and distributed. By the end of the first quarter of 2022, the following challenges were addressed, and the CRPP recommendations (bolded) would move forward as their work could start during the next quarter:

- CTF/PCA MI's Executive Director decided to hire a data coordinator who has managed the entire survey process since 2021 including the collection, analysis and distribution of survey results and creating stories for public awareness. **The CRPP recommends the purchase of Qualtrics (vs. Survey Monkey) so that further analysis can be done more efficiently.** In addition, we will be working to provide any information necessary to prepare for the 2024 creation of a CTF module for CCWIS.
- As recommended by the CRPP and CTF programs, CTF has contracted a Training and Education Manager to address the top priority of the 100+ programs we serve (as surveyed in the first quarter of 2022). **CRPP recommends that the Training and Education manager is utilized in training needed by statewide providers as many learn about prevention. We need to use shared language (Strengthening Families, HOPE, etc). In 2022, we could create a shared, ad hoc workgroup to address the best way to get this done**
- Our partner in the CRPP work is Michigan's Children/Prevent Child Abuse MI. Although CTF is part of MDHHS, its board of directors and 100+ programs need to unify in their education of local and state legislators. The market research done in the 4th quarter of 2021 for the re-branding, shared that two key groups that knew the least about CTF programs were the two that needed to know the most---state legislators and MDHHS employees. We have begun to work with Bobby Dorigo Jones of Michigan's

Children to focus on “raising up awareness” of CTF’s programs. Together with the CTF Training and Education Manager, we will increase training and knowledge of key strategies and ways to raise the public’s awareness of child abuse prevention as well as CTF.

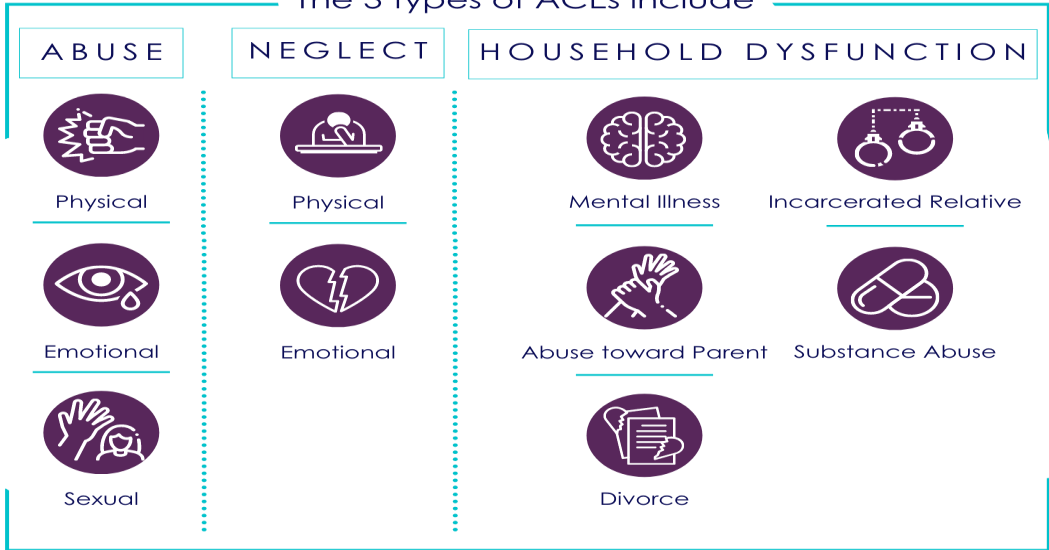
- Moving forward as a part of the CRPP planning process (and with a continuing quality improvement mindset) for CTF/PCA MI, we have begun to prioritize the creation, expansion and “lifting up” of Family Resource Centers, Child Sexual Abuse Prevention and Fatherhood Initiatives:
 - **Family Resource Centers:** In 2022, we are moving this effort to the top priority for CTF (as prioritized by programs, staff, and board). The process has begun in collaboration with CSA/MDHHS with 2 million ARPA dollars to match CTF’s 2 million ARPA dollars. With these funds, we have selected the PHASE 1/Founding 6 pilots. In partnership with CSA, we will lift up existing programs and create FRC’s using statewide data of families that were screened out but have risk factors that need to be addressed as well as have strong CTF prevention programs that exist. **For the last half of 2022, CRPP recommends that CTF work with CSA (and GPL) to create a phased timeline and budget to demonstrate the number of FRCs and the cost that will happen in 2022. The sustainable model for this project will include a matrix of state, federal and private dollars. The annual project will be 3-5 million depending on the budget and timeline.**
 - **Child Sexual Abuse Prevention:** CRPP gathered information from the Michigan CAC and recommends that CTF partners with them to create a statewide child sexual abuse consortium to review the recommendations created during Gov. Granholm’s tenure. Next the group would recommend specific programs/processes/services to initiate in 2023.
 - **Fatherhood Initiatives:** CRPP recommends that CTF partners with CSA (via Director Starling) to connect with similar Fatherhood organizations to bring this focus to the 100+ programs throughout the state. With this priority, CTF will contract with a Parent Program Leader to assist with the Parent Leadership programming required in all FRC’s and be a conduit to existing programming as well as being a catalyst for improving the use of fatherhood programming in all 83 counties.

The CRPP will now be led by the CTF Data Coordinator in partnership with additional CTF and Michigan’s Children staff. We have been working through the top priorities for prevention programming as shared through a series of surveys which included 100+ program professionals.

**Citizen Review Panel for
Children's Protective Services, Foster Care and Adoption**

ACEs = Adverse Childhood Experiences

The 3 types of ACEs include



Purpose:

The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels (CRP) to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to prevention, children receiving care in the system, and child fatalities. The panels were established with membership from three existing citizen advisory committees: the Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect (GTFCAN), and the State Child Death Review Team.

The purposes of this Citizen Review Panel (Panel) process included giving stakeholders an opportunity to voice their observations and concerns, to gain information and knowledge about the functioning of the child welfare system with special attention to trauma issues, and to compose a number of recommendations for systemic improvement based on the information learned from this community and consumer feedback.

Panel Members include:

1. *Alane Laws-Barker*, MD – Chairperson; GTF Statewide Task Force member; Sparrow Health System – Ingham County Health Department – Lead OB-GYN
2. *Joshua Bissell*, MSW – Children's Advocacy Centers of Michigan – Program Director
3. *Nicole DeWitt*, MM – Michigan Public Health Institute – Program Specialist for the Child Death Review Program
4. *Alex Brace*, MA LPC – GTF Statewide Task Force Member; Small Talk Children's Advocacy Center Executive Director, Crisis Counselor
5. *Amanda Dubey-Zerka*, LMSW – Wise Willow Counseling and Consulting (Co-Owner), Mental Health Therapist, MI ACE Initiative Master Trainer
6. *Veronica Flores*, MSW, Prevention, Preservation & Protection Division Dept. Analyst, GTF Coordinator
7. *Jackie Igafu-Te'o* – GTFCAN Member, Michigan Alliance for Families Data Manager/Accessibility Coordinator
8. *Mattie Scott-Phillips*, MD – Grand Blanc OB-GYN Founder and CEO
9. *Portia Watkins*, EdD – New Student Orientation at Michigan State University Director; Foster and Adoptive parent.

Contributors

1. *Lisa Farnum* – MI ACE Initiative Michigan Association of Health Plans Foundation, Managing Director
2. *Michael Christy* – Children's Advocacy Centers of Michigan, Executive Director
3. *Erin House*, JD – State Court Administrative Office Child Welfare Services Court Analyst

Activities:

The Panel has a standing meeting every third Thursday of the month which occurs electronically. 2021 -2022 dates include 1/21/21, 2/18/2021, 3/18/2021, 4/15/2021, 5/20/2021, 8/19/2021, 9/16/2021, 10/21/2021, 11/18/2021, 12/16/2021, 1/22/2022, and 2/17/2022.

Additional meetings convened 2/3/2022, and 2/10/2022.

Panel members attended virtual trainings including, but not limited to: Virtual Reality Technology for child welfare training, the GTFCAN 25th Annual Summit, and quarterly GTFCAN Meetings.

Dr. Laws-Barker continues to collaborate with a workgroup consisting of the Chairs for Michigan's three CRP Panels which includes Fatality, Prevention, and Protective Services. The three CRP Chairs recognize the need for more collaboration to enhance each Panel while partnering together to offer collective improvements to the child welfare system. This coordination of efforts between the three CRP Chairs allows for open communication to potentially work together to develop projects in the future.

Objectives:

The committee wanted to learn about the community's knowledge of Adverse Childhood Experiences (ACEs). What are the educational and training gaps? How it is used, and how it can make a difference in the lives of children and their families? What providers/professions/parents are unaware or untrained in ACES? To attain this information, surveys went out to multiple stakeholders in the following areas:

- Medical field
- Educational Systems
- Any child-serving organization
- Law enforcement
- Children's Protective Services (CPS)
- Prosecutors
- Parents

Goal: Create pathways to effectively reach and survey as many people in our targeted audience, as possible.

- Identify the gaps- consider a survey.
- Develop recommendations based off survey results.
 - Trainings
 - Resources
 - Implementation
 - Policy

ACEs project 2022:

Phase 1: Dissemination of a self-reflective survey that citizens participated in.

This survey helped generate some important information regarding the understanding of ACES across the state.

Phase 2: Committee reviewed and analyzed the data.

Phase 3: Creation! The committee created recommendations for education, training, and use of ACES in a manner that is child-centered, trauma-informed, forensic, and equitable. Our committee is comprised of individuals that are committed to the improvement of our response to child abuse and neglect across our state. The members of this committee are experts in their fields, have incredible passion, and want to focus on the best interests of children.

We are living in unprecedented times. Our world has changed dramatically over the past couple of years. Physical and mental health issues abound. Understanding trauma and how it impacts children and families is critical to their health and wellbeing.

Phase 1 was completed January 10, 2022. The survey received 4,596 responses from within 81 counties. The survey generated important information regarding what is happening right now across the state.

The survey was developed to gather information from our intended audience, to better understand their knowledge of ACEs. The survey comprised of the following questions:

1. Which one of the following best describes your occupation/field?
2. From the drop-down box, please select the county in which you WORK (i.e., your primary work/office location)? NOTE: there is a N/A option at the end of the list for those not currently employed, etc.
3. Are you a parent/caregiver?
4. From the drop-down box, please select the county in which you LIVE?
5. With which race/ethnicity do you most identify? Please select the one best description (note: there is a "prefer not to answer" option near the bottom of the list).
6. Which of the following defines your understanding of trauma?
7. How would you describe your level of familiarity with ACEs?
8. From which of the following did you learn about ACEs?
9. How would you define Adverse Childhood Experiences (ACEs)?
10. If you have been trained in ACEs, please take a moment to indicate, in general terms, where you received your most recent training

- a. In which of the following ways has the training benefited you?
 - b. How are you implementing your training in daily life? Personally, Professionally, Other.
11. What is your comfort level with the following: Sharing ACES, Identifying ACES in yourself/ in others?
 12. What are the barriers to incorporating ACEs science/knowledge into your professional work?
 13. Have you ever been asked by a professional (medical personnel, social worker, etc.) about your history with early adversity or a history of trauma/stressful experiences?
 14. Have you ever received any support services following a traumatic event or adverse childhood experience?
 - a. What service(s) was provided?
 15. Has your child ever been asked by a professional (medical personnel, social worker, etc.) about their history with early adversity or a history of trauma/stressful experiences?
 16. Has your child ever received any support services following a traumatic event or adverse childhood experience?
 - a. What service(s) was provided to your child(ren)?
 17. Which of the following ACEs resources, if any, would be of interest/helpful to you?
 18. Please use the space below for any additional comments you may have about ACEs. If no comment, simply leave blank and continue with survey.

Introduction:

The ACEs survey received responses from multiple professional disciplines. Of those responding, 46.80% were Medical Professionals, 22.72% Mental Health Professionals, 9.60% Education Professionals, 7.42% Social Services professionals in Private/Community Agencies, 2.85% Social Services professionals from Michigan Department of Health and Human Services (MDHHS) and 2.42% from Child/Youth Service Organizations¹. The survey also received responses from Post-Secondary Educators, Law Enforcement, LGAL/Child advocates, Prosecutors and Faith-based organizations. It should be noted that 55.9% of our respondents were also parents.

Key ACEs Survey Finding 1:

Our survey found that a significant segment of professionals who interact with children/youth as part of their work might not be familiar with ACEs and, by extension, trauma-informed care. More than 70% (3328/4596 respondents) of respondents reported “none” or “some” familiarity

¹ On January 10, 2022, the survey was completed, 4,596 responses were received.

with ACEs. Although more than 94% of these professionals indicated ACEs was relevant to their work, more than half indicated they have had no formal training in ACEs.

For those who have been trained, more than 96% (2095/2164 respondents who have been trained) noted that ACEs positively impacted the way their work with children/youth and their family/caregivers. Some of the benefits identified by respondents seem fundamental to child/youth-oriented work. Nearly 90% (1910/2164 respondents who have been trained) reported that ACEs improved their ability to understand children's behaviors, which is important because ACEs have been shown to have a high correlation to issues related to social, emotional, and cognitive development. Nearly 75% (1619/2164 respondents who have been trained) of those trained in ACEs indicated that it helped them to develop appropriate—and likely, more trauma-informed—interventions. The panel believes that training on ACEs specifically and trauma-informed care generally is critical for child/youth-serving professionals.

CRP Committee Recommendation #1: The committee recommends that MDHHS collaborate with MI ACE Initiative or other partners to develop and promote a training on trauma informed care, ensuring cultural competence and making it available to field staff (CPS, FC, etc.) and stakeholders of the department.

Key ACE's Survey Finding 2:

While the panel believes training about ACEs and trauma-informed care is integral to impacting individual interactions by professionals (see recommendation 1), intentional structures will be needed to diffuse and sustain systemic trauma-informed practices.

Respondents identified “time constraints” (52.75%, 682/1293 respondents who have been trained), “workflow issues” (31.40%, 406/1293 respondents who have been trained), and “lack of resources” (44.47%, 575/1293 respondents who have been trained) as barriers to incorporating ACEs into their professional work. MDHHS has an opportunity to address these identified barriers and other potential challenges through trauma-informed policies and procedures.

Reviewing policies adopted by other states may also be instructive. The California Department of Health Care Services has begun not only training medical providers in ACEs screenings (and required ACEs training for screening reimbursement) but also offers clinical protocols. The State of New York now requires childcare operators to obtain training in ACEs for licensure.

Potential areas for policy development could include screening/assessment procedures, qualifications and capacity of treatment provider partners, and resources available to support staff exposed to secondary trauma. The panel is recommending a review of policies and procedures in order to incorporate trauma-informed practices wherever appropriate.

CRP Committee Recommendation #2: MDHHS should review and update policy regarding training requirements surrounding trauma informed care.

Key ACE's Survey Finding 3:

Based on the survey data, beyond building an increased awareness, many professionals are currently utilizing ACES to guide intervention and treatment plans for clients and families [90.4% , 1959/2165 respondents who have been trained) of those trained are using ACES professionally], building psychoeducational components around ACES scores for their clients and/or are using it as a history taking tool [of those trained; 88.22% (1910/2165 respondents trained) find that ACES training improves the ability to understand children's behaviors, 74.78% (1619/2165 respondents trained) found that it helps develop appropriate interventions, 66.79% (1146/2165 respondents trained) found that it helps interactions with parents, and 46.61% (1009/2165 respondents trained) found that it helps prevent risky behaviors in youth]. The development of a Multidisciplinary theory-to-practice guide would assist the professional communities of Michigan in standardized implementation of ACES to guide work under a trauma-informed lens. The benefit of such a guide would ensure the appropriate use of the ACES screening tool, equitable access to this important information, and would create the opportunity for more outcome research in the merits of applying ACES to practice. The guide should have a disciplinary focus, include resources for making referrals to mental health and/or other treatments, and should include recommendations for data points in the pursuit of developing impact research.

CRP Committee Recommendation #3: MDHHS should collaborate with the CRP committee to work with community partners to develop an ACES collaborative and diverse working group/steering committee as a priority to mitigate the impact of ACEs (addressing cultural competency, treatment plans, equitable practices, etc.) and create a Theory to practice guide for implementation and use by MDHHS and our targeted audience.

Available upon request:

1. Citizen Review Panel Mission Statement
2. Governor's Task Force on Child Abuse and Neglect Executive Order
3. Citizen Review Panel ACES Survey, summary of results.

Schedule of 2022 Citizen Review Panel meetings:

The Citizen Review Panel on Children's Protective Services, Foster Care and Adoption has a standing meeting every third Thursday of the month which occurs electronically. 2022 dates

include: 3/18/2022, 4/15/2022, 5/21/2022, 6/17/2022, 7/15/2022, 8/19/2022, 9/16/2022, 10/21/2022, 11/18/2022, and 12/16/2022.

Conclusion:

The survey data suggests that the current ACEs technologies being utilized by Michigan professionals may be missing a culturally relevant data point. That is, many professionals who completed our survey, noted that in their definition of ACEs the incorporation of experience of racism, inequity, or an otherwise targeted relationship with implicit bias should be included in ACEs history taking. In a world where the impact of adversity is so well documented and understood to manifest over the course of an adult's lifetime, the inclusion of a new element in the ACEs tools in Michigan's should be considered as it is related to cultural inequity. Our panel wants to ensure that cultural competency is addressed whether we add a component to the current MI ACEs tool or develop a new tool.

The recommendations presented in this report are the product of expert opinions that are based on actual survey findings and thoughtful multidisciplinary discussions. The stakeholder's voice was heard by the panel to provide feedback and address concerns. Engaging the stakeholders greatly strengthens the recommendations made and our panel is hopeful that they will be seriously considered and for implementation efforts to begin in FY22. The panel members are willing to work with Michigan Department of Health and Human Services administration in the implementation of these recommendations. The panel is suggesting that the initial work be geared to MDHHS, with potential to engage a wider audience in the future. Collaboration with the Michigan ACEs Initiative, Governor's Task Force, and Children's Advocacy Centers could be the pathway to address these recommendations, reduce cost and generate funding. The panel looks forward to the Department's response to this report.

Michigan Citizen Review Panel on Child Fatalities



Keeping
Kids
Alive[®]

2021 Annual Report & Recommendations



Report created by the Center for Child and Family Health (CCFH)
at the Michigan Public Health Institute (MPHI)

Table of Contents

Introduction.....	1
Panel Members.....	3
Overview of This Year's Work.....	4
Recommendations.....	7
Planned 2022 Activities.....	11
Appendix A.....	12

Introduction

Under the Child Abuse Prevention and Treatment Act (CAPTA), the United States Congress mandated that states receiving federal CAPTA funding establish a minimum of three Citizen Review Panels (CRPs) to assess and develop recommendations for the improvement of their child protection systems. First established in 1999, Michigan's three panels include the CRP on Prevention, the CRP on Children's Protective Services (CPS), Foster Care, and Adoption, and the CRP on Child Fatalities. Based on the scope or identified focus area, each CRP examines the policies, procedures, and practices of state and local agencies and where appropriate, specific cases, to evaluate the extent to which agencies are effectively discharging their child protection responsibilities.

The CRP on Child Fatalities is a subcommittee of Michigan's Child Death State Advisory Team (SAT). The primary focus of the CRP on Child Fatalities is to review the circumstances associated with child fatalities when the family had previous interaction with the child protection system. The panel is comprised of experts representing law enforcement, child welfare, medical examiners, hospitals, the courts, and other children's advocacy organizations. The goal is to use the information found through the panel's work to identify improvements to the child protection system and prevent future child fatalities.

The activities of the SAT and the CRP on Child Fatalities are managed by the Michigan Public Health Institute (MPHI) through a contract with the Michigan Department of Health and Human Services (MDHHS). MPHI provides assistance and staff support to coordinate panel member meetings, facilitate in-depth case reviews, prepare an annual report to document the panel's findings and recommendations, and distribute the report to MDHHS for review, response, and action.

It should be noted that the Project Coordinator of the National Citizen Review Panels has recognized Michigan’s CRP on Child Fatalities as a model for other states’ CRPs. This panel’s process of in-depth case reviews with a multidisciplinary team of experts, including representatives of the state’s Children’s Services Agency, has proven to be an effective way to gain insight into the state’s child protection system and to make meaningful and data-driven recommendations.



Panel Members

Debi Cain

Executive Director, Michigan Domestic and Sexual Violence Prevention and Treatment Board

Jordan Carter

Manager, Children's Protective Services and Redesign, MDHHS

Holly Cerny

Caseworker, Community Mental Health Services

Paula Cunningham

Investigator, Office of Children's Ombudsman

Amy Hicok

Detective (Ret.), Kalamazoo Department of Public Safety

Heidi Hilliard

Senior Project Coordinator, Center for Child and Family Health, MPHI

Joe Kozakiewicz, JD, LMSW

Director, Michigan State University Chance at Childhood Program

Seth Persky

Director, Office of Family Advocate, MDHHS

Joye Sharp

Community Health Consultant, Center for Child and Family Health, MPHI

N. Debra Simms, MD

Child Abuse and Neglect Pediatrician, Center for Child Protection, Helen DeVos Children's Hospital

Kelly Wagner

Director, Child Welfare Services, State Court Administrative Office

Allecia Wilson, MD (Panel Chair)

Forensic Pathologist, University of Michigan Health System

Overview of This Year's Work

The COVID-19 pandemic continued to impact the activities of the panel in 2021. The panel experienced turnover in longstanding membership and embraced the idea of moving the work forward in a virtual format for the foreseeable future. To do this effectively, the panel felt it was necessary to focus on assessing the processes used to coordinate panel activities, support and engage existing panel members, and identify new members.

In order to increase the efficiency of case reviews, the process used to identify and select cases was assessed. MPHI and MDHHS staff and legal team met to discuss granting the CRP coordinator at MPHI access to the Michigan Statewide Automated Child Welfare System (MiSACWIS). Access to MiSACWIS would give the CRP coordinator the ability to evaluate the extent of missing case information prior to requesting full case review documentation from MDHHS. This would save a considerable amount of time and effort, as well as decrease the number of cases from the initial pool of those selected for review due to lack of complete case records. The decision was made by MDHHS to allow MPHI limited access to MiSACWIS case information to aid the panel in their activities moving forward. A detailed procedure for the CRP coordinator to access this information is currently under development.

The chair of the CRP for Prevention and the chair and coordinator of the CRP on CPS, Foster Care and Adoption attended the case review meeting on March 5, 2021, of the CRP on Child Fatalities to observe. The feedback from this observation was a desire to move toward improved dovetailing of the three panels' efforts. The chairs and coordinators of the three CRPs convened virtually, to discuss greater collaboration efforts among the panels. Based on these conversations, the coordinator of the CRP on Child Fatalities was recruited to serve as a member of the CRP on CPS, Foster Care, and Adoption and lend support to the coordinator of the CRP on Prevention.

The 20th Annual National Citizen Review Panel Conference was hosted by the State of Ohio on May 26, 2021. The coordinator of the CRP on Child Fatalities co-presented with CRP member Seth Persky in a session entitled “Child Safety Forward: A Collaborative Initiative to Achieve Systems Change.”

The CRP on Child Fatalities experienced some transition to its long-standing group of members. Two new members were invited to the panel to replace members who had left their professional positions. One additional member was recruited to add a community mental health perspective to the panel’s efforts. MPHI and MDHHS would like to thank all past and present members for their participation and devotion to the work of the panel.

In February 2022, a survey was sent to all current panel members. The overall purpose of the survey was to identify ways in which the processes used to coordinate activities of the CRP on Child Fatalities could be improved and to obtain feedback and suggestions from panel members. The survey consisted of 27 questions. Most were closed-ended, asking respondents to select their level of agreement to statements related to workgroup meetings, panel composition, member engagement, and perceived impact on the child welfare system. Seven open-ended questions were included to obtain more detailed feedback on how meetings could be improved or made more accessible for members, how members’ experience and engagement could be improved, and to allow for comment on any other topic about the process.

Respondents were not required to answer any of the questions. Of the 12 panel members, nine (75%) completed the survey. The findings were summarized in a report that was sent to panel membership for review.

Findings from the survey indicated that, overall, members perceived the current approach used by MPHI to coordinate panel member meetings and facilitate in-depth case reviews favorably, felt they had opportunity to express their insights and views, and believed that their participation on the panel was valued and positively impacted the child welfare system. Based on feedback from members, four key topics emerged for further discussion. These topics were:

- Workgroup meeting frequency
- Topic areas to focus on for case selection
- Panel membership diversity
- Effective communication

On March 1, 2022, nine CRP on Child Fatalities members attended a virtual convening in which meeting participants were presented with an overview of the CRPs in Michigan, a description of the overall purpose of the CRP on Child Fatalities, a review of the current process for case reviews, and a brief summary of the findings from the member survey. MPHI staff then facilitated a discussion with meeting participants to identify key areas of focus for improvement and to prioritize recommendations for action.

Recommendations

The following recommendations were made based on feedback from panel members through survey and direct conversation. The entire list of recommendations can be found in Appendix A.

Recommendations for the Michigan Department of Health and Human Services (MDHHS):

1. MDHHS should move forward with providing MPHI some level of access to the Michigan Statewide Automated Child Welfare System (MiSACWIS) in 2022.

Rationale: MDHHS has agreed to provide some level of MiSACWIS access to MPHI and should move forward with implementation in 2022. The number of cases that match the CRP on Child Fatalities qualifiers has increased significantly over the years. A preliminary review of hundreds of cases is time consuming for the panel as well as taxing to the local county offices who must pull the requested case files. If MPHI were able to access a level of data sufficient to determine whether cases were appropriate for full review prior to requesting the physical case file, it would alleviate the need for MDHHS to compile, redact, and provide it to MPHI. This access will increase efficiency and allow for more frequent panel meetings, which members support.

Operational recommendations for the CRP on Child Fatalities:

1. In-depth case reviews should be assigned to, and completed by, CRP members based on their professional area of focus or specialty prior to being brought to the full panel for review.

Rationale: By assigning panel members cases for review based on their professional area of focus or specialty, a more complete understanding

can be obtained of the individual circumstances within cases that often contain complex terminology that may not be readily understood by all panel members. For example, in addition to the standard case materials, all medical documentation pertaining to a case would be provided to the panel's child abuse pediatrician and forensic pathologist for in-depth review. Time constraints and lack of expertise in medical records review limits the ability of panel members to review case information in this level of detail, but assigning cases to those panel experts most knowledgeable in that topic area will help facilitate a better informed and more thorough review of the case during work group meetings. It will also aid in the identification of relevant findings and the development of better informed recommendations.

2. Diversify panel membership while addressing confidentiality concerns.

Rationale: Given the highly sensitive nature of the information being shared, the CRP review process must be strictly confidential. Cases reviewed may not be fully adjudicated and panel members may be called to testify as part of their professional roles outside of the CRP. These and other issues of confidentiality caused existing CRP membership to express concern with opening panel membership to lay citizens. They believed this would negatively impact their organization's willingness and ability to openly participate and share case information during review.

However, panel members also agreed that diversifying organizational and professional representation and geographic region was important in moving the panel's work forward. They also felt that members should be in a role that is in some way connected to child welfare. The panel did recognize the value of incorporating the community perspective into the process, which led to the development of the next recommendation.

3. Consider adopting a community action team model and establishing a subcommittee of the CRP on Child Fatalities for this purpose.

Rationale: The CRP on Child Fatalities should consider adopting the Fetal and Infant Mortality Review (FIMR) model for case reviews, in which one group actually reviews the cases (known as the Case Review Team [CRT] in FIMR; in this case, it would be the existing CRP on Child Fatalities). The CRT then sends their findings and recommendations to another group (the Community Action Team [CAT] in FIMR), that would be established by the CRP. The CAT would include both professional members and those that have lived experience with the child protection system. The CAT would determine how to move forward with the findings and recommendations from the CRP.

This model is designed to build capacity to address health disparities through mobilization. Fundamental to this approach is a critical analysis identifying the underlying social, economic, and environmental forces that create health and social inequities within communities. This model would allow for deeper engagement and action on the recommendations created by the panel, while spreading out the work, so as not to overburden current CRP members.

4. Given the ongoing COVID-19 pandemic, the CRP on Child Fatalities should adjust meeting frequency and format to ensure efficient and productive functioning.

Rationale: Historically, the panel has met in person in order to fulfill its legislatively mandated obligations. The COVID-19 pandemic has impacted the functioning of the panel and required quarterly meetings to be shifted from in-person to a virtual format. CRP members expressed a desire for

more flexibility within schedules by introducing more frequent meetings that are shorter in length – one to two hours virtually, as opposed to meetings that were in person and several hours long.

Based on CPS data, meetings will incorporate themed educational opportunities in addition to case reviews. For example, presentations could be provided related to home schooling legislation, recent changes in CPS policy, and common terminology used in cases (CPS case categorization, autopsy findings, court documents, etc.), which will improve panel knowledge and effectiveness in reviewing cases, identifying findings, and developing recommendations.



Planned 2022 Activities

MPHI and the CRP coordinator will continue to work with MDHHS to develop access for the CRP coordinator to MiSACWIS in a limited capacity. Once the protocol to access MiSACWIS is finalized, the CRP panel will convene to assess the available information and determine best practices in selecting cases for review and streamlining the case review process.

The CRP on Child Fatalities, CRP on Prevention, and CRP on CPS, Foster Care, and Adoption will convene virtually every two months to discuss opportunities for greater collaboration among the panels.

In the upcoming year, the CRP on Child Fatalities will review the deaths of children that occurred in the 2021 calendar year, as well as work to implement the operational recommendations detailed within this report.

The coordinator of the CRP on Child Fatalities will continue to be a member of the National Citizen Review Panel (NCRP) Advisory and attend its bi-monthly virtual convenings. One of the functions of the NCRP Advisory is to support the NCRP conference, which will be held virtually by the State of California in 2022. The coordinator of the CRP on Child Fatalities is also a chair member of California's conference planning committee.

Appendix A

The CRP on Child Fatalities examines the policies, procedures, and practices of state and local agencies, and where appropriate, specific cases, in order to evaluate the extent to which the child protection system is effectively discharging its responsibilities. On an annual basis, and based upon their examination, the CRP develops recommendations and submits them for consideration to MDHHS, who provides a response describing whether or how the recommendations will be addressed to make measurable progress in improving the child protection system. The following is a summary of the 2021 recommendations submitted for consideration.

	Case Review Process
1.	MDHHS should move forward with providing MPHI some level of access to the Michigan Statewide Automated Child Welfare System (MiSACWIS) in 2022.
2.	Consider establishing a community action team subcommittee of the CRP on Child Fatalities.
3.	Case selection should be organized by themes or maltreatment type to facilitate efficient panel review and aid with the identification of trends.

Member Engagement & Diversity	
4.	In-depth case reviews should be assigned to, and completed by, CRP members based on their professional area of focus or specialty prior to being brought to the full panel for review.
5.	Diversify panel membership while addressing confidentiality concerns.
6.	Given the ongoing COVID-19 pandemic, the CRP on Child Fatalities should adjust meeting frequency and format to ensure efficient and productive functioning.
7.	Increase communication and engagement between MDHHS and the CRP related to the action taken on CRP recommendations.
8.	As needed, provide training and technical assistance to CRP members as it relates to cases selected for review, and trends identified, so that informed panel recommendations can be developed. <i>Example: If home schooling was identified as a trend in child abuse cases, the CRP members would be provided information related to Michigan's home schooling legislation or an expert in the area would be invited to share resources, insights, and answer panel questions.</i>
9.	Full case reviews provide valuable insight into the child protection system in action and aid in the development of informed panel recommendations. Panel members wish to continue with case reviews as a core function of the CRP.

**For further information about Michigan's
Child Death Review Program, visit:**

www.KeepingKidsAlive.org

Center for Child and Family Health
Michigan Public Health Institute
2465 Woodlake Circle, Suite 100
Okemos, MI 48864
PH: (517) 324-7330

Michigan Citizen Review Panels 2021 Annual Report

Executive Summary

Sections 106 (b)(2)(A)(x) and (c) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) requires the establishment of Citizen Review Panels in all states receiving CAPTA funding.

Purpose

The purpose of the Citizen Review Panels is to provide new opportunities for citizens to play an integral role in ensuring that States are meeting their goals of protecting children from abuse and neglect.

Number of Panels Required

Michigan was required to establish three panels by June 30, 1999.

The panels were established with membership from three existing citizen advisory committees: The Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect, and the State Child Death Review Team.

The panels are:

Citizen Review Panel for Prevention,
Citizen Review Panel for Children's Protective Services, Foster Care, and Adoption, and
Citizen Review Panel for Child Fatalities.

Reports

The panels must develop annual reports and make them available to the public. These reports are due March 31 of each year. The contents of the reports include the following:

1. A summary of the panel's activities.
2. Findings and recommendations.

The Michigan Department of Health and Human Services must provide a written response to the findings and recommendations of the three panels.

Below are the recommendations of each of the panels. See the entire report for the 2021 activities, findings, and complete recommendations for each of the panels.

Citizen Review Panel for Prevention (Children's Trust Fund)

The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to *prevention, children receiving care in the system, and child fatalities*.

Recommendation #1: The Citizen Review Panel for Prevention (CRPP) recommends the purchase of Qualtrics (vs. Survey Monkey) so that further analysis can be done more efficiently.

MDHHS Response: The Michigan Department of Health and Human Services (MDHHS) agrees with this recommendation. It should be noted Qualtrics software is not currently in the Department of Technology, Management, and Budget (DTMB) Software Direct system; therefore, the Children's Trust Fund will work with DTMB to appropriately vet and obtain the requested software.

Recommendation #2: CRPP recommends that the Training and Education manager is utilized in training needed by statewide providers as many learn about prevention. We need to use shared language (Strengthening Families, HOPE, etc.).

MDHHS Response: MDHHS agrees with this recommendation. The training and education manager will create a training plan to include various stakeholders, including those mentioned in the recommendation. Each training can be expanded to include both internal and external stakeholders. To transform the child welfare system into one that focuses on prevention programming, MDHHS agrees to train and support staff and stakeholders.

Recommendation #3: For the last half of 2022, CRPP recommends that Children's Trust Fund (CTF) work with Children's Services Agency (and Government Performance Lab) to create a phased timeline and budget to demonstrate the number of Family Resource Centers and the cost that will happen in 2022. The sustainable model for this project will include a matrix of state, federal and private dollars. The annual project will be 3-5 million depending on the budget and timeline.

MDHHS Response: MDHHS agrees with this recommendation. MDHHS fully supports the Children's Trust Fund partnering with the Children's Services Agency and the Government Performance Lab to work collaboratively on Family Resource Centers. The partnership between the Children's Trust Fund and Children's Services Agency will help maximize funding efforts.

Recommendation #4: CRPP gathered information from the Michigan Children’s Advocacy Center and recommends that CTF partners with them to create a statewide child sexual abuse consortium to review the recommendations created during Gov. Granholm’s tenure. Next the group would recommend specific programs/processes/services to initiate in 2023.

MDHHS Response: MDHHS agrees with this recommendation. MCL 722.632b created a task force on prevention of sexual abuse of children effective January 9, 2013. The task force complied with the statute and made recommendations regarding the prevention of sexual abuse. It should be noted the task force created by MCL 722.632b was scheduled to be dissolved and removed from statute once recommendations were made. Although the law remains in effect, a new task force cannot be created.

MDHHS is in support of the Children’s Trust Fund working collaboratively with the Governor’s Task Force on Child Abuse and Neglect, Child Advocacy Centers of Michigan, Crime Victim Services Commission, and other stakeholders to address any remaining recommendations from the task force. MDHHS is supportive of efforts to prevent sexual abuse in Michigan. The Children’s Trust Fund is uniquely qualified to lead prevention efforts in Michigan and should therefore lead the work associated with this recommendation.

Recommendation #5: CRPP recommends that CTF partners with CSA (via Director Starling) to connect with similar Fatherhood organizations to bring this focus to the 100+ programs throughout the state.

MDHHS Response: MDHHS agrees with this recommendation. The Children’s Trust Fund is uniquely qualified to lead prevention efforts in Michigan and should therefore lead the work associated with this recommendation. The Children’s Services Agency agrees to work collaboratively with the Children’s Trust Fund to address this recommendation.

**Citizen Review Panel for
Children's Protective Services, Foster Care and Adoption
(Governor's Task Force on Child Abuse and Neglect)**

The purposes of this Citizen Review Panel process included giving stakeholders an opportunity to voice their observations and concerns, to gain information and knowledge about the functioning of the child welfare system with special attention to trauma issues, and to compose a number of recommendations for systemic improvement based on the information learned from this community and consumer feedback.

The Citizen Review Panel (CRP) formally submits the following recommendations:

Recommendation #1: The committee recommends that MDHHS collaborate with MI ACE Initiative or other partners to develop and promote a training on trauma informed care, ensuring cultural competence and making it available to field staff (CPS, FC, etc.) and stakeholders of the department.

MDHHS Response: The Michigan Department of Health and Human Services (MDHHS) agrees with this recommendation. MDHHS has a position under the Division of Chronic Disease and Injury Control, which functions as the ACES coordinator, that works closely with the MI ACE Initiative. This position also leads the Neuroscience, Epigenetics, ACES, and Resiliency (NEAR) Collaborative, which is a cross-agency collective among MDHHS, Michigan Department of Education, and Michigan Department of Corrections, focused on state systems level education as it relates to ACEs and trauma. A representative from the MI ACE Initiative attends the meetings and is continually apprised of the work being completed within this group.

MDHHS has provided numerous training opportunities regarding trauma informed care. Below is a list of recent training offered to all child welfare stakeholders which have addressed both trauma and other adverse childhood experiences:

- Statewide Trauma Screening Training began in January 2018 through a contract with Western Michigan University's Children's Trauma Assessment Center (CTAC) and was completed in late 2019. Use of the Trauma Screening Checklist developed by CTAC is required for children who have been identified as victims of a substantiated CPS case and at various points throughout the duration of the case. Training provided guidance for case planning and intervention based on the results of the screening tool. Trauma Screening training was added to the pre-service institute (PSI) curriculum plan in 2021.
- Guiding NEAR Collaborative addresses neuroscience, epigenetics,

adverse childhood experiences (ACEs) and resiliency is focused on engaging state-level leadership and building state and community level strategies to educate and integrate knowledge of NEAR science into applicable policies and programs. A scan of state agency work related to ACEs and trauma was conducted by students from the University of Michigan using the expertise of members from this group and their colleagues. The final report was completed in April 2020. In 2022, the collaborative is focused on piloting a Trauma-Informed State Systems Roadmap, as well as building strategies to be seen as the premier resource for ACES across the state.

- The Trauma and Toxic Stress Website was developed as part of the Defending Childhood State Policy Initiative that concluded in September 2016. The website includes information on trauma screening, assessment, intervention, training, and resources for caregivers and building trauma-informed communities and organizations. This site is reviewed at least bi-annually for necessary updates.
- The Children's Trauma Initiative includes training and coaching in trauma screening, trauma assessment, caregiver education and Learning Collaboratives for CMH Service Provider (CMHSP) networks to prevent and address trauma. Training cohorts are provided on a regular basis, and CMHSPs' involvement is solicited via communication with CMHSP and prepaid inpatient health program directors. The initiative is focused on the use of evidence-based practices and programs in the provision of mental health services to children and their families.
- Trauma-informed relative and caregiver support efforts are underway. These include an enhanced foster care pilot, family finding, rapid relative licensing, caregiver support and resource planning, and increased access to behavioral health services. These initiatives are aimed at providing timely supports to caregivers to help address child needs, and mitigate trauma associated with child welfare system involvement.

MDHHS will continue to prioritize collaboration with stakeholders to ensure child welfare staff and stakeholders are provided with high quality trainings regarding adverse childhood experiences.

Recommendation #2: MDHHS should review and update policy regarding training requirements surrounding trauma informed care.

MDHHS Response: MDHHS agrees with this recommendation and will continually assess the need for policy updates across all policies. Services Requirement Manual (SRM) 103 and SRM 108 are scheduled to be updated in the future to include information on Motivational Interviewing. Further, the existing Children's Services Agency Trauma Protocol is being updated and is anticipated to be released in May 2022. MDHHS will continue to review policy to determine the need for future updates.

Recommendation #3: MDHHS should collaborate with the CRP committee to work with community partners to develop an ACEs collaborative and diverse working group/steering committee as a priority to mitigate the impact of ACEs (addressing cultural competency, treatment plans, equitable practices, etc.) and create a Theory to practice guide for implementation and use by MDHHS and our targeted audience.

MDHHS Response: MDHHS agrees with this recommendation. MDHHS has a position under the Division of Chronic Disease and Injury Control, which functions as the ACES coordinator, that works closely with the MI ACE Initiative. This position also leads the Neuroscience, Epigenetics, ACES and Resiliency (NEAR) Collaborative, which is a cross-agency collective among MDHHS, Michigan Department of Education, and Michigan Department of Corrections, focused on state systems level education as it relates to ACEs and trauma. Information on the NEAR Collaborative can be found [here](#). The NEAR Collaborative has developed a Trauma Informed Roadmap to help guide trauma-informed practice and pilot planning for use of the roadmap is currently underway. A representative from the MI ACE Initiative attends the meetings and is continually apprised of the work being completed within this group. MDHHS agrees to continue to work collaboratively with the ACES coordinator and the NEAR collaborative. Further, MDHHS has contacted the director of the Division of Chronic Disease and Injury Control to determine the potential for a CRP panel member to participate in the NEAR Collaborative and other ACEs work.

In April 2018, MDHHS created the Children’s Services Agency Trauma Protocol. The internal protocol was created to address the way in which MDHHS screens children for trauma and how the department responds to the information contained in the trauma assessment. This protocol informs trauma work such as trauma assessments, secondary trauma, and other service provisions for child welfare staff. The existing protocol is being updated and is anticipated to be released in May 2022. The current updates were driven from quality assurance feedback from field staff. When the revisions are finalized, MDHHS will provide this document to the panel. In addition, MDHHS agrees to contact the panel chairperson when future revisions are made. If the panel is still focusing on ACEs and trauma at the time of revision, MDHHS will consider adding a panel member to the revision committee.

It should be noted both the Children’s Services Agency Trauma Protocol, as well as *A Model Child Abuse and Neglect Protocol Utilizing a Multidisciplinary Team Approach* (DHS-Pub 794), encourage the use of a multidisciplinary team which may be able to address various trauma related items. When applicable, various stakeholders may be involved in child abuse or neglect cases and can address the items in the recommendation.

Citizen Review Panel for Child Fatalities (State Child Death Review Team)

The CRP on Child Fatalities is charged with examining cases of child fatalities where the family had previous interaction with the child protection system. The panel is made up of experts representing law enforcement, child welfare, medical examiners, hospitals, the courts, and other children's advocates. The goal is to use the information found through the panel's work to improve the child protection system and prevent future child fatalities.

It should be noted that the Project Coordinator of the National Citizen Review Panels has recognized this team as a model for other states' CRPs. Michigan's process of in-depth case review with a multidisciplinary team of experts has proven an effective way to gain insight into the state's child protection system and to make meaningful and data-driven recommendations.

Recommendations for the Michigan Department of Health and Human Services:

Recommendation #1: MDHHS should move forward with providing MPHI some level of access to the Michigan Statewide Automated Child Welfare System (MiSACWIS) in 2022.

MDHHS Response: MDHHS agrees with this recommendation. MDHHS worked collaboratively with this panel to create limited access to the Michigan State Automated Child Welfare Information System (MiSACWIS). The access will allow the panel to complete meaningful primary case reviews to determine if the case should have an in-depth review completed. This will greatly reduce barriers in the current process.

Panel access to MiSACWIS went live in January 2022. This was after case reviews were completed by the CRP; therefore, MDHHS is committed to ensuring the panel receives training on how to use MiSACWIS prior to the next case review reporting period. MDHHS is committed to continuing to work collaboratively with the panel during the case review process.

Operational Recommendations for the Citizen's Review Panel on Child Fatalities:

Recommendation #2: In-depth case reviews should be assigned to, and completed by, CRP members based on their professional area of focus or specialty prior to being brought to the full panel for review.

MDHHS Response: MDHHS agrees with this recommendation. MDHHS understands the complex nature of child welfare cases and agrees with the need to have those with the necessary experience and expertise completing case

reviews. MDHHS believes the panel adopting this recommendation would lead to higher quality reviews, more pertinent data being available, and increased efficiency in the case review process. MDHHS agrees to work collaboratively with the panel as needed should the panel adopt this recommendation.

Recommendation #3: Diversify panel membership while addressing confidentiality concerns.

MDHHS Response: MDHHS agrees with this recommendation. MDHHS values diversity, equity, and inclusion throughout all areas of their work. MDHHS believes adopting this recommendation would allow for potentially new and innovative ideas during case reviews. MDHHS understands the concern regarding confidentiality and supports the need to ensure this is addressed. Based on the unique nature of the panel work, MDHHS is committed to working collaboratively with the panel to increase both panel membership and panel diversity, while ensuring confidential information is protected.

Recommendation #4: Consider adopting a community action team model and establishing a subcommittee of the CRP on Child Fatalities for this purpose.

MDHHS Response: MDHHS agrees with this recommendation. The community action team model has worked well with Fetal Infant Mortality Review (FIMR) teams and would allow the panel to focus both on case reviews as well as actions and goals moving forward. The community action team model is also an exceptional way of increasing membership and diversity on the panel, while also addressing confidentiality concerns. MDHHS will work collaboratively with the panel if this recommendation is adopted, including helping the panel engage individuals with lived experience to participate.

Recommendation #5: Given the ongoing COVID-19 pandemic, the CRP on Child Fatalities should adjust meeting frequency and format to ensure efficient and productive functioning.

MDHHS Response: The department agrees with this recommendation. COVID-19 has changed the way work is completed. If the panel adopts this recommendation, MDHHS is ready to work collaboratively with the panel to help determine meeting frequency and format.

Michigan Tribal Leaders - Chairs, Presidents, Chief, Ogema
March 2022

Bay Mills Chippewa Indian Community

Whitney Gravelle, President

12140 W. Lakeshore Drive

Brimley, MI 49715

Ph. (906) 248-3241

Fax: (906) 248-3283

wgravelle@baymills.org

Grand Traverse Band of Ottawa and
Chippewa Indians

David Arroyo, Tribal Chairman

2605 N. W. Bayshore Drive

Suttons Bay, MI 49682

Ph. (231) 534-7129

Fax: (231) 534-7010

David.Arroyo@gtbindians.com

Hannahville Potawatomi Indian Community

Kenneth Meshigaud, Chairperson

N-14911 Hannahville, B-1 Rd.

Wilson, MI 49896-9717

Ph. (906) 466-2932

Fax: (906) 466-2933

Tyderyien@hannahville.org

Keweenaw Bay Indian Community

Kim, Klopstein, President

16429 Beartown Rd.

Baraga, MI 49908

Phone (906) 353-6623 x 4112

Fax (906) 353-7540

tckim@kbic-nsn.gov

Lac Vieux Desert Band of Lake Superior
Chippewa Indians

James Williams, Tribal Chairman

P.O. Box 249

Watersmeet, MI 49969

Ph. (906) 358-4577

Fax: (906) 358-4785

Jim.Williams@lvd-nsn.gov

Little River Band of Ottawa Indians

Larry Romanelli, Ogema

2608 Government Center Drive

Manistee, MI 49660-2729

Ph. (888) 723-8288

Fax: (231) 723-8020

lromanelli@lrboi-nsn.gov

Little Traverse Bay Bands of Odawa Indians

Regina Gasco Bentley, Tribal Chairperson

7500 Odawa Circle

Harbor Springs, MI 49740-9692

Ph. (231) 242-1402

Fax (231) 242-1412

chairman@ltbbodawa-nsn.gov

Match-E-Be-Nash-She-Wish Band of
Potawatomi Indians (Gun Lake Tribe)

Bob Peters, Chairman

2872 Mission Dr.

Shelbyville, MI 49344

Phone: (269) 397-1780

Fax: (269)397-1781

Bob.Peters@glt-nsn.gov

Nottawaseppi Huron Band of Potawatomi

Jamie Stuck, Chairman

2221 1-1/2 Mile Road

Fulton, MI 49052

Ph. (269) 729-5151

Fax: (269) 729-5920

jstuck@nhbpi.com

Pokagon Band of Potawatomi Indians

Rebecca Richards, Tribal Chairwoman

58620 Sink Road

Dowagiac, MI 49047

Ph. (269) 782-6323

Fax (269) 782-9625

Rebecca.Richards@Pokagonband-nsn.gov

Saginaw Chippewa Indian Tribe of Michigan

Theresa Jackson, Tribal Chief

7070 Soaring Eagle Boulevard

Mt. Pleasant, MI 48858

Ph. (989) 775-4000

Fax (989) 775-4131

tjackson@sagchip.org

Sault Ste. Marie Tribe of Chippewa

Aaron Payment, Tribal Chairman

523 Ashmun Street

Sault Ste. Marie, MI 49783

Ph. (906) 635-6050

Fax (906) 635-4969

aaronpayment@saulttribe.net

Bay Mills Indian Community

Janet Farrish-Gravelle, Director
Rachel Burt, Tribal Manager
12124 W. Lakeshore Drive
Brimley, MI 49715
906-248-3204
908-248-3283
Jfarrish-gravelle@baymills.org
rburt@baymills.org

Hannahville Indian Community

Sheila Nantelle, Director, Hannahville Social Services
N10519 Hannahville B-1 Rd.
Wilson MI 49896-9728
906-723-2510
906-466-7397
Sheila.nantelle@hichealth.org

Keweenaw Bay Indian Community

Corey Pietila, Interim Director
Tribal Social Services
16429 Beartown Road
Baraga, MI 49908
906-353-4201 or 908-353-4212
906-353-8171
cpietila@kbic-nsn.gov

Grand Traverse Band of Ottawa and Chippewa Indians

Maria Guillen, Anishnaabek Family Sources Coordinator
2605 N. W. Bayshore Drive
Peshawbestown, MI 49682
231-534-7681
231-534-7706
maria.guillen@gtb-nsn.gov

Nottawaseppi Huron Band of Potawatomi

Meg Fairchild, Director
Tribal Social Services
Behavioral Health and Social Services
1417 Mno Bmadzewan Way
Fulton, MI 49052
269-729-4422
269-729-5920
meg.fairchild@nhbp-nsn.gov

Lac Vieux Desert Band of Lake Superior Chippewa Indians

Dee Dee McGeshick, Director of Social Services
P.O. Box 249
Choate Road
Watersmeet, MI 49969
906-358-4940
906-358-4785
Dee.mcgeshick@LVD-nsn.gov

Little River Band of Ottawa Indians

Kim Crampton, Director, Family Services
Sandra Deverney, Family Services Supervisor
2608 Government Center Drive
Manistee, MI 49660
231-723-8288
kimberlycrampton@lrboi-nsn.gov
sandradeverney@lrboi-nsn.gov

Match-e-be-nash-she-wish Band of Pottawatomi Indian

Kelly Wesaw, Health Director
1743 142nd Ave., P.O. Box 306
Dorr, MI 49323
616-681-0360 x 316
616-681-0380
kwesaw@hhs.glt-nsn.gov
kelly.wesaw@hhs.glt-nsn.gov
dominique.ambriz@hhs.glt-nsn.gov

Little Traverse Bay Bands of Odawa Indians

Heather Boening, Director, Human Services Department
7500 Odawa Circle
Harbor Springs, MI 49740
231-242-1620
231-242-1635
hboening@ltbbodawa-nsn.gov

Pokagon Band of Potawatomi Indians

Mark Pompey, Director, Tribal Social Services
58620 Sink Road
Dowagiac, MI 49047
269-462-4277
269-782-4295
Mark.Pompey@pokagonband-nsn.gov

Saginaw Chippewa Indian Tribe of Michigan

Dustin Davis, Tribal Administrator
Angela Gonzalez, Interim AFS Director
Anishnabek Family Services
7070 Soaring Eagle Boulevard
Mt. Pleasant, MI 48858
ddavis@sagchip.org
agonzalez@sagchip.org
989-775-4901
989-775-4912

Sault Ste. Marie Tribe of Chippewa Indians of Michigan

Juanita Bye, Director
Anishnabek Community and Family Services
2218 Shunk Road
Sault Ste. Marie, MI 49783
800-726-0093
906-632-5250
jbye@saulttribe.net
mvanluven@saulttribe.net

Michigan 2021 Tribal Attorney Listing

BMIC

Kathryn (Candy) Tierney
candyt@bmic.net

Jennifer L. Obreiter
jobreiter@baymills.org

Rachel Burt (CEO)
rburt@baymills.org

GTB
Prosecutor
prosecutor@gtbindians.com

KBIC
kcarlisle@kbic-nsn.gov

HIC
Jess Viau
jviau@hannahville.org

Henry Williams
henryw@hicservices.org

LRBOI
Jonathon Hauswirth
jonathonhauswirth@lrboi-nsn.gov

Elise McGowan-Cuellar
elisemcgowan-cuellar@lrboi-nsn.gov

LTBB
Kevin Hesselink
khesselink@ltbbodawa-nsn.gov

LVD
Karrie Wichtman
karrie.wichtman@LVD-NSN.GOV

Zach Dalton
zach.dalton@lvd-nsn.gov

MBPI
Zeke Fletcher
zfletcher@fletcherlawpllc.com

David.Wilson@glt.nsn.gov

NHBP
John Swimmer
John.Swimmer@nhbp-nsn.gov

Katrina Kapture
Katrina.Kapture@nhbp-nsn.gov

Amy Wesaw
Amy.Wesaw@nhbp-nsn.gov

Pokagon
Annette Nickel
Annette.Nickel@PokagonBand-nsn.gov

Elizabeth Eggert
Elizabeth.Eggert@pokagonband-nsn.gov

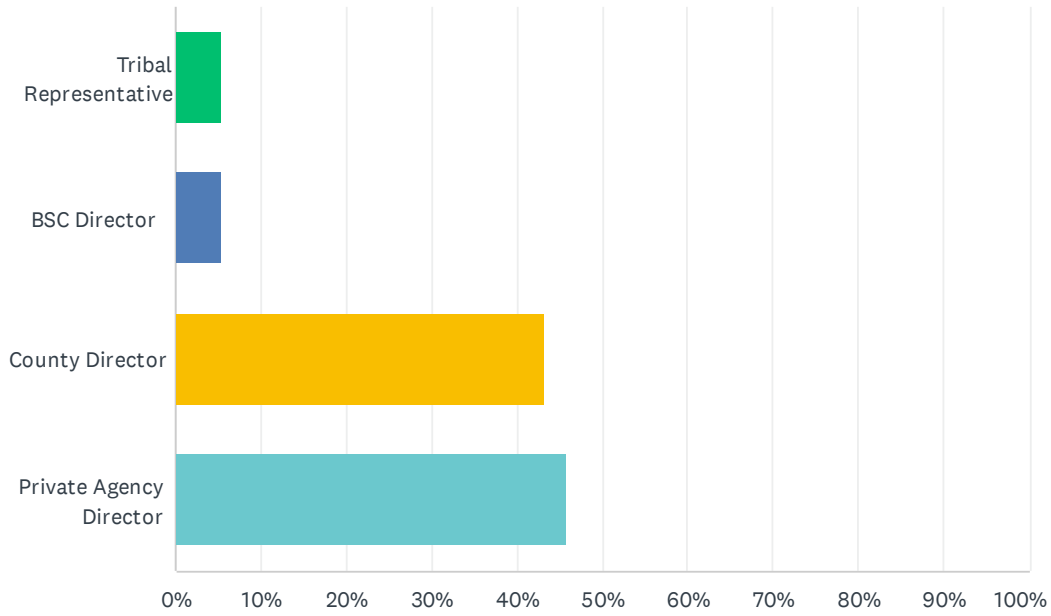
SCIT
Julie Valice
JValice@sagchip.org

Sault Tribe
Jennifer Constantino
jconstantino@saulttribe.net

Mike McCoy (Legislative Affairs)
MMcCoy@saulttribe.net

Q1 What is your professional role in child welfare?

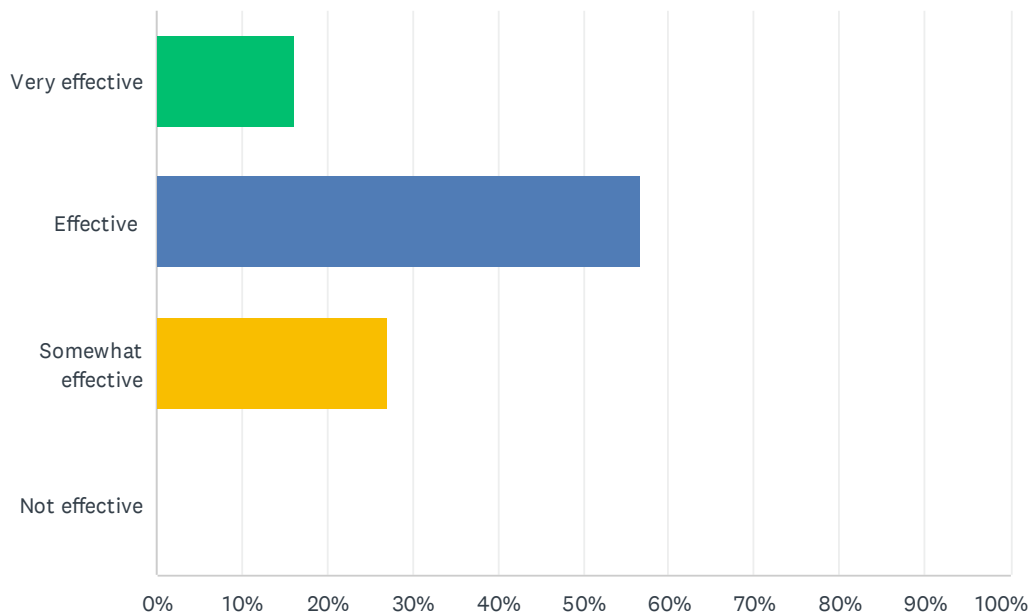
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES
Tribal Representative	5.41% 2
BSC Director	5.41% 2
County Director	43.24% 16
Private Agency Director	45.95% 17
TOTAL	37

Q2 How effective are the policies and practices that your staff have implemented when handling foster care cases involving Indian children?

Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very effective	16.22%	6
Effective	56.76%	21
Somewhat effective	27.03%	10
Not effective	0.00%	0
TOTAL		37

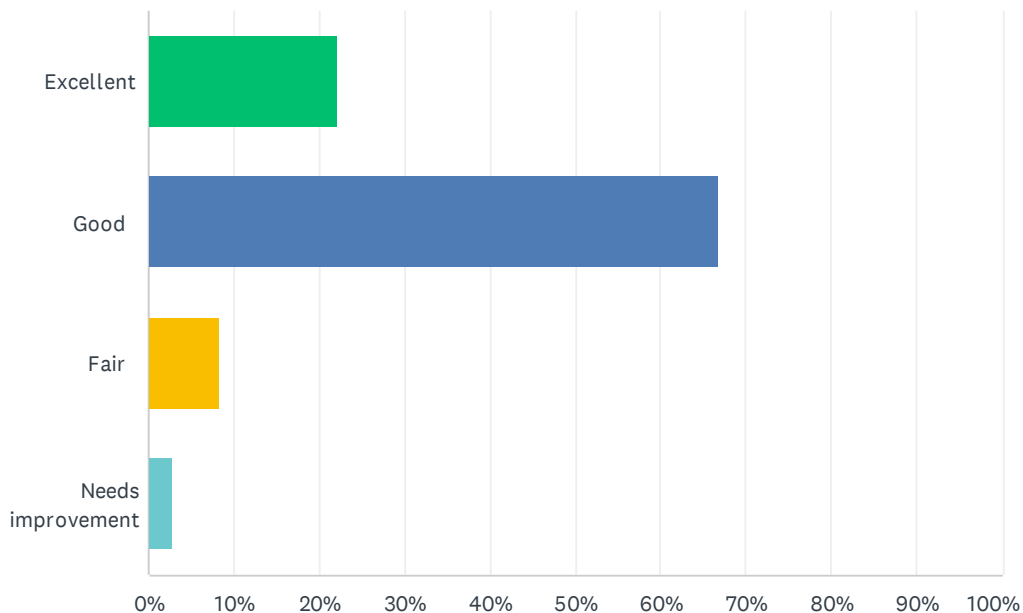
#	EXAMPLES OF EFFECTIVE POLICIES/PRACTICES ARE WELCOME:	DATE
1	Any policies and practices that encourage/require communication and collaboration with tribes at the earliest point possible and throughout the life of a case is helpful.	4/7/2022 11:50 AM
2	Staff are sending 5598s in the initial stages of their investigations, contacting the respective tribal social services to inform them of the investigation and to share information. Staff are meeting monthly with tribal social services staff to case conference. Tribal representatives are invited to FTMs and to discuss cases where a petition may be filed.	4/6/2022 1:12 PM
3	The response should be N/A. The Tribe that I represent has not implemented foster care cases.	4/4/2022 4:56 PM
4	Very few examples to rate response by	4/4/2022 11:52 AM
5	We follow policy regarding inquiry, search and tribal notification. Our agency has had very limited case experience with Indian Children.	4/4/2022 11:39 AM
6	In addition to what is required per policy, we have found that sharing weekly updates with the tribe has been extremely helpful.	3/28/2022 4:00 PM

MDHHS Native American Affairs Collaborator Survey 2022

7	Our CPS staff make direct contact with the local tribe when any new investigation occurs and typically the worker and tribal case worker will approach the family together. In the event of a removal, the tribe, whom has been involved since the beginning with CPS, is consulted and placement options discussed. The tribal input is used to determine if a removal should occur and assist with providing active efforts for teh family to remain intact along with meeting goals of reunification.	3/28/2022 12:39 PM
8	With foster care, our cases have not accepted the children or family into the tribe. We still follow active efforts and works towards reunification.	3/28/2022 8:11 AM
9	Designated tribal liaison; outreach worker; implementation of best-practices	3/27/2022 11:27 AM
10	Recent CIs are not reflected in current policy.	2/25/2022 6:38 PM

Q3 How would you rate your agency/office's effectiveness in serving Indian children and their families who encounter the child welfare system?

Answered: 36 Skipped: 1



ANSWER CHOICES	RESPONSES
Excellent	22.22% 8
Good	66.67% 24
Fair	8.33% 3
Needs improvement	2.78% 1
TOTAL	36

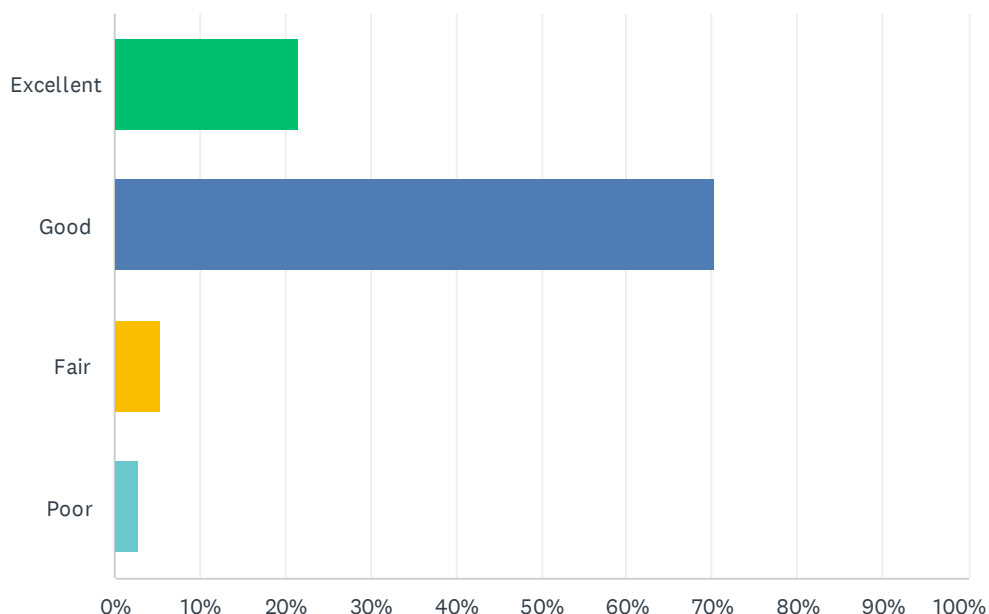
#	EXAMPLES OF EFFECTIVELY SERVING INDIAN CHILDREN ARE WELCOME:	DATE
1	The NAOW in Isabella and Clare is a great resource for both CW and ESA families and children.	4/10/2022 10:11 PM
2	The tribe has a skilled team who are able to engage and creatively problem solve with families and other service providers to address the needs of the families served.	4/7/2022 11:50 AM
3	Enlisting the support of the NAOW, teaming with local tribal social services, referring to tribal services, providing active efforts and using the MiTeam practice model.	4/6/2022 1:12 PM
4	We have had no Indian children in care.	4/6/2022 12:21 PM
5	The tribe has the gold standard to provide services.	4/4/2022 4:56 PM
6	Few examples to rate response by	4/4/2022 11:52 AM
7	We are a tribal agency and strive to provide the best services to our community	3/31/2022 2:57 PM
8	We have not had the opportunity to serve many Indian children and their families as our region is not as diverse.	3/29/2022 2:16 PM

MDHHS Native American Affairs Collaborator Survey 2022

9	We respect the tribes and are humbled by the opportunity to serve Indigenous children and families. We do it not just because ICWA tells us to, but because active efforts is one way our agency and staff can work to right the wrongs of the child welfare system's history.	3/28/2022 4:00 PM
10	Working collaboratively with the tribe to provide tribal cultural sensitive services along with accessing community services. Locating family members for placement, sharing representation with PA and Tribal attorney.	3/28/2022 12:39 PM
11	we have at a minimum monthly case conferences between DHHS and tribal child welfare to discuss cases	3/28/2022 11:38 AM
12	Active efforts with providing transportation and resources.	3/28/2022 8:11 AM
13	MDHH-5598 and CPS information sharing.	2/25/2022 6:38 PM

Q4 Please rate your working relationships among tribal representatives.

Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	21.62%	8
Good	70.27%	26
Fair	5.41%	2
Poor	2.70%	1
TOTAL		37

#	EXAMPLES OF STRONG RELATIONSHIPS OR THOSE THAT ARE MOST IMPORTANT ARE WELCOME:	DATE
1	While we don't often meet, I have continued to reach out. Unfortunately, I seldom get a response. However, when I have spoken with tribal representatives, they inform me they have no issues within my BSC and are aware they can contact me.	4/10/2022 10:11 PM
2	From this tribe's perspective, the working relationship with MDHHS overall has improved greatly. There are still challenges at times with individual workers and individual counties that we continue to work on overcoming.	4/7/2022 11:50 AM
3	Monthly case conferences, monthly management meeting, assistance on interview panels, collaborative trainings, inclusion in Child Stat, open communication between staff and all levels of management.	4/6/2022 1:12 PM
4	I answer this question in relation to staff that are points of contact for the tribe.	4/4/2022 4:56 PM
5	At this point I'm feeling like it appears I'm automatically answering "excellent" to each question, but these are my honest assessments.	4/4/2022 3:06 PM
6	NA would be better option, no real examples to rate by	4/4/2022 11:52 AM
7	We work with other agencies throughout the state and have good working relationships with	3/31/2022 2:57 PM

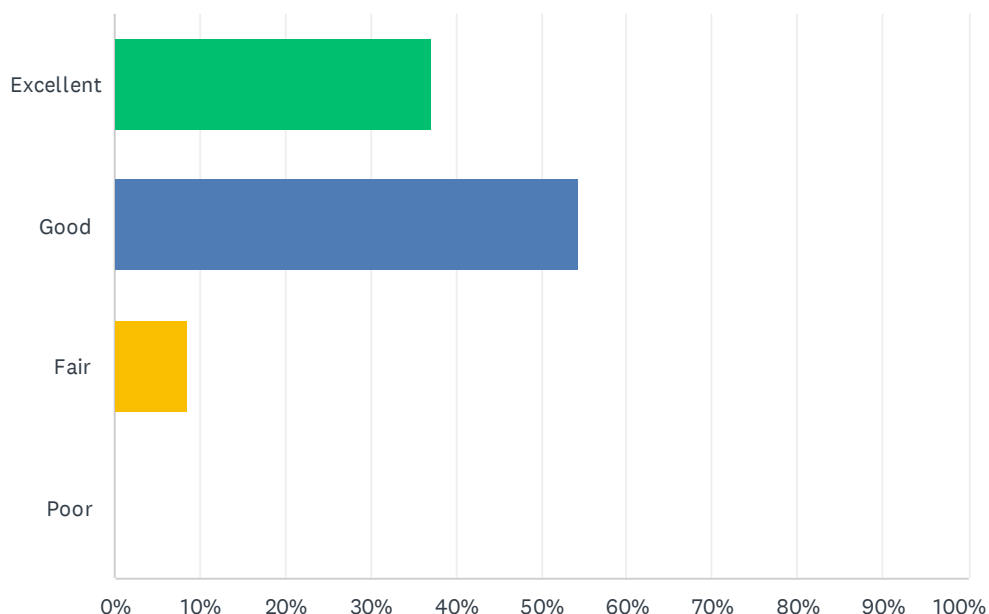
MDHHS Native American Affairs Collaborator Survey 2022

them.

8	Tribal representative participates on local Quality Improvement Team monthly including some sub teams ensuring tribal needs are incorporated into revised or newly created processes.	3/28/2022 12:39 PM
9	We do not meet regularly with any tribes. We do make calls and emails to them when trying to ascertain tribal membership.	3/28/2022 8:11 AM

Q5 Please rate your working relationships with local MDHHS.

Answered: 35 Skipped: 2



ANSWER CHOICES	RESPONSES
Excellent	37.14% 13
Good	54.29% 19
Fair	8.57% 3
Poor	0.00% 0
TOTAL	35

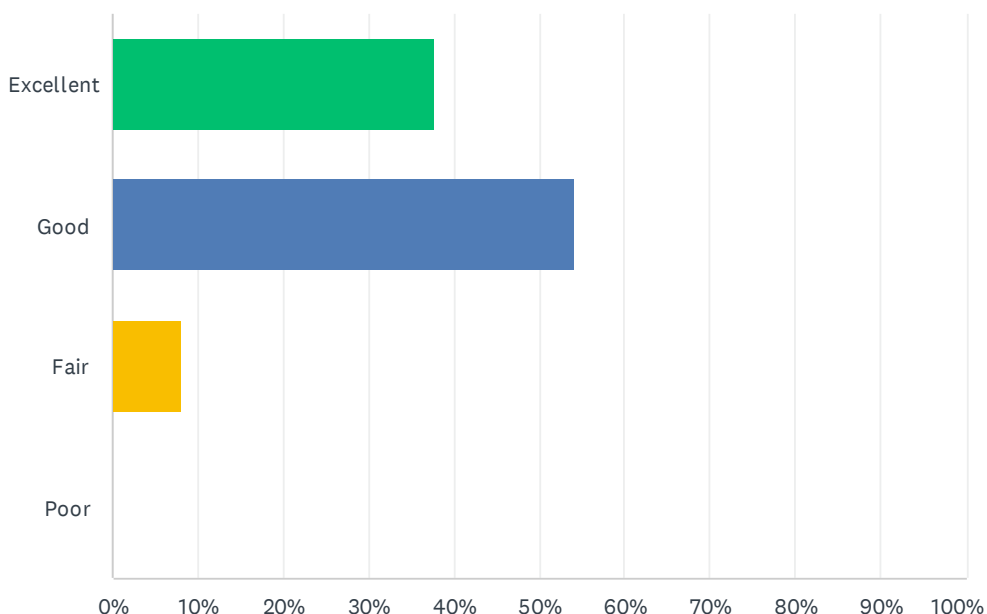
#	EXAMPLES OF STRONG RELATIONSHIPS OR THOSE THAT ARE MOST IMPORTANT ARE WELCOME:	DATE
1	I believe the BSC gets along well with the local county offices	4/10/2022 10:11 PM
2	The ability to regularly communicate and collaborative at all levels is the most important. If we run into an issue with a specific worker, court, process, etc., it has been very helpful to be able to reach out to a counterpart at the local MDHHS to work through the challenge.	4/7/2022 11:50 AM
3	We can work more on improving the culture and climate for staff to assist with well-being, STS reduction, burn out, compassion fatigue as well as providing education/training on local tribal culture/services, how DEI impacts local tribal communities and improving communication.	4/6/2022 1:12 PM
4	The tribes need more access and better communication by MDHHS workers that work in every county not just the counties that are tribal service areas. The tribe is very sad to see very good employees leaving MDHHS due to understaffing. The tribes and state should be equal partners.	4/4/2022 4:56 PM
5	I am representing the local DHHS office, but I have been told by our tribal representatives many times that our working relationship is excellent. I've scored "good" to reserve room for their suggestions for further improvement.	4/4/2022 3:06 PM

MDHHS Native American Affairs Collaborator Survey 2022

6	NA	4/4/2022 2:23 PM
7	Good communication, responsive and timely interactions, listens to our perspective	4/4/2022 11:52 AM
8	Our agency participates in consistent meetings and use phone calls to problem solve instead of relying on email.	4/4/2022 11:39 AM
9	The most positive relationships are those where DHHS and private agencies work as a team.	4/3/2022 7:20 PM
10	Our local DHHS is excellent and offer resources as well as work with us very well on cases they are handling involving our members	3/31/2022 2:57 PM
11	The majority of our DHHS partners are very responsive and helpful in answering questions, supporting staff and participating in requested meeting with respect to ongoing cases.	3/29/2022 2:16 PM
12	*Depends on the county. Some are excellent, some are poor.	3/28/2022 4:00 PM
13	The tribe has contact information of child welfare supervisors, Program Managers, and Director. Also assistance payments staff have a working relationship with tribal agencies to process needed benefits.	3/28/2022 12:39 PM
14	I have several great connections to different directors in the BSC and program managers. It's important to stay connected.	3/28/2022 8:11 AM

Q6 Please rate your working relationships with private agency staff.

Answered: 37 Skipped: 0

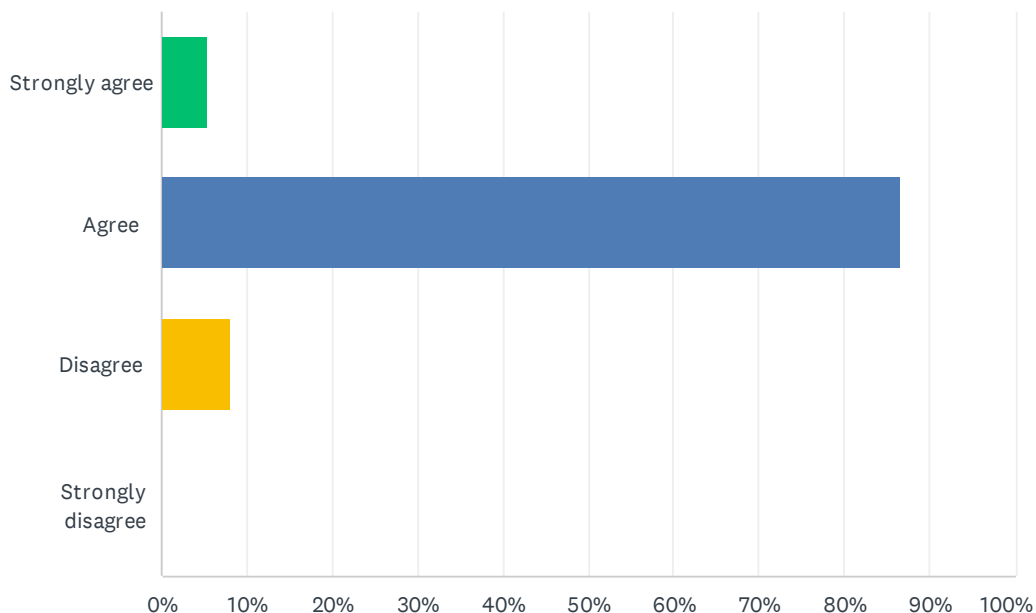


ANSWER CHOICES	RESPONSES
Excellent	37.84% 14
Good	54.05% 20
Fair	8.11% 3
Poor	0.00% 0
TOTAL	37

#	EXAMPLES OF STRONG RELATIONSHIPS OR THOSE THAT ARE MOST IMPORTANT ARE WELCOME:	DATE
1	We've encountered less openness and responsiveness to working closely with the tribe as well as significant staff turn over that have negatively impacted cases.	4/7/2022 11:50 AM
2	Staffing turnover/vacancies has impacted the working relationships.	4/6/2022 1:12 PM
3	Private agency staff are always open to collaboration and they are excellent communicators.	4/4/2022 4:56 PM
4	We are a private agency	4/4/2022 11:52 AM
5	We have worked more closely with DHHS staff due to cases coming in but relationships are good overall.	3/29/2022 2:16 PM
6	This could be stronger and the main issue is turnover of PAFC staff needing to be educated about tribal policy, services, and supports.	3/28/2022 12:39 PM
7	We regularly meet and support one another especially with placements.	3/28/2022 8:11 AM

Q7 In 2021, MDHHS state-level operations improved or sustained effective collaboration among tribal representatives, local MDHHS and private agency staff.

Answered: 37 Skipped: 0

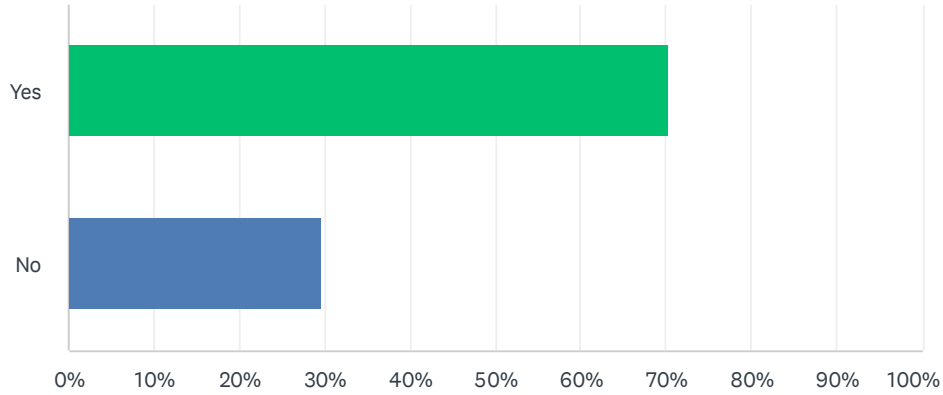


ANSWER CHOICES	RESPONSES
Strongly agree	5.41% 2
Agree	86.49% 32
Disagree	8.11% 3
Strongly disagree	0.00% 0
TOTAL	37

#	EXAMPLES OF EFFECTIVE COLLABORATION OR SUGGESTIONS FOR IMPROVEMENT ARE WELCOME:	DATE
1	Updates provided at all tribal meetings by BSC Directors and CSA Leadership Meetings with PAFC	4/10/2022 10:11 PM
2	On a statewide level, I am unsure if the collaboration has improved/sustained. There is more inclusion, but haven't been able to see the fruits of the labor. I believe we may be getting closer. At the local level for many counties, the operations are improving.	4/6/2022 1:12 PM
3	NA would have been better response, uncertain	4/4/2022 11:52 AM
4	Feels like we talk about the same issues without resolution.	4/3/2022 12:06 PM
5	Added additional Manager specifically towards improving communication with tribes and collecting tribal input around policy, practice, and data exchanges. Additionally more training on tribal culture was provided at a statewide level for all staff.	3/28/2022 12:39 PM
6	The tribal meetings are very closed door so if you are not invited, it is hard to say.	3/28/2022 8:11 AM

Q8 Have you reviewed the MDHHS Annual Progress and Services Report 2022 - Tribal Consultation submitted in 2021 pertaining to calendar year 2020?

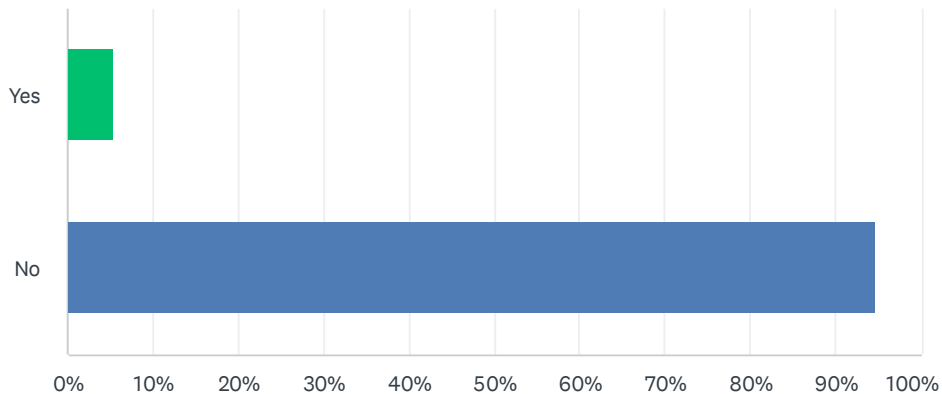
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	70.27%	26
No	29.73%	11
TOTAL		37

Q9 Do you have any comments regarding the APSR 2022 - Tribal Consultation submission?

Answered: 37 Skipped: 0

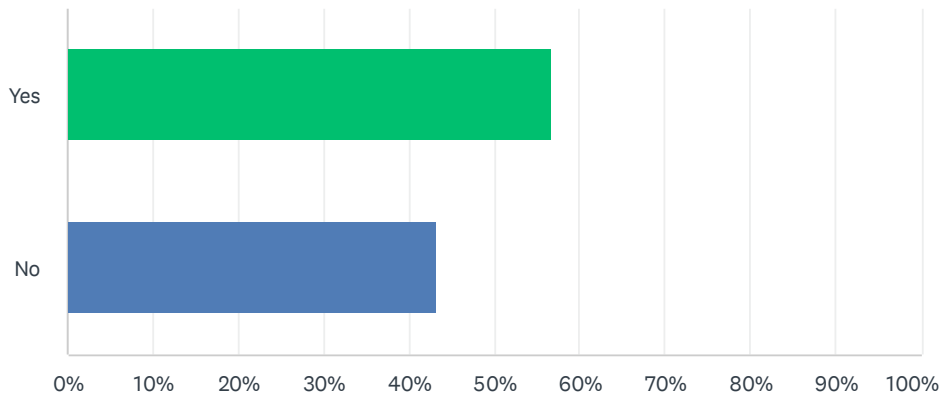


ANSWER CHOICES	RESPONSES	
Yes	5.41%	2
No	94.59%	35
TOTAL		37

#	COMMENTS	DATE
1	Not reviewed yet.	4/7/2022 11:50 AM
2	Were all directors invited to the Governor's Tribal Summit? Can local counties receive a breakdown of the ICWA audit data?	4/6/2022 1:12 PM
3	There should be more collaboration with CCWIS development.	4/4/2022 4:56 PM
4	I had not yet had the opportunity to fully review the APSR 2022 prior to taking this survey. I now plan to do so since I have now obtained a copy.	3/30/2022 2:41 PM

Q10 Have you reviewed the 2023 Annual Progress and Services Report (APSR) - Tribal Consultation suggested changes?

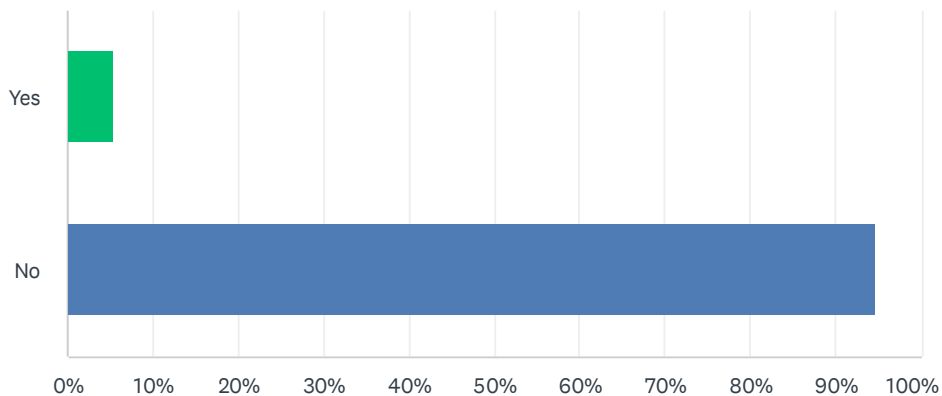
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	56.76%	21
No	43.24%	16
TOTAL		37

Q11 Do you have any questions or suggestions pertaining to the 2023 APSR - Tribal Consultation suggested changes?

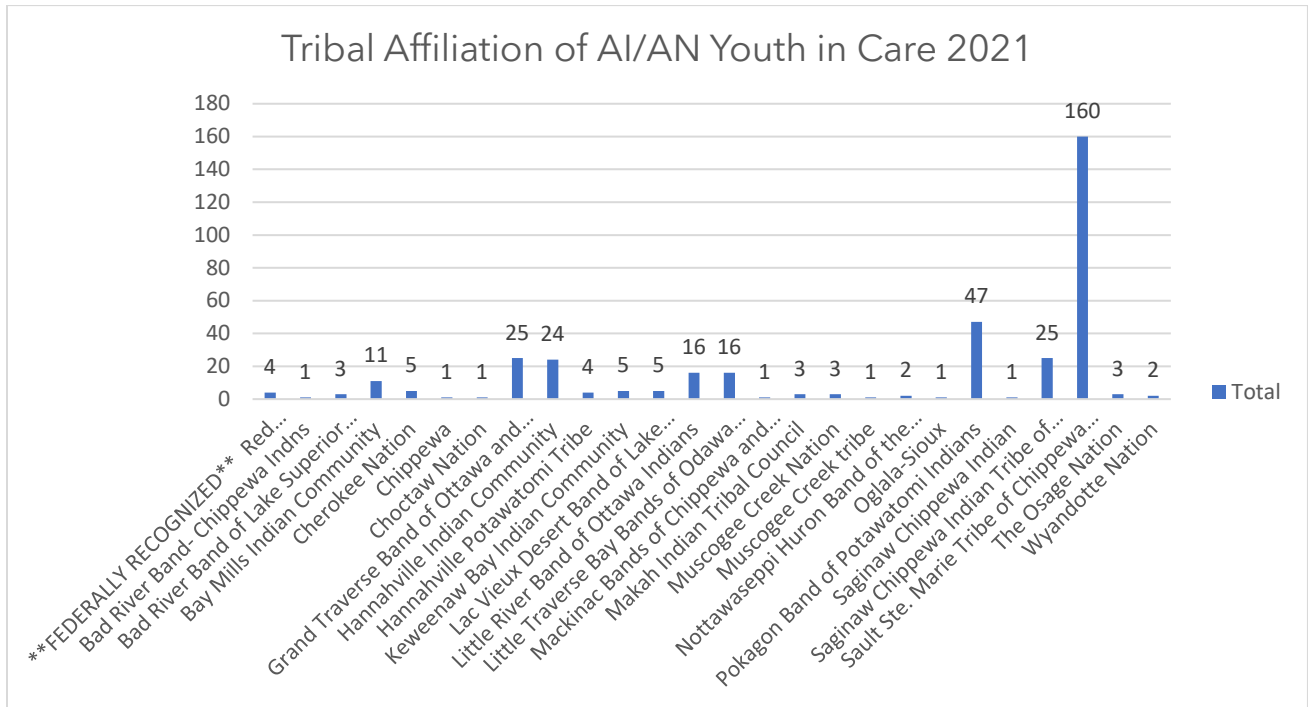
Answered: 37 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	5.41%	2
No	94.59%	35
TOTAL		37

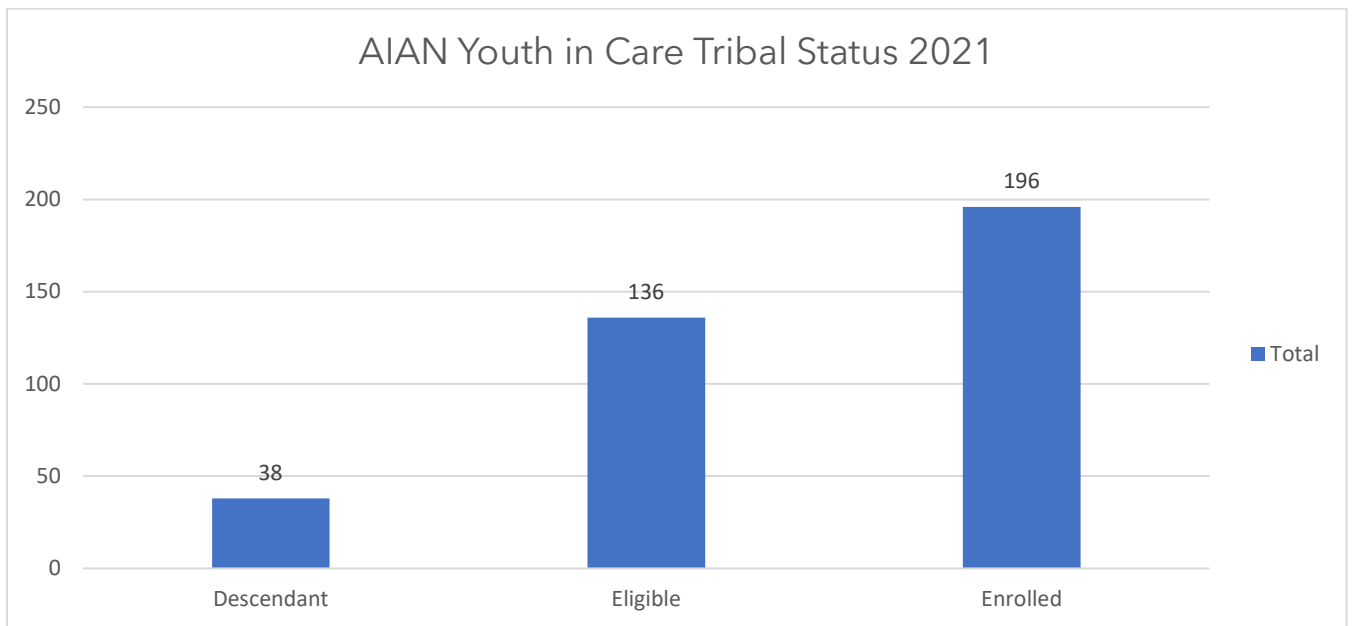
#	COMMENT	DATE
1	not reviewed yet	4/7/2022 11:50 AM
2	Can directors attend the Governor's Tribal Summit? Can local counties receive a breakdown of the ICWA audit data?	4/6/2022 1:12 PM
3	Not at this time but will be happy to provide more feedback during consultations.	4/4/2022 4:56 PM
4	I look forward to hearing more about how these suggested changes can be realistically implemented.	3/30/2022 2:41 PM
5	Not until i have read it.	3/28/2022 8:11 AM

Child Welfare Data on Native American Children

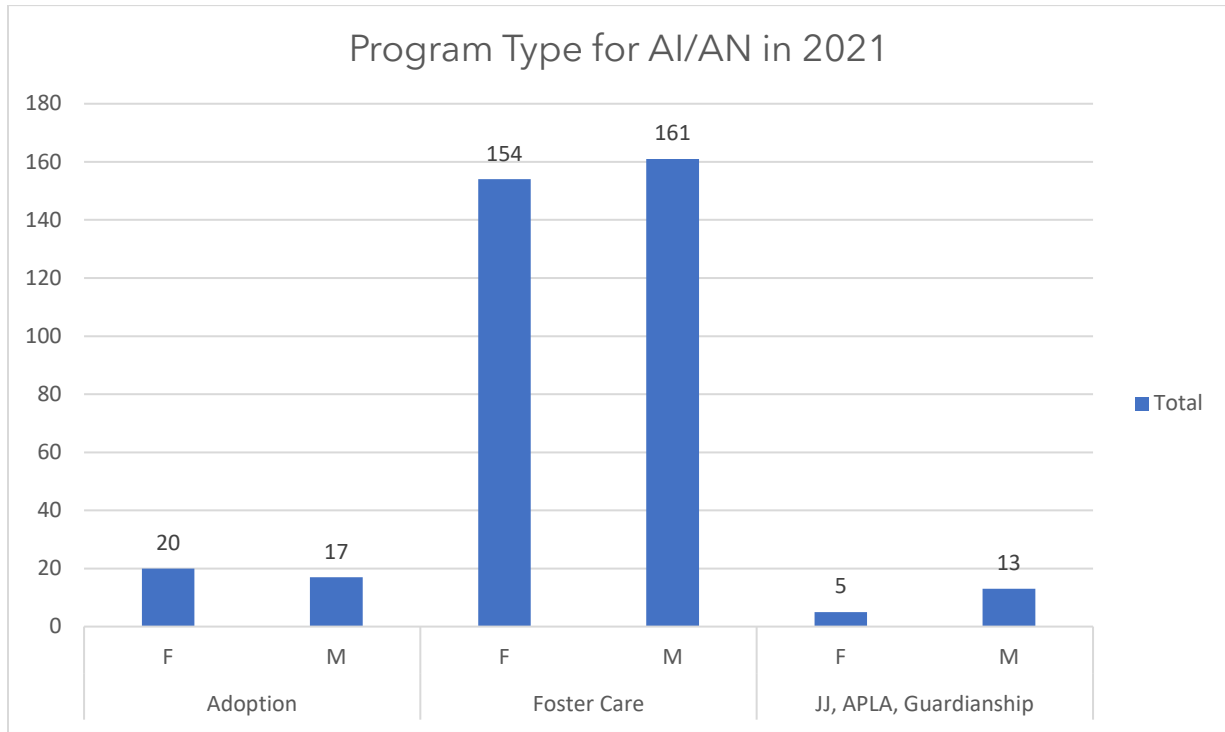


The above graph shows the tribal affiliation of Native American children in foster care in Michigan in 2021. Total Native American children in foster care in 2021 was 370.

The graph below shows the tribal status of Native American children in foster care in Michigan.



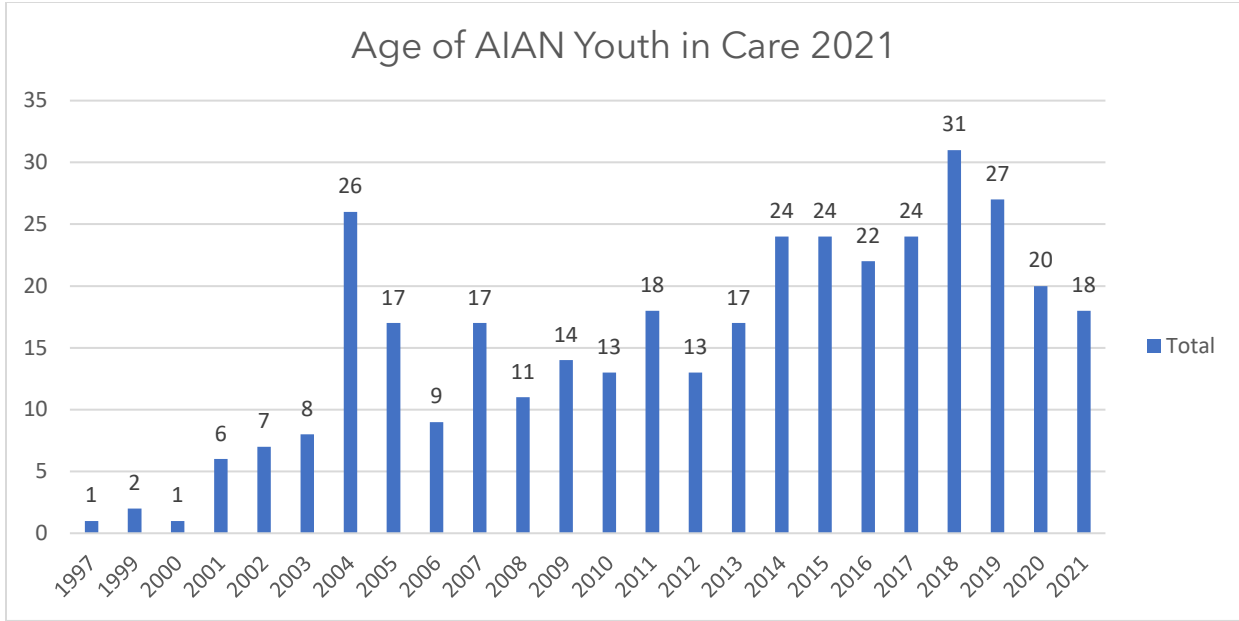
Child Welfare Data on Native American Children



The above graph shows the gender ratio of Native American children in foster care in Michigan in 2021.

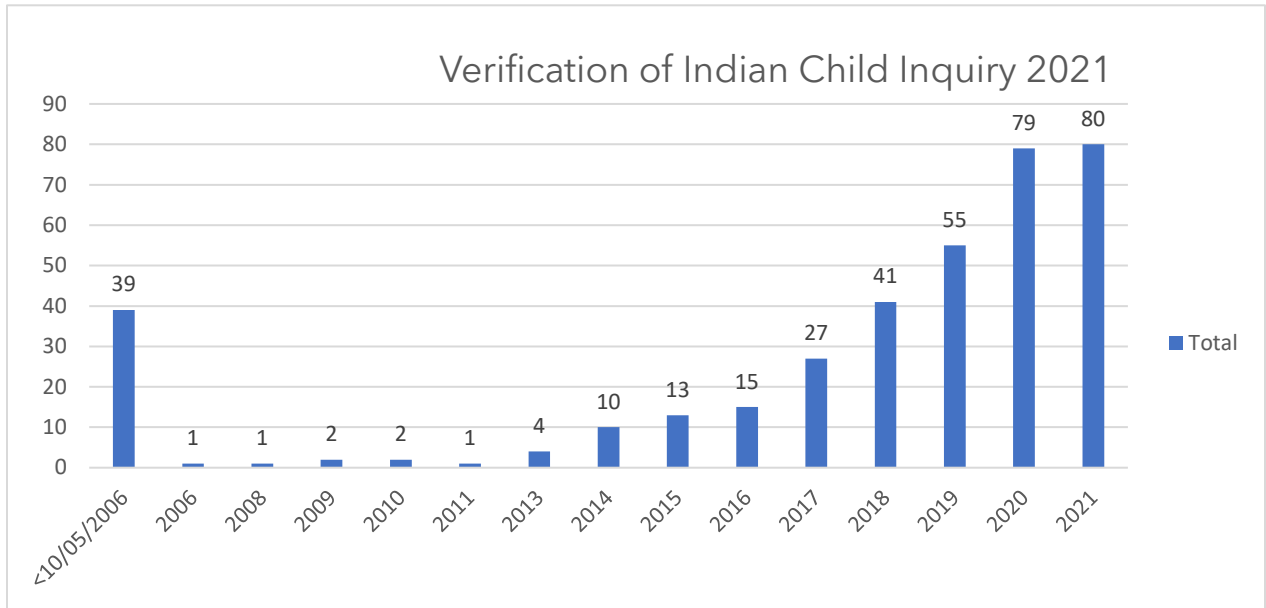
The graph below shows the year of birth of the Native American children in foster care in Michigan in 2021.

Child Welfare Data on Native American Children



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

Objective 1: MDHHS will increase the number of children identified as AI/AN at the onset of cases statewide.

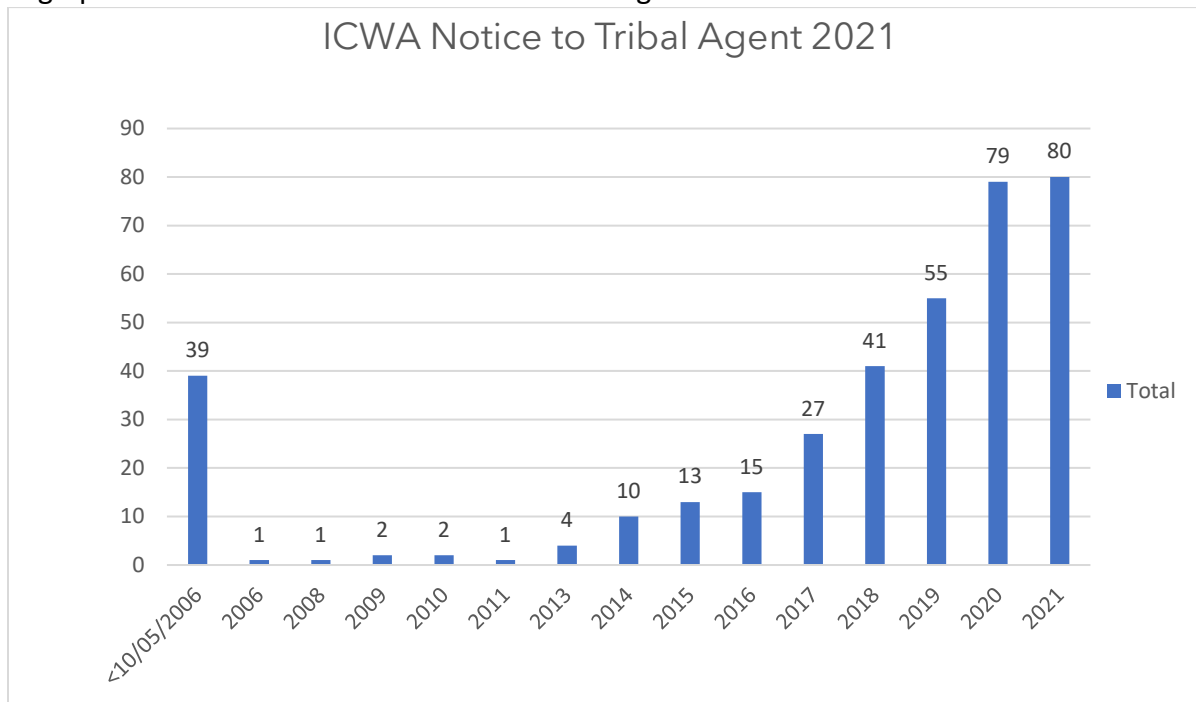


The above graph shows the number of Native American children whose case records document verification of Indian child inquiry occurrence for tribal children in care in 2021.

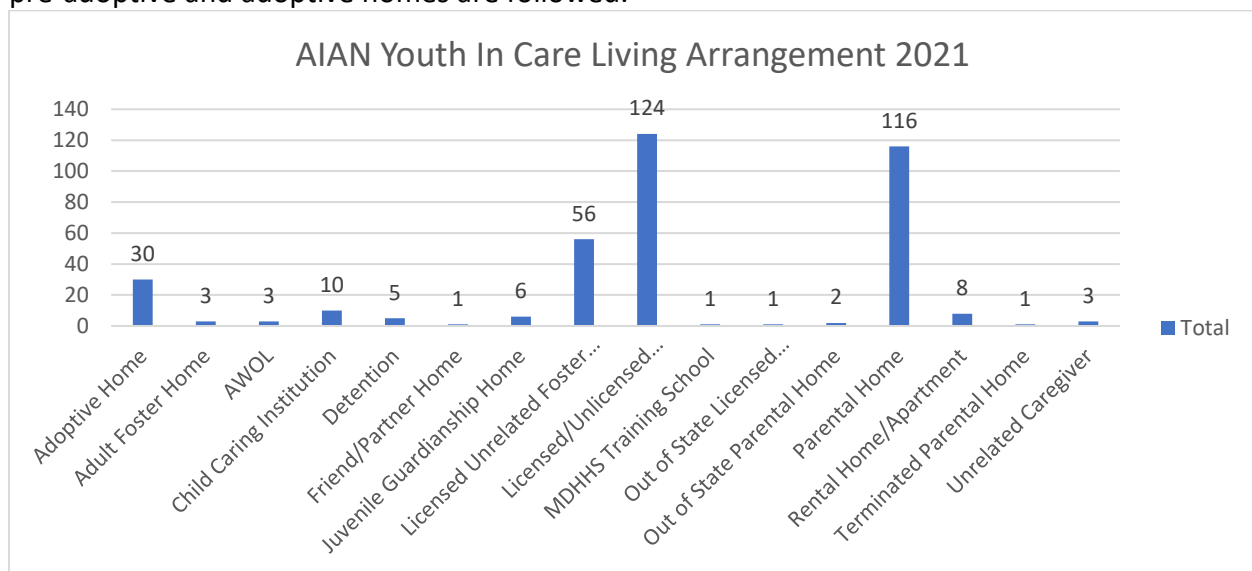
Objective 2: MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and will inform them of their right to intervene in the proceeding.

Child Welfare Data on Native American Children

The graph below indicates ICWA Notice to Tribal Agent for tribal children in care in 2021.



Objective 3: MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.

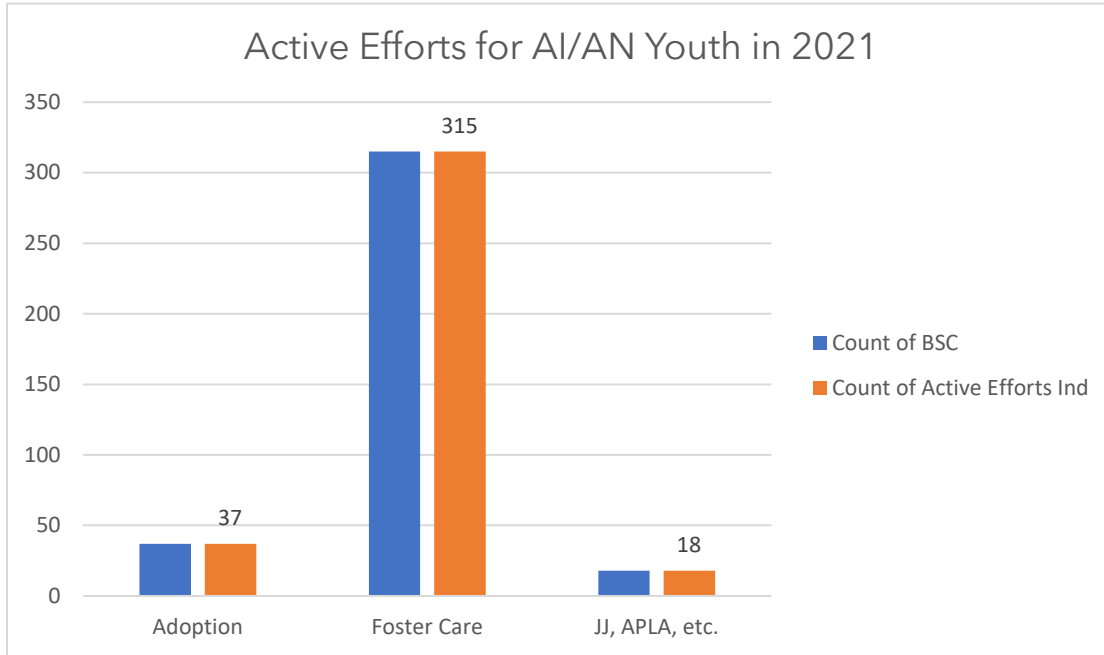


The above graph shows the number of Native American children in foster care in Michigan by placement type.

Child Welfare Data on Native American Children

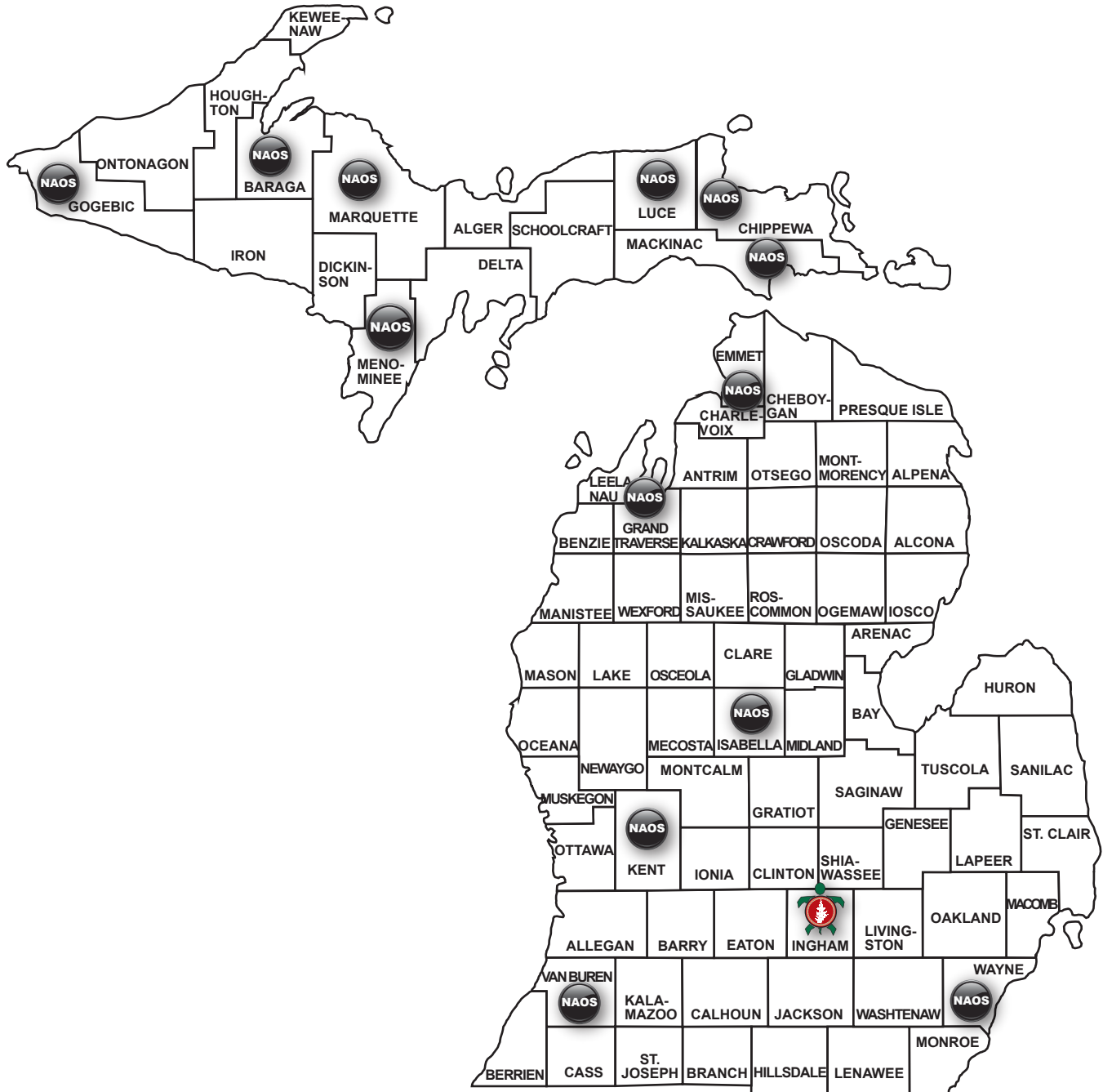
Objective 4: MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place an Indian child in foster care or adoption.

The graph below depicts the number of Native American children whose case record shows active efforts were made to prevent the breakup of an Indian family or to reunify an Indian family in 2021.





Native American Affairs (NAA) and Native American Outreach Services (NAOS) Map and Legend Michigan Department of Health and Human Services



Refer to legend.



Office of Native American Affairs

Stacey Tadgerson **
Departmental Specialist, Native
American Affairs

TadgersonS@michigan.gov
517-335-7782
Fax: 517-335-6618

Grand Tower Building
Central Office
235 S. Grand Avenue
Suite 1315
PO Box 30037
Lansing, MI 48909



**Baraga/Houghton/Keweenaw
County MDHHS**

Isabelle Welsh *
Native American Outreach Worker

WelshI@michigan.gov
906-353-4705
Fax: 906-353-8415

108 Main Street
PO Box 10
Baraga, MI 49908



**Antrim/Charlevoix/Emmet
MDHHS County**

Lisa Kurtz-Tollenaar *
Native American Outreach Worker

KurtztollenaarL@michigan.gov
231-445-8082
2229 Summit Park Drive
Petoskey, MI 49770



**Benzie/Grand Traverse/
Kalkaska/Leelanau/Manistee
County MDHHS**

Sequetta Brand *
Native American Outreach Worker

brands1@michigan.gov
231-463-3059

701 S. Elmwood, Suite 19
Traverse City, MI 49684



Chippewa County MDHHS

Justin Teeple *
Native American Outreach Worker

TeepleJ1@michigan.gov
906-298-1862
Fax: 906-635-4173



Gogebic County MDHHS

Daniel Roberts *
Native American Outreach Worker

RobertsD3@michigan.gov
906-285-2956

301 E. Lead Street
Bessemer, MI 49911



Isabella County MDHHS

Chrystina Lightfoot *
Native American Outreach Worker

Lightfootc1@michigan.gov
989-264-5033
1919 Parkland Drive
Mt. Pleasant, MI 48858



Kent County MDHHS

Brenda Rygg *
Native American Outreach Worker

RyggB@michigan.gov
616-340-7656
Fax: 616-248-1038

121 Franklin, SE
Grand Rapids, MI 49507



Luce County MDHHS

Native American Outreach Worker

500 W. McMillan, Suite A
Newberry, MI 49868



Mackinac County MDHHS

Ronda Engle *
Native American Outreach Worker

EngleR@michigan.gov
906-250-9178
Fax: 906-643-7467

199 Ferry Lane
Ignace, MI 49781



**Alger/Marquette/Schoolcraft
County MDHHS**

Timothy Derwin *
Native American Outreach Worker

DerwinT@michigan.gov
906-235-8649
Fax: 906-228-3393

234 W. Baraga Avenue
Marquette, MI 49855



Menominee County MDHHS

Wendy Mojzych *
Native American Outreach Worker

MojzychW@michigan.gov
906-863-1406
Fax: 906-863-7426

2612 Tenth Street
Menominee, MI 49858



Van Buren County MDHHS

Greg Morsaw *
Native American Outreach Worker

MorsawG@michigan.gov
269-621-2802
Fax: 269-621-2962

PO Box 7
CR 681
Hartford, MI 49057



Wayne County MDHHS

Michelle White *
Native American Outreach Worker

WhiteM2@michigan.gov
313-931-6395
Fax: 313-931-6438

MDHHS - CFS Western Wayne
27540 Michigan Avenue
Inkster, MI 48141

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

Introduction

Infants, children, and youth from various ethnic and cultural backgrounds need foster and adoptive homes. Michigan's demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of adoptive and foster homes that reflect the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoption is a strength in Michigan, and MDHHS' state-administered structure ensures a smooth process for placement of children across county and regional jurisdictions.

At any given time, Michigan has approximately 11,000 children in foster care and relies on public and private child-placing agencies to find temporary and permanent homes for these children.

Michigan has 79 contracts with child-placing agencies for foster care case management and 63 contracts with agencies for adoption services that cover all areas of the state. These contractors work with potential foster and adoptive parents in a flexible manner to ensure all interested persons have access to agency services regardless of their financial status.

Reaching Out to All Areas in the Community

The Bureau of Out-of-Home Services provided materials and data to each of Michigan's 83 counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans for 2022. Each county received data regarding:

- Demographics of children in care by county
- Children entering and exiting care by county
- Total number of foster homes licensed by county
- Foster home closures by relative and non-related foster homes
- Data to complete the Foster Home Estimator, a foster home needs assessment tool

Counties and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities, and key foster/adoptive/kinship parents is necessary to determine overall recruitment needs, goals, and actions steps.

Additionally, all agencies were provided an opportunity to participate in training created to enhance foster family recruitment and retention efforts. Training was provided that included the following topics:

- Targeted Recruitment
 - Foster home recruitment of tribal homes
 - Foster home recruitment in the LGBTQ community

APSR 2023 Attachment M

- Foster home recruitment in different religious communities
- Targeted recruitment by zip code, school district, or neighborhood
- Recruitment of homes for adolescents and sibling groups
- Foster home recruitment for children with special needs
- Best practices for targeted foster home recruitment
- Utilizing data to enhance the value of a recruitment and retention plan
- Understanding the data being evaluated for annual recruitment goal establishment
- Caregiver engagement, support, and development strategies to increase foster home retention

In 2021, each county’s licensing goal was analyzed, quarterly targets were established, and monthly updates were provided to assist counties in monitoring their progress toward meeting their unrelated licensing goal.

In 2021, MDHHS collected and analyzed trends on new licenses, closed homes and the number of relative homes compared to non-relative homes.

- The Division of Child Welfare Licensing issued 1,496 new foster home licenses, a decrease of 77 from 2020.
- Of new licenses, 1,125 accept unrelated placements, a decrease of 63 from 2020.
- On Oct. 1, 2010, there were 5,620 licensed foster homes. On Sept. 30, 2021, 4,041 of those licensed foster parents remained licensed, which is a 72 percent retention rate, and a two percent retention rate increase from FY 2020.
- The number of homes that closed was 1,656, a decrease of 247 from 2020.
- Each month, approximately 100 to 200 surveys are sent to foster parents whose foster home closed during the previous month. These surveys are conducted to gain an understanding of the reasons the homes closed, what services were beneficial to the families and whether additional support was needed.

The results of the closed home surveys show the majority of homes closed voluntarily. The top reasons foster parents closed their licenses were:

- Adoption of the child(ren) placed with them
- Family needs
- Burnout/frustration

The chart below details the trend of licensure and closed homes in urban counties:

County	New Licenses			Closed Homes		
	FY 2019	FY 2020	FY 2021	FY 2018	FY 2019	FY 2020
Genesee	68	67	45	72	71	65
Kent	110	126	116	114	122	130
Macomb	88	77	88	105	101	83
Oakland	140	136	103	152	145	122
Wayne	216	183	178	229	202	157
Total	622	589	530	672	641	557

The chart below details the type of homes (relative and non-relative) newly licensed in urban counties in 2020:

County	Relative	Non-relative	Total
Genesee	13	32	45
Kent	19	97	116
Macomb	21	67	88
Oakland	22	81	103
Wayne	48	130	178
Total	123	407	530

Statewide and Regional Recruitment Progress in 2021

- Regional Resource Teams were implemented in 2018 and continued to provide services in FY 2021. The six Regional Resource Teams are located across the state and focus on recruiting, developing, and supporting foster families to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, prepare families for the challenges associated with fostering and adoption, and develop existing skills to enable foster families to foster or adopt children with challenging behaviors.
 - Challenges continued to exist during FY 2021 due to the COVID-19 pandemic which created difficulty understanding the best ways for recruiters to continue their work within social distancing mandates. The Regional Resource Teams remained creative during this time and found alternate strategies to continue foster home recruitment, despite not being able to meet with people in person. The strategy found most effective during the pandemic has been hosting online informational sessions. These sessions were regionally advertised on social media and through other online platforms. Those interested were able to join these sessions, hear information directly from a current foster parent, and receive answers to their questions about foster parenting. The Regional Resource Teams have utilized this strategy to host targeted recruitment events in specific communities as well as host general myth-busting sessions. Once social distancing mandates allowed for limited in-person contact, the Regional Resource Teams were able to implement drive-through events where they distributed “goody bags” that contained information about becoming a foster parent.
- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2021 Heart Gallery Opening was held in person while being live streamed on Sept. 18, 2021 and featured 79 children who were photographed by 31 photographers from around the state.
- The Michigan Adoption Resource Exchange (MARE) hosted Heart Gallery events statewide.
- MDHHS held its eighth annual Foster, Adoptive, and Kinship Parent Conference in

collaboration with the Foster, Adoptive, and Kinship Parent Collaborative Council. The conference was offered online and was attended by foster, adoptive, and kinship parents from communities throughout the state.

- The Community and Faith-Based Initiative on Foster Care and Adoption (CFBI) collaborated with faith communities. This initiative worked with Faith Communities Coalitions on Foster Care located in nine different regions. In 2021, the coalitions distributed over \$15,000 worth of goods and services benefitting youth and families experiencing foster care to 25 organizations and agencies. Additionally, the coalitions distributed physical donations, including baby care kits and equipment, care kits for youth entering foster care, books, clothing and shoes, bedding and other home goods, suitcases, school equipment and supplies, handmade face masks, and suitcases.
- Many partners of the CFBI transitioned to virtual meetings due to the pandemic. The Faith Communities Coalition on Foster Care hosted their monthly meetings during evening hours via Zoom.
- A local minister continued to provide handmade face masks to the Wayne County child welfare staff.
- The CFBI statewide coordinator continued to meet in-person with many community and faith-based leaders. A new partner was introduced and has provided hundreds of care bags for children and infants entering care. Through leadership at Woodside Bible Church-Troy Campus, CFBI hopes to begin collaboration efforts between multiple organizations.
- The CFBI Advisory Council chair continued to meet with the CFBI statewide coordinator regarding plans to host four FY 2022 community and faith-based trainings at Assembly of God congregations wanting to start foster/adoptive care ministries within their churches. The trainings are open to the public for all denominations, organizations, businesses, and groups to attend. The second day of the training consists of a Family Fun Day with approximately \$20,000 worth of equipment, inflatables, and donations for foster families within Washtenaw, Jackson, Genesee, and Macomb counties to build community support. Many volunteers have already received trauma informed training. In Washtenaw County, three congregations agreed to volunteer for the Family Fun Day event. An invitation will be made for current and potential new community and faith partners to attend the training and/or Family Fun Day. If other congregations share an interest in hosting a Family Fun Day at their congregation, CFBI will assess additional training/events dates in Fall 2022.
- An Oakland County congregation donated over 2,400 “comfort bags” which included duffle bags with a fidget toy, books, a blanket, pajamas, and toiletry items. CFBI reached out statewide to the Regional Resource Teams, Community Resource Coordinators at the MDHHS county offices, and private agencies to schedule nearly 1,500 bags to be picked up from the church.
- The Community and Faith-based Initiative on Foster Care and Adoption will participate on the steering and sub-committee of the KINDER-CARES program. KINDER-CARES stands for Kinship Network Development, Empowerment and Resilience and Connection and Relationship Enhancement through Shared Parenting. Spaulding for Children, in

partnership with MDHHS, Macomb County DHHS, and Michigan State University was awarded a federal grant to develop a framework to provide training and support to kinship families, foster parents, parents and their children/youth who are working toward a goal of reunification. KINDER-CARES is a six-component program based on and in alignment with becoming a family-focused system. To aid in the development of this program, CFBI is recruiting volunteer experts to participate in committee meetings, share their expertise, knowledge, and insights toward the development of a quality framework that will provide training and support to kinship families, foster parents, and parents and their children/youth who are working toward a goal of reunification.

- CFBI continues to work in collaboration with other MDHHS divisions and work units. Recently, information was received regarding the opportunity for faith-based organizations interested in engaging activities to support COVID-19 vaccine/booster access for individuals 60 and older and/or individuals with disabilities of any age may be eligible to receive a grant of up to \$15,000. Grants will be administered by MDHHS, the Behavioral and Physical Health and Aging Services Administration, and the Office of Community and Faith Engagement, in partnership with the Michigan Public Health Institute.
- CFBI participates as often as possible at the NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience) Collaborative Council monthly meetings as well as the Communications Advisory Committee meetings.
- CFBI makes efforts to transition and sustain relationships between the statewide Regional Resource Teams and community and faith organizations.
- In January 2022, the CSA executive director introduced CFBI to a community faith leader who is interested in connecting with a private child-placing agency interested in working with the Orthodox Jewish community. A connection was made with Orchards Children's Services which was founded by the National Council of Jewish Women Greater Detroit Section. CFBI facilitated introductions that led to families beginning the process to become licensed foster parents.
- MARE held virtual and in-person "meet and greet" recruitment events for most of the year that provided an environment for families to meet children available for adoption without an identified adoptive family.
- The template for the Adoptive and Foster Parent Recruitment and Retention Plan was revised in 2020 to include additional information about event goals and expected collaboration. The revisions also provided more instruction, added definitions, and simplified multi-part questions to improve reporting on recruitment and retention plans, events, and activities.

Using Foster and Adoptive Parents for Recruitment Progress in 2021

- The Foster Care Navigator program assisted families who inquired about becoming licensed foster parents to navigate the licensing process, locate resources, and understand the licensing rules and needs of children in foster care.
- Foster care navigators continued to serve as a resource for mentoring and supporting

relatives seeking to undergo the licensing process. In 2021, approximately 825 new family inquiries were received through the Foster Care Navigator program.

- The Foster Care Navigator program was included in the Regional Resource Team contracts. This allowed navigators to assist families in each region of the state.
- The Foster Care Navigator Program continues to show its effectiveness and fulfil its purpose as a mentoring program for families working toward licensure. All Foster Care Navigator regions expressed that families need assistance post-licensure, and that mentorship would be a valuable resource for new families. In 2021, the Foster Care Navigator program began offering post-licensure mentorship assistance to caregivers.
- MDHHS continued to lead the Foster, Adoptive, and Kinship Parent Collaborative Council. The council is a collaboration of MDHHS, tribes and parent-led organizations that focuses on connecting foster, adoptive, and kinship parents to resources, education, and training.

Addressing Barriers to Adoption

Progress in 2021

- MDHHS continued to provide post-adoption services statewide in 2021 through eight regional Post-Adoption Resource Center contracts. Post-adoption services include case management, family support and support groups, coordination of community services, information, and referral. Beginning in 2016, post-adoption services hosted annual conferences in their regions to support and educate adoptive parents.
- The MARE Match Support Program is a statewide service for families who have been matched with a child from the MARE website and are in the adoption process. Match Support Program specialists provide up to 90 days of services to families by referring them to support groups, educational opportunities, and community resources. During 2021, the Match Support Program continued to serve over 34 pre-adoptive families.
- Adoption navigators are experienced adoptive parents who offer guidance and personal knowledge to potential adoptive families. Adoption navigator services continued to be provided through MARE.
- Adoption navigators host quarterly Waiting Family Forums for families who have been approved to adopt and/or those in the home study process. The forums are an opportunity for the families to learn what they can do to make the most of the wait time, learn ways to strengthen their inquiries, gain tips on how to effectively advocate for their family and meet other families waiting to adopt. During 2021, waiting family forums continued to be held virtually and showed a slight increase in attendance due to availability to a larger geographical area.
- Adoption Call to Action efforts have been made toward addressing competing party delays through a competing party workgroup and policy modification.

Recruitment of Foster and Adoptive Parents for Diverse Youth

Michigan relies on public and private child-placing agencies to find temporary and permanent homes for children in foster care. Adoption agencies match recruitment efforts to community needs, including addressing language barriers to facilitate the licensing and adoption process.

Progress in 2021

- Technical assistance continued to be provided by AdoptUSKids to increase Michigan's pool of foster, adoptive, and relative families and improve the satisfaction of families.
- The Bureau of Out-of-Home Services provided data and technical assistance to the six Regional Resource Teams to assist them in creating targeted recruitment strategies in each community within the state. Recruitment strategies targeted varying ethnic groups, the LGBTQ community, and underserved neighborhoods.

Planned Activities for 2023

- MDHHS will implement best practices as recommended by the Diversity, Equity, and Inclusion program to enhance the annual targeted recruitment training for licensing and adoption specialists and supervisors.
- MDHHS will complete a data analysis of race for currently licensed foster homes by county and compare these data points to children in care in the same county. MDHHS will also provide technical assistance and training to counties with a disparity in these data sets on how to recruit foster homes from underserved communities.
- MDHHS will update the Annual Adoptive and Foster Parent Recruitment and Retention plan template to address barriers and efforts by the county to move families through the licensing process more efficiently and to increase focus on creating community awareness and presence through consistent targeted recruitment activities and events.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Providing well-coordinated, comprehensive, trauma-informed health services to children in foster care requires sustained commitment to collaboration among state departments, non-governmental advocacy organizations, and the medical and mental health community. This commitment must extend throughout each level, from the child and family served to organizational leadership. To support children in foster care achieving and maintaining health and well-being, it is critical to develop child welfare policy, infrastructure and oversight that supports caseworkers and aligns with the best available evidence about effective service delivery. The child welfare system depends on its partners to develop and implement systems of care supporting the well-being of children in foster care. Achieving well-being outcomes is important to support and sustain permanency and safety.

Health Care Oversight and Coordination Plan Planned Activities for 2023

- MDHHS will maintain health liaison officers (HLO) who focus on addressing system barriers to the provision of quality physical and behavioral health care at the county level.
- MDHHS will hold regular conference calls and meetings between the Child Welfare Medical and Behavioral Health unit with HLOs to provide policy and practice updates. Training and technical assistance to HLOs will be provided by the Child Welfare Medical and Behavioral Health unit.
- MDHHS will provide training and technical assistance to local office staff to ensure timely Medicaid opening and accurate/timely documentation of health care activities in MiSACWIS.
- MDHHS will provide instructor-led and computer-based training for staff on the health needs of children in foster care and how to document needs and services.
- MDHHS will provide and update a brochure, "Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services," to foster and relative providers at placement to outline health care requirements.
- MDHHS will provide ongoing outreach/education/technical assistance to the primary care community.
- MDHHS will require trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- MDHHS will monitor the impact of the recent change in dental policy to comport with American Dental Association standards recommending that dental examinations start when a child is 1-year-old.
- MDHHS will implement quality improvement activities based on the results of a psychiatric documentation profiling project recommended by a physician leadership work group focusing on standardizing and improving the documentation of psychiatric care.
- MDHHS will continue implementation and quality improvement effort protocols to support the dissemination of youth health information documentation during care transitions.

- MDHHS will continue to update and expand content in the new child welfare health website: www.michigan.gov/childwelfare.
- MDHHS will pilot enhanced treatment foster care and analyze program effectiveness for possible expansion.
- MDHHS will host an exhibit table at physician groups annual conferences with information about health needs and policy for children in foster care.
- MDHHS will complete monthly case reviews for a sample of children receiving psychotropic medications to ascertain whether prescription of psychotropic drugs to foster children is being monitored within policy requirements. MDHHS will ensure the results of these reviews are communicated to the county of jurisdiction to improve overall practice and provision of services in this area.
- MDHHS will monitor the impact of COVID 19 and immunization compliance and provide guidance to the field.
- MDHHS will participate in the Centers for Medicare and Medicaid Services Affinity Group to improve timeliness of medical and dental exams for children in foster care.

Well-Being – Health

Every child entering foster care must receive a comprehensive medical examination including a behavioral/mental health screening within 30 calendar days from the child’s entry into foster care, regardless of the date of the last physical examination.

- Every child must receive periodic and annual medical exams as outlined in the current American Academy of Pediatrics Periodicity Schedule.
- All children re-entering foster care after case closure must receive a full medical examination within 30 days of the new placement episode.
- Every child entering foster care ages 1-year and older must have a dental examination within 90 days of entering foster care, and yearly thereafter, unless one was completed in the six months prior to foster care entry.
- All children must have a medical home.
- The foster care worker must ensure recommended follow-up health care.
- The foster care worker must complete and update the medical passport and share it with health providers.

Well-Being – Mental Health

- Every child under 3-years identified as a victim in a CPS Category I or II case must be referred for Early On assessment. Children with pre-existing medical conditions must be referred to Early On regardless of CPS case status.
- Every comprehensive medical examination must include a psychosocial/behavioral assessment per the American Academy of Pediatrics Periodicity Schedule.
- Foster care workers must ensure that each child obtains any recommended mental health care assessment and treatment services.
- Each child and family must participate in formal trauma screening as outlined in MDHHS policy. Based on the results of each screening, the caseworker must ensure that the child receives services appropriate for that clinical pathway.

Psychotropic Medication Oversight

- Every child must participate in screening and receive a comprehensive mental health assessment when indicated.
- Every child in need must have access to interdisciplinary treatment that includes psychotropic medications when indicated.
- A rigorous process of shared decision-making and informed consent must occur when psychotropic medications are recommended.
- MDHHS must provide oversight of psychotropic medication use as part of interdisciplinary mental health care for children in foster care.
- MDHHS must support providers in engaging in treatments that are consistent with current clinical standards based on evidence and/or best practice guidelines, including appropriate medication monitoring.

Family First Prevention Services Act

- MDHHS must ensure that placement of a child in any setting that is not family foster care is based on the needs of the child as documented in the child’s diagnosis and plan of care provided, and as determined by, an independent assessment provided by a qualified individual.
- MDHHS must ensure that health and mental health documentation is shared with health providers and caregivers to support accurate and comprehensive diagnosis and treatment planning, including decisions regarding placement in a Qualified Residential Treatment Program (QRTP).

Health Care Needs of Children in Foster Care

Addressing the health care needs of children in foster care requires attention to access, continuity, support for youth transitioning into adulthood, tracking data, ensuring accurate and complete documentation, and providing training and technical assistance. The following are steps already implemented or planned to support health care goals:

Access

- **Insurance coverage.** Michigan ensures that all children are enrolled in a Medicaid Health Plan (MHP) upon entry into foster care, and that MHP re-enrollment occurs if needed during placement transitions to ensure access to health care services throughout the time a child is in foster care. MDHHS tracks the enrollment of children in MHPs, and the MDHHS Child Welfare Medical and Behavioral Health unit provides assistance to the field when barriers to enrollment occur. Once successfully enrolled in an MHP, this information is given to foster parents so they can facilitate routine medical services for the children in their care. Increased attention has focused on youth aging out of foster care to ensure the youth have continuation of health coverage upon discharge.
- **Local coordination.** MDHHS recognizes that access to care depends on awareness by health care providers about the health needs of children in foster care and child welfare policy. Coordination is addressed through:

- CPS policy requiring notification of a removal to the HLO within one business day of the removal.
- Requiring HLOs to establish and maintain working relationships with primary care providers to improve access to medical services.
- Building on the outcomes of Fostering Health Partnerships to improve coordination across the systems of care.

Continuity

- MDHHS policy requires foster parents to maintain care with the child's previous primary care provider (i.e., "medical home") unless doing so is impracticable.
- When there must be a shift in the primary care provider, foster care workers must ensure medical information is transferred. For more detail on planning to achieve medical information transfer, see "Ensuring Accurate Documentation and Sharing of Child Health Information" below.
- MDHHS developed protocols to improve the dissemination of health records during transitions in care.

Supporting Youth in Maintaining Care During Transition to Adulthood

- MDHHS extended Foster Care Transitional Medicaid to former foster youth from age 21 to age 26, effective Jan. 1, 2014, and revised information systems to continue Medicaid coverage for current beneficiaries until the age of 26.
- CSA is working with the Bureau of Children's Coordinated Health Policy and Support to update Medicaid policy to reflect the requirements of the Support for Patients and Communities Act offering Foster Care Transitional Medicaid to all eligible former foster youth regardless of which state they lived in when they aged out of foster care to be effective Jan. 1, 2023.
- Caseworkers discuss Foster Care Transitional Medicaid with youth at the 90-day discharge planning meeting. A publication is given to the youth that discusses medical insurance and the Michigan.gov/Foster Youth in Transition website has information about Foster Care Transitional Medicaid eligibility.
- Michigan foster care policy, website, and publications will be updated to reflect the changes by Jan. 1, 2023.
- MDHHS distributed Affordable Care Act Medicaid extension information to post-secondary education programs with independent living skills coaches and campus coach programs.
- MDHHS included information on the Affordable Care Act in Fostering Success Michigan's informational webinar and forwarded it to their distribution group.
- Through collaboration with the State Court Administrative Office (SCAO), the initial removal order includes an order for parents to sign releases for medical records transfer within seven days from the court hearing.
- MDHHS provides foster children with the option to execute Durable Power of Attorney and distributes a brochure that explains the purpose of a Durable Power of Attorney and how to attain one. Other efforts include development of a page for the Foster Youth in Transition website that includes:
 - How to choose a patient advocate

- A brochure explaining Durable Power of Attorney
- The purpose of a Durable Power of Attorney
- Frequently asked questions
- A link to the Michigan State Bar website for additional information
- The MDHHS Child Welfare Medical and Behavioral Health unit continues to support child welfare field personnel in assisting transition-age youth to apply for Supplemental Security Income (SSI) when indicated.
- The MDHHS Child Welfare Medical and Behavioral Health unit coordinated with the Bureau of Children’s Coordinated Health Policy and Support to create guidelines for Community Mental Health (CMH) service providers and MDHHS local offices when a youth is transitioning to adult foster care.

Data Analysis/Tracking Timeliness

MDHHS ensures that all children in foster care receive routine comprehensive medical examinations according to nationally accepted Early and Periodic Screening, Diagnosis, and Treatment guidelines as outlined by the American Academy of Pediatrics. Foster care policy outlines expectations for completion of medical and dental examinations and immunization status. MDHHS actions to meet this goal include:

- Monitoring and addressing any systemic barriers to the assignment of a child to a Medicaid Health Plan at placement.
- Providing data to local offices through the Monthly Management Report and Book of Business to help gauge adherence to policy and assist with local planning efforts to address any gaps.
- MDHHS participating in the Centers for Medicare and Medicaid Services Affinity project to improve timeliness of medical and dental exams for children in foster care.

Ensuring Accurate Documentation and Sharing of Child Health Information

Health providers must have a comprehensive health history of a child to make accurate diagnoses and develop an appropriate care plan. The medical passport is one of several tools that child welfare and health care provider teams employ to communicate health history, needs and services during the time children are in foster care.

- The medical passport must be provided to a new health provider at or before the first appointment with the child. The medical passport prints from MiSACWIS and includes the following information:
 - Current primary care physician, dentist, and insurance information
 - Allergies
 - Diagnosis (active and resolved)
 - Medications
 - Health history
 - Health appointments, including behavioral health appointments in the last 18 months
 - Developmental/behavioral concerns
- CareConnect360 is a software system that allows authorized users to view health-related information from Medicaid claims. Health liaison officers, county-based foster

care workers and supervisors, private agency foster care workers and supervisors and juvenile justice workers and supervisors are required to obtain access to CareConnect360. The Child Welfare Medical and Behavioral Health unit works with Children's Services Administration to achieve 100 percent enrollment and use of CareConnect360.

- Caseworkers and supervisors must know how to obtain details of health history that are not provided by examining Medicaid claims data from CareConnect360. Doing so requires engaging parents and caregivers in consenting to release information, engaging health care offices in providing health care information and transferring information from health records into the appropriate data elements in MiSACWIS. Building knowledge and skills is a joint effort between the Child Welfare Medical and Behavioral Health unit, CSA, and the Office of Workforce Development and Training.

Training and Technical Assistance

The Child Welfare Medical and Behavioral Health unit provides training and other technical assistance to support best practices in achieving health outcomes including:

- Caseworker and supervisor training for the use of CareConnect360, entering health information in MiSACWIS, and engaging children and families in children's health care services is available in the learning management system. New training is developed and provided based on a review of data, e.g., the Monthly Management Report describing compliance with medical and dental appointment standards, outreach to the field and feedback from system partners.
- Training for new health liaison officers.
- Health liaison officer quarterly training that provides updates on policy and in-depth information on health-related topics.
- Outreach to health care providers via exhibiting at professional meetings, contributing to organization newsletters, and publicizing web-based materials related to the health needs of children in foster care.
- Advising foster care/adoption policy and recruitment/retention personnel on health-related information that should be included in training for foster parents and contract requirements for foster care provider organizations.

Mental Health Care Needs

Circumstances leading to foster care significantly raise the likelihood that children in foster care will experience emotional and behavioral challenges requiring mental health services. These circumstances highlight the need for early and periodic mental health screening, and when indicated, assessment and referral for appropriate mental health treatment. Screening for mental health problems during yearly and periodic well-child examinations may provide the first indication of need for children in foster care.

Following updates to the American Academy of Pediatrics Bright Futures Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines that include a requirement for emotional/behavioral health screening, CSA is working with internal (Behavioral and Physical Health and Aging Services Administration) and external Michigan Chapter of the American

Academy of Pediatrics (MIAAP) partners to ensure that these requirements are incorporated into routine well-child care and subsequent referral and case planning.

MDHHS works with partners to ensure that case planning and interventions are trauma informed. MDHHS developed protocols for trauma screening to expand access to trauma-informed clinical assessments and comprehensive team and trans-disciplinary assessments. MDHHS developed policy, protocols, and training to ensure that trauma screening results in appropriate follow up, including completing assessments and ensuring that information gathered is integrated into service plans and with medical and mental health treatment. MDHHS has contracts with seven providers for statewide comprehensive trauma assessment services. The following actions are implemented or planned to support meeting mental health care needs.

- The MDHHS Incentive Payment program continues to provide funding to the Pre-Paid Inpatient Health Plans (PIHP) for improving access to services within the Community Mental Health System for children in CPS Category I and II determinations and foster care. This program is re-evaluated regularly to maximize the impact of this blended funding.
- The waiver for children with Serious Emotional Disturbance became available statewide effective October 2019. The Child Welfare Behavioral Health Analyst and the Partnership Analyst from the Division of Mental Health Services for Children and Families hold quarterly meetings for MDHHS and Community Mental Health Services Programs (CMHSP) leads and continue to provide technical assistance to local and regional partners to enroll eligible children in services.
- The Fostering Health Partnerships Project Learning Collaborative events engaged child welfare, mental health providers and primary care providers in strategies to address local and regional gaps in access to mental health services for children in foster care. CSA will use the information and outcomes from this project to improve and strengthen the systems of care.

Oversight of Psychotropic Medications

MDHHS continues its commitment to provide oversight and guidance supporting best practices in psychotropic medication use for children in foster care. The Foster Care Psychotropic Medication Oversight Unit continues its primary oversight activities which include:

- Developing and updating databases necessary to track the use of psychotropic medications in the foster care population. This includes tracking individual and aggregate use and reporting on trends based on child characteristics, e.g., age and placement status and clinical diagnosis.
- Tracking informed consent documentation from the field to ensure consent engagement and consent per MDHHS policy.
- Entering psychotropic medication, diagnosis, and physician review information and uploading informed consent documentation into MiSACWIS.
- Facilitating case reviews by physicians.
- Providing technical assistance to the field.

- Witnessing psychotropic medication consents via conference call when the consenting party cannot be present at psychiatric evaluations and medication monitoring appointments.

Psychotropic Medication Data Management

The Foster Care Psychotropic Medication Oversight Unit loads Medicaid claims weekly into a foster care database. The claims are used for monitoring compliance with informed consent policy requirements, updating the health screens in MiSACWIS, determining whether physician review is needed and tracking and analyzing psychotropic medication prescribing trends for children in foster care.

Informed Consent Reconciliation and Outreach

The Foster Care Psychotropic Medication Oversight Unit receives informed consent documents from the field, enters the medication data in MiSACWIS and uploads the consent document into MiSACWIS. The unit also cross-references consent documentation to Medicaid prescription claims and conducts outreach to the field when there are medication claims without accompanying consent documentation. The unit provides monthly reports to each BSC to assist the field with tracking successful completion of informed consent for psychotropic medications.

Psychotropic Medication Physician Review Process

The Foster Care Psychotropic Medication Oversight Unit staff use Medicaid prescription claims to determine whether triggering criteria are met and arrange and track the review process. Pre-review queries are run at least monthly to identify cases where the recommended medication regimen meets established review criteria for a secondary physician review. MDHHS contracts with board-certified child and adolescent psychiatrists to conduct reviews. Physician reviews occur based on the presence of specific medication regimens. Physician reviewer actions depend on the presence or absence of medical concerns based on the medication regimen and/or specific health characteristics and may include:

- No further action when no significant medical concerns are noted.
- Written outreach to the prescribing physician outlining the concerns raised during the review when concerns are present but not serious.
- Verbal outreach to the prescribing clinician when concerns are potentially serious. The unit staff uploads the physician review documentation into MiSACWIS.

Psychotropic Oversight Policy and Procedures

MDHHS develops policy and practice under general principles derived from a review of professional standards of care and child welfare practices in several other states:

- A psychiatric diagnosis based on the current Diagnostic and Statistical Manual should be made before prescribing psychotropic medications.
- Clearly defined symptoms and treatment goals should be identified and documented in the medical record when beginning treatment with a psychotropic medication.
- When recommending psychotropic medication, clinicians should consider potential side effects, including those that are uncommon but potentially severe and evaluate the

benefit-to-risk ratio of pharmacotherapy.

- Except in the case of emergency, informed consent must be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent includes discussion of diagnosis, expected benefits and risks of treatment, common side effects, need for laboratory monitoring, the risk for adverse events, and treatment alternatives.
- Appropriate monitoring of indices such as height, weight, blood pressure, and other laboratory findings should be documented in the medical record.
- Monotherapy regimens for a given disorder or specific target symptoms should be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, functioning, and potential side effects.
- The potential for emergent suicidality should be carefully evaluated and monitored in the context of the child's mental health condition.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist should occur if the child's clinical status has not improved within a period appropriate for the child's clinical status and the medication regimen.
- Before adding additional psychotropic medications, the child should be assessed for medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders, (including substance abuse and general medical disorders) and the influence of psychosocial stressors.
- If a medication is used for a primary target symptom of aggression and the behavior disturbance has been in remission for six months, serious consideration should be given to tapering and discontinuation of the medication. If the medication is continued, the necessity for continued treatment should be evaluated a minimum of every six months.
- The medical provider should clearly document care in the child's medical record, including history, mental status assessment, physical findings, impressions, laboratory monitoring specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan, and intended use.

MDHHS reviews and amends policy in the context of changing general practice standards, new medical knowledge and foster care practice needs across the state. The medical consultant meets monthly with the physician reviewers to examine trends observed during the review process, discuss relevant practice standards, and advise and implement changes in psychotropic medication oversight processes. The medical consultant also convenes a broader group of physician leaders that includes child and adolescent psychiatrists and primary care physicians when needed to inform updates to MDHHS policy and practice. Action steps in planning are:

- Using data from a case review-based profile of psychiatric assessment practices in residential settings to inform the development of quality improvements in psychiatric

assessment and its documentation.

- Developing additional requirements for documentation of monitoring for expected and adverse impacts of psychotropic medications. Once implemented, these standards will be incorporated into child welfare case planning and documentation.
- Expanding the www.michigan.gov/childwelfare website to provide additional guidance to providers based on developments in knowledge and standards of care.

Family First Prevention Services Act

Ensuring Appropriateness of Placement in Qualified Residential Treatment Programs (QRTP)

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

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

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

- Enhanced MiTEAM practice model training and support
- Trauma screening, assessment, and treatment protocols
- Placement Exception Request process
- Regional Placement Unit
- Qualified Individual Assessment process based on the Comprehensive Child and Adolescent Needs and Strengths (CANS) tool and clinical algorithm
- Partnership with Building Bridges Initiative to provide training to QRTP and child welfare staff

Child welfare teams consider several factors when pursuing residential-based services and supports for a child, including the capacity to maintain safety and benefit from treatment in the community. When a child's diagnosis includes medical/mental or behavioral health needs that

cannot be safely met in the community or in a foster family home, a child may be placed in a QRTP. QRTPs must:

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

Ensuring Children in Foster Care Are Not Inappropriately Diagnosed

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

- Requirements for careful and thorough documentation of the child's diagnosis, appointments, and medications in the MiSACWIS health screens because this provides critical information that health care providers need when engaging in assessment and treatment of children in foster care. The MiSACWIS diagnosis screen was updated to include the resolution date of diagnoses that will print on the medical passport.
- When a medical passport is given to new treatment providers, especially those in behavioral health, the information on the passport must be up-to-date.
- Concentration is focused on the careful transfer of health information when children move between hospitals and residential settings and from residential-to-residential settings.
- Prior to placement of a child in a QRTP, caseworkers must prepare a Placement Exception Request that documents supervisor and county director review and approval.
- The child and family worker must provide comprehensive information about the child and family to the Regional Placement Unit (RPU) which reviews and approves a potential QRTP referral.
- A child assessment will be conducted by an independent qualified individual to determine whether QRTP (vs. community-based) level of care is needed to meet the mental/behavioral needs of a child.

Ensuring Periodic Assessment of Ongoing Need for QRTP Services and Supports

- MDHHS contracts with residential providers require that a licensed clinician with a minimum of a master's level degree conduct a bio-psycho-social assessment of a child using evidence-based tools within 30 calendar days following placement.
- The bio-psycho-social assessment ensures placement is based on documented need for the treatment provided in the program and used to develop a treatment plan based on a review of past information with current assessments specific to the child's needs.
- Approval of the MDHHS director is required to maintain placement of any child receiving residential services for 12 consecutive months or 18 nonconsecutive months if 13 or older or six consecutive or nonconsecutive months if under 13 years of age.

Coordination and Collaboration

MDHHS takes a team approach to addressing the needs of children in foster care by working with and soliciting input from a variety of experts that include:

- Michigan Department of Health and Human Services:
 - CSA
 - DCQI
 - CSA In-Home Services Bureau
 - CSA Out-of-Home Services Bureau
 - Office of Workforce Development and Training
 - Behavioral and Physical Health and Aging Services Administration
 - Bureau of Medicaid Policy, Operations, and Actuarial Services
 - Pharmacy Management Division
 - Office of Medicaid Health Information Technology
 - Bureau of Children’s Coordinated Health Policy and Support
 - Provider Support and Community Partnerships Section
 - Strategic Integration Administration
 - MiSACWIS Division
 - CPS Centralized Intake
 - External Affairs and Communication
 - Population Health Administration
 - Children’s Special Health Care Services
- Child Welfare Advocacy Organizations:
 - Michigan Federation for Children and Families
 - Association of Accredited Child and Family Agencies
- Community-Based Professional and Advocacy Organizations:
 - American Academy of Pediatrics, Michigan chapter
 - Michigan Association of Family Physicians
 - Michigan Primary Care Association
 - Michigan Council of Child and Adolescent Psychiatry
 - Association for Children’s Mental Health, Michigan branch

MICHIGAN CHILD WELFARE DISASTER PLAN 2022

Michigan participated in disaster planning, response and recovery activities required by the Child and Family Services Improvement Act of 2006 and Section 422 (b)(16) of the Social Security Act. The Child Welfare Disaster Plan addresses the federal requirements below:

- To identify, locate and continue services for children under state care or supervision who are displaced or adversely affected by a disaster.
- To respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
- To remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- To preserve essential program records.
- To coordinate services and share information with other states.

The Michigan Department of Health and Human Services (MDHHS) holds the primary responsibility to perform human service functions in the event of a disaster. The MDHHS emergency management coordinator is responsible for conducting emergency planning and management, and interfaces with MDHHS local directors and central office staff to ensure adequate planning. Michigan's Child Welfare Disaster Plan remained in place in 2021.

Local emergencies that required the mobilization of the Child Welfare Disaster Plan in 2021 and the results are included below.

Disaster Plan 2022 Review

To ensure local MDHHS child welfare disaster plans are reviewed and updated annually, Business Service Centers (BSCs) request county offices to review and update their local emergency plans each year. Private agency support analysts request private agencies to review and update their local emergency plans each year. Completion of county and agency plans is tracked and plans are stored in a central repository by BSCs and private agency support analysts, respectively.

BSCs and private agency support analysts also distribute the current state disaster plan to county MDHHS offices and private agencies on an annual basis. County and agency offices are requested to review the state plan, make suggestions for possible changes, and provide an update as to whether the disaster plan was mobilized in their community during the previous year, including the results of the mobilization.

BSCs, local MDHHS offices and private agencies reviewed Michigan's Child Welfare Disaster Plan in 2022, and it was determined that no changes to the plan were needed.

County Mobilization of the Child Welfare Disaster Plan

One county office in Michigan mobilized their disaster plan twice in 2021. These events are described below:

Allegan/Barry County Disaster Plan Mobilization

A main water line in the city was compromised and the MDHHS building did not have water for almost 24 hours. Facilities was contacted, as the county office was required to receive approval to close the building and take steps to notify the public. Clients were given an automated message when calling the main telephone line regarding this building closure, as well as posting of signage for alternate location and resources.

The county also had an instance in which they had to shut the lobby down due to COVID in the fall and disinfection of the areas had to be conducted after hours when staff were out of the building. Signage was placed at the public entrance to re-route clients to alternate sites if they required an onsite visit, as well the MiBridges website for resources and their call center and main line phone numbers to assist over the telephone. Both instances of mobilization included providing staff with updates on these closures through the office calling tree and email system.

Michigan Child Welfare Disaster Plan 2022

MDHHS Emergency Operations Base Plan

[MDHHS EOP Base Plan 2020 Final 710680 7.pdf \(michigan.gov\)](#)

Contacting MDHHS for Assistance

- Free language assistance services: 517-241-2112
- Hearing impaired or TTY users: 711
- Cash, food, medical, or home and burial assistance: 855-275-6424 (855-ASK-MICH)
- Child support: 866-540-0008
- Report abuse and neglect: 855-444-3911
- General Information: 517-241-3740

Contacting Local MDHHS Offices

[Use our County Office Map to find your local contacts](#)

Guidance for Face-to-Face Contacts During an Emergency Due to Public Health Concerns:

- CSA leadership will work collaboratively with the field to generate solutions surrounding changes in face-to-face contact and visitation guidelines and will communicate these changes through Communication Issuances.
- Guidance for face-to-face contacts and parenting time/sibling visits, including CPS investigations, CPS ongoing, foster care, juvenile justice, adoption, Independent Living Plus contractors, parenting time and sibling visits:
 - Face-to-face visits must occur to assess or respond to an immediate child health or safety concern, regardless of program or placement setting. In these instances, caseworkers should communicate with their supervisor for guidance on how to proceed with in-person contact to mitigate risk of exposure to and spread of COVID-19 or other communicable disease. For all required contacts that are not intended to address an immediate child health or safety concern, allowable alternatives should be used.
 - Allowable alternatives include phone calls, Skype, FaceTime, or other technology that allows verification of child safety and ability to address identified concerns and to allow contact among family members.

Emergency Response Planning for State-Level Child Welfare Functions

MDHHS incorporates the following elements into an integrated emergency response:

- **Coordination with the Michigan Emergency Coordination Center.** The state-level Emergency Coordination Center is activated by the MDHHS emergency management coordinator during a state-declared emergency or at the request of a local MDHHS

director or designee. The coordination center is a central location for coordination of services and resources to victims of a disaster.

- **Local shelter and provision of emergency supplies.** MDHHS requires all MDHHS local offices to have a plan for disasters that provides temporary lodging and distributes emergency supplies and food, as well as an emergency communication plan. The state plan must address widespread emergencies and the local plan must address local emergencies.
- **Dual and tri-county emergency plans.** In large counties with more than one local office site or in local offices located in dual or tri-counties, each local office site is required to have an emergency or disaster plan designed to address unique local needs.
- **Local and district MDHHS offices.** MDHHS local and district offices submit their emergency office procedures to their associated BSC for approval and to the MDHHS emergency management coordinator. MDHHS local offices review their disaster plans annually and re-submit updated plans.
- **Foster parent emergency plans.** According to licensing rules for foster family homes and foster group homes for children, licensed foster parents must develop and maintain an emergency plan. This must include plans for relocation, if necessary, communication with MDHHS and private agency caseworkers and birth parents as well as a plan to continue the administration of any necessary medications to foster children and a central repository for essential child records. The plan must also include a provision for practicing drills with all family members every four months.
- **Institutional emergency plans.** According to licensing rules for child caring institutions, an institution shall establish and follow written procedures for potential emergencies and disasters including fire, severe weather, medical emergencies, and missing persons.

Local Office Emergency Procedures

Each MDHHS local office is required to create their own emergency plan that addresses local needs and resources. The required elements of local office emergency plans include:

- As part of the local office emergency plan, the county or agency will designate an alternate office, which, in emergencies that affect a local office or agency's ability to perform its normal functions, will be responsible for performing necessary and emergency tasks associated with newly assigned investigations and essential administrative functions. The local office or agency will notify Centralized Intake of the name and contact information for the alternate office on a yearly basis.
- Resource list including local facilities suitable for temporary lodging and local resources for emergency supplies, clothing, and food. The licensing certification worker updates and distributes this list annually and as needed in an emergency.
- An emergency communication plan that includes the person to contact in case of emergency. When there is an emergency or natural disaster, a communications center in a different region from the disaster area shall be established as a backup for the regional/local office. The selected site should be far enough away

geographically that it is unlikely to be affected directly by the same event.

- A central list of all foster care placements for children under the supervision of the local office or private agency that includes telephone numbers, addresses and alternate contact persons.

Local emergency plans are submitted to their respective BSCs and CWSS and are reviewed and revised as necessary to ensure all required elements are included.

State and Regional Communication and Coordination Protocol

- When an emergency occurs in a community that requires mobilization of the disaster plan, the local office or agency director or designee shall inform their BSC director and include the nature of the emergency, the status of any contingency planning including evacuation/sheltering, and other necessary information.
- The BSC director of the area affected by the emergency shall notify all BSC directors, the CSA director, the Bureau of In-Home Services director, the Bureau of Out-of-Home Services, and the Division of Child Welfare Licensing (DCWL). The communication should include details regarding shelter plans for residents.
- BSC directors shall ensure their county directors follow up with any children placed in the affected area to ensure they are safe and relocated.
- The BSC 5 director shall notify the BSC 5 deputy director and the Regional Placement Unit (RPU) so that they can then follow their respective emergency plans. The RPU will be on alert to assist with shelter placements and/or residential moves if needed.
- The Bureau of In-Home Services director shall inform Centralized Intake of the nature of the emergency, the status of any contingency planning including evacuation/sheltering, and other information necessary for Centralized Intake to address emergent communication needs of callers to the hotline.
- The DCWL shall immediately notify BSC directors and the RPU if any institutions are being evacuated and if so, where the affected children will be sheltering.
- The DCWL will follow up with any children in institutions they have in the affected area to ascertain the child's location, evaluate the need for moving the child and ensure their safety needs are being addressed.
- The RPU will develop a plan to identify all children in any facility that is evacuated and send it to the county directors statewide to alert them to follow up as needed.

Local Staff Communication and Coordination Protocol

- During an emergency, the local office or agency director will mobilize a protocol to communicate with staff to ascertain their safety and ability to come to the work site (or an alternative site) and perform emergency and routine duties. The local office director or designee will maintain contact with the MDHHS

emergency management coordinator to synchronize services and provide updates.

- The protocol will include instructions that unless they have received previous instructions from their local or state-level director or designee, all staff in the affected area should call in to a locally designated communication center to inform the agency of their safety and location. If communication channels are compromised, the Centralized Intake telephone lines may be used to share instructions.
- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform their local MDHHS of their foster children's whereabouts and status using telephone service, cell phone, email or another means of communication when normal methods of communication are compromised. Centralized Intake's toll-free number, (855) 444-3911, may be used for this purpose when other means of communication are inoperable.
- The foster caregiver guidelines for responding to emergencies shall include the MDHHS Centralized Intake toll-free number, (855) 444-3911, to be used as a clearinghouse to ascertain the location and well-being of foster children and youth in the affected area, as well as the safety and location of staff in their agency if they have not been otherwise notified by the county or agency staff.
- Centralized Intake will track the location and well-being of foster children and youth as well as staff in the affected area through the use of an Emergency/ Disaster Plan Relocation Spreadsheet.
- Centralized Intake Second Line Managers will send a copy of the Emergency/Disaster Plan Relocation Spreadsheet to the county and BSC director that is affected by the emergency/disaster within twenty- four (24) hours.

The local emergency/disaster plan shall include:

1. The person whom staff and clients may contact for information locally during an emergency during normal work hours as well as after hours.
2. The expectation that all staff not directly affected by an emergency shall report for work unless excused.
3. The person whom clients may contact during an emergency when all normal communication channels are down.
4. The person designated to contact the legal parent to inform them of their child's status, condition, and whereabouts if appropriate.
5. The minimum frequency that all caregivers shall communicate with the designated communication site during emergencies or natural disasters.
6. The necessary information to be communicated in emergencies.
7. How and where in the case record the information is to be documented.
8. The method of monitoring the situation and the local person responsible.
9. Procedures to follow in case of voluntary or involuntary closure of facilities.
10. Any additional requirement as specified by the local or regional office.

Foster Parents' Responsibilities Developing an Emergency Plan

- **Family emergency plan.** Licensed foster parents shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing home study. Foster parents must update and review their plans annually. The plan should include:
 1. An evacuation plan for various disasters, including fire, tornado, and serious accidents.
 2. A meeting place in a safe area for all family members if a disaster occurs.
 3. Contact numbers that include:
 - a. Local law enforcement.
 - b. Regional communication plan with contact personnel.
 - c. Emergency contacts and telephone numbers of at least one individual likely to be in contact with the foster parent in an emergency. It is preferable to list one local contact and one out-of-county contact.
 - d. MDHHS Centralized Intake toll-free number or another emergency number to be used when no other local/regional communication channels are available.
 4. A disaster supply kit that includes special needs items for each household member (as necessary and appropriate), first aid supplies including prescription medications, a change of clothing for each person, a sleeping bag or bedroll for each foster child, battery-powered radio or television, batteries, food, bottled water, and tools.
 5. Each local office designates a contact person as the disaster relief coordinator. In the event of a mandatory evacuation order, foster parents must comply with the order insofar as they must ensure they evacuate foster children in their care according to the plan and procedures set forth by the state emergency management agency and MDHHS.
- **Communication with MDHHS caseworkers during emergencies.** Foster parents and MDHHS caseworkers have a mutual responsibility to contact each other during an emergency that requires evacuation or displacement to ascertain the whereabouts, safety and service needs of the child and family, as described above. If other methods of communication are not operating, the Centralized Intake telephone line will be mobilized to serve as a communications clearinghouse.
- **School response.** As part of the disaster plan, each foster parent will identify what will happen to the child if he/she is in school when an emergency occurs, such as an arrangement for moving the child from the school to a safe, supervised location.
- **Review plan with each foster child.** Foster parents will review this plan with each of their foster children regularly and the worker will update this information in the provider's file.

Federal Disaster Response Procedures

Following is a listing of the required procedures for disaster planning and Michigan's procedures that address those requirements:

1. To identify, locate and continue availability of services for children under state care or supervision.

- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform MDHHS of their foster children's whereabouts, status, and service needs, utilizing telephone service, cell phone, email, or the Centralized Intake number when normal methods of communication are compromised.
 - Following declaration of a public emergency that requires involuntary evacuation or shelter, the assigned caseworker or another designated worker will contact the legal parent to ascertain the whereabouts, condition and needs of the child and family.
 - The local office must provide information on where to seek shelter, food and other resources and coordinate services with the MDHHS emergency management coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child-placing agencies (R 400.12323 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

- If current CPS staff is displaced or unable to provide CPS investigative or ongoing services, alternate counties designated in local MDHHS disaster plans shall be prepared to provide CPS investigation and ongoing services to new child welfare cases and to children under state care or supervision displaced or adversely affected by a disaster.
- The toll-free Centralized Intake number will remain the primary means of initiating CPS investigations for new child welfare cases.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

- In an emergency, caseworkers and caregivers must attempt to call their local office to report their status and receive information or instructions. If local office phone lines are unavailable, caseworkers and caregivers will contact the alternate local office. In offices covering multiple counties, they will call the designated county.
- Caseworkers may use cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers to maintain cell phone service.
- If the local Emergency Coordination Center is activated by the MDHHS emergency management coordinator, the toll-free Centralized Intake number will be available as a backup communication method for current and new child welfare cases.

4. Preservation of essential program records.

- MDHHS maintains essential records in the MiSACWIS database and can access records statewide. MDHHS caregivers enrolled in electronic funds transfer will not have a disruption in foster care payments, since payments are made to their account electronically.
- To safeguard the database itself, the servers are located in Michigan's secure data center. Schedules are configured to perform a full system backup for both onsite and offsite storage. The databases are also configured for live replication in case of a disaster that involves loss of the primary server. The Department of Technology, Management and Budget retains one quarterly update per year and maintains an annual backup indefinitely. That code base is backed up as well, so in case of a catastrophic event that affects the computer system, the application can be rebuilt with minimal loss of time.

5. Coordinate services and share information with other states.

- In the event of an emergency, the MDHHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the state MDHHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.
- The MDHHS Office of Communications will coordinate communication on the MDHHS emergency response to the news media, MDHHS executive staff and human resources, persons served and the public.

STAFF AND PROVIDER TRAINING PLAN

The Office of Workforce Development and Training (OWDT) and the Office of Race Equity, Diversity, and Inclusion continued efforts to align its work with CSA during the second year of the COVID pandemic. In 2021, all child welfare staff and provider training was presented in virtual formats.

The connection between OWDT and CSA ensures the following activities continue:

- Examining and reviewing input to the training plan for child welfare.
- Reviewing current curricula, learning objectives, training outlines, job aids, and other training materials developed by MDHHS, contractors, and partners for timely delivery aligned with federal and state policies and requirements.
- Providing solutions for identified training gaps.
- Reviewing, recommending, and prioritizing improved and enhanced ongoing training options.
- Collaborating with the MiSACWIS team through their transition to the Comprehensive Child Welfare Information System (CCWIS).

The learning management system continues to work smoothly and successfully for both MDHHS and private agency staff. The system allows for direct completion of computer-based training, registration for instructor-led training, and documentation of all training an individual completes. The dedicated learning management system team of administrators quickly responds to individual, county, and system issues. Child welfare staff are identified in the learning management system by their role in MISACWIS, assuring program-relevant training is available to them. The learning management system continues to track training completions for child welfare staff making it easy to determine whether annual training hours have been fulfilled.

Initial Training Overview

Training requirements for the Pre-Service Institute are in the MDHHS Service Requirement Manual (SRM) 103 and summarized in this plan. The Initial staff training is designed to provide a comprehensive understanding of the needs of service in child welfare fields, combining theory and practical knowledge. New public and private child welfare caseworkers complete a nine-week Pre-Service Institute (PSI) within 112 days of hire. Caseworkers receive a progressive caseload throughout the nine weeks. Trainees report first to their local office and then have the option to attend virtual training via Microsoft Teams, or in-person training at a specified training location for two of the nine weeks. During classroom training, students receive program-specific training in CPS, foster care, or adoption, as well as child welfare topics that build skills to help students support families through use of the MiTEAM practice model. Students also receive legal, medical, domestic violence, and cultural awareness training during the PSI.

Structured on-the-job activities and computer-based training support the transfer of learning from classroom to application of skills in the field. Caseworkers are assigned a mentor and supervisor who, in conjunction with the OWDT trainer, complete a new hire evaluation summary of the caseworker's job performance. This, along with two competency-based exams, identifies the new caseworkers' strengths and areas that need additional support. This evaluation provides a basis for the supervisor to create an individualized ongoing training plan for the new caseworker after PSI. All caseworkers must complete 32 hours of ongoing training per calendar year.

New supervisors in child welfare must attend New Supervisor Institute (NSI) within 112 days of hire. This training is delivered by the Office of Race Equity, Diversity, and Inclusion (REDI) and includes program-specific content in adoption, foster care, child welfare licensing, or CPS. MDHHS supervisors also receive leadership and MDHHS management training. Private agency supervisors get this additional training in their local office. The supervisors take a competency-based exam in their program-specific area. After NSI, supervisors must complete 16 ongoing training hours per calendar year.

Initial Training for Caseworkers

A comprehensive PSI redesign is in progress in collaboration with OWDT, CSA, university, and private partners. A contract to support the redesign began in April 2022. The full redesign is anticipated to take 24 months prior to being implemented statewide. During the interim, OWDT implemented a "Bridge Plan" for the PSI. This plan offers a hands-on approach to training and provides more training resources to new hires and existing staff. The Bridge Plan training consists of five weeks of on-the-job training and four weeks of instructor-led training, two of which are delivered in a virtual format via Microsoft Teams. Trauma, MiTEAM, program specific (CPS, foster care, and adoption), forensic interviewing and MiSACWIS are covered in those two weeks. Program-specific training is delivered simultaneously with MiSACWIS training and has been increased from two to five days to allow trainees more time to learn MiSACWIS in the training environment. Weeks six and eight are delivered virtually, reducing travel time for trainees. OWDT will offer hybrid opportunities to maximize resources and respond to the needs of the workforce.

The five on-the-job weeks consist of structured activities such as reviewing policy in conjunction with case practice, working in MiSACWIS, learning local office procedures, becoming familiar with community service providers, and completing online training. These activities are outlined in an online student guide and are a formal part of the training curriculum. Activities are guided by the supervisor and mentor. The supervisor signs the training activity logs verifying that the activities were completed. Caseworkers and supervisors are required to attend a training orientation during week one. This is an opportunity to promote engagement and collaboration, while highlighting supportive resources offered by OWDT.

Learning labs were removed from the PSI curriculum due to low participation and are now being offered during the BSC in-service weeks. Learning labs allow child welfare workers more

one-to-one support on the following topics: safety planning, completing assessments, critical thinking, adoption consent and subsidy, and case management organization skills.

Pre-Service Institute Training Format

Week	Training Format Effective Jan. 1, 2022
Week 1	Local Office/Agency Worksite Implementation Trainees are required to complete field task and assignments that are designed to prepare them for the following week of training.
Mon	Local Office/Agency Worksite Implementation
Tues.	Participate in Training Orientation. Trainer will send invitation link for Microsoft Teams to trainees and their managers. 10am-12pm
Wed-Fri	Local Office/Agency Worksite Implementation
Week 2 Mon-Fri	Classroom Week
Mon	Welcome to Child Welfare Practice/Executive Welcome
Tues	Trauma-Informed Child Welfare Practice Exploring Team Meetings
Wed-Fri	Program-Specific Training w/MiSACWIS (Foster Care, CPS, and Adoption meets separately)
Week 3 Mon-Fri	Classroom Week
Mon	Forensic Interviewing
Tues	Forensic Interviewing
Wed	MiSACWIS Program-Specific
Thurs	MiSACWIS Program-Specific
Fri	Phase I Exam Managing Yourself
Week 4 Mon-Fri	Local Office/Agency Worksite Implementation
Week 5 Mon-Fri	Local Office/Agency Worksite Implementation
Week 6 Mon-Fri	Online Instruction (Via Microsoft Teams)
Mon	Trauma-Informed Child Welfare Practice II Safety by Design
Tues	Continuum of Care
Wed	Legal Critical Thinking
Thurs	Medical Indian Child Welfare Act

Fri	Family Engagement Assessment and Intervention
Week 7 Mon-Fri	Local Office/Agency Worksite Implementation
Week 8 Mon-Fri	Online Instruction (Via Microsoft Teams)
Mon	Safety Planning scenarios for practice: DV, Substance Abuse, Proactive/Reactive Engaging with the Customer
Tues	Cultural Competence Communication
Wed	Domestic Violence Petitions/Court Preparation
Thurs	Mock Trial
Fri	MiSACWIS Payment UAW (DHHS only) Phase II Exam
Week 9 Mon-Fri	Local Office/Agency Worksite Implementation

During classroom weeks, students are trained on the application of the MiTEAM practice skills where they are also provided feedback and coaching. Strong emphasis is placed on personal and child safety, family preservation, and the continuum of care. New workers are assisted in developing a race equity and trauma-informed lens that stresses the importance of the parent/child visitation process and helps to create networks of support.

During training, two scored exams are administered to trainees to evaluate knowledge. Trainees are required to pass both exams with at least 70 percent. In addition, a competency-based evaluation of the new worker is completed in partnership by the supervisor and trainer. These evaluations are kept on file locally. Evaluations measure:

- Cultural and self-awareness
- Safety awareness
- MiTEAM practice skills
- Interviewing skills
- Documentation skills.

While in training, a progressive caseload may be assigned.

- Caseload progression for CPS:
 - No cases will be assigned until after completion of four weeks of training and passing the first exam.
 - After successful completion of week four, up to five cases may be assigned using case assignment guidelines. The first five cases will not include an investigation

involving children under eight years of age or children who are unable to communicate.

- A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meets or exceeds expectations rating on the competency-based evaluation.
- Caseload progression for foster care and adoption:
 - Three training cases may be assigned on or after day one of training at the supervisor's discretion using case assignment guidelines.
 - After successful completion of week three of pre-service training and passing exam one, up to five cases may be assigned.
 - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meets or exceeds expectations rating on the competency-based evaluation.

Training caseloads are assigned strategically to help support the new caseworkers in applying new skills under the guidance of the supervisor and with the support of mentors and peers.

Plan for Improvement

To maintain quality and monitor for continued improvement opportunities, OWDT will:

- Continue to offer 17 PSI classes per year to an unlimited number of new hires per institute.
- Continue offering regional in-service training weeks to the five BSCs.
- Continue to send level three surveys to first line supervisors in three and 12 month increments after their staff have completed training.
- Continue to participate in the mentor workgroup to assist with developing a statewide mentoring program.
- Continue to participate in the assessment workgroup dedicated to enhancing risk assessments for CPS.
- Continue implementing a process to cross-train child welfare trainers.
- Collaborate with university partners, private agencies, CSA, MDHHS field representatives, and other stakeholders.
- Implement a PSI Training Advisory Council. The council will review curricula, learning objectives, training outlines, job aids and other training materials developed by MDHHS, contractors, or partners for delivery to the primary training population, identify performance gaps of the primary training population, and recommend, review, and prioritize training solutions. The council will also recommend and review training requirements.
- Implement the University Consortium contract for the pre-service institute redesign project.
- Explore the possibility of working with Capacity Building Center for States to enhance the pre-service institute.

University Partnerships and Child Welfare Certificate Endorsement Program

MDHHS has collaborative relationships with undergraduate and graduate schools of social work. A certificate program was created to educate a pool of qualified applicants to fill child welfare positions statewide. This program is intended to expose social work students to Michigan's child welfare policies and practices through coursework and field experiences. The Child Welfare Certificate from an endorsed university shows that the participant has received a valuable foundation of knowledge and experiences.

During 2021, a workgroup comprised of MDHHS and University Consortium members revised and expanded the child welfare competencies and university applications with the goal of increasing the number of universities that can offer the Child Welfare Certificate endorsement.

Plan for Improvement

- In 2022, OWDT will continue to collaborate with the University Consortium in an effort to explore Title IV-E reimbursement expansion and to explore how MDHHS works with universities to recruit and retain child welfare workers.
- The new Child Welfare Certificate competencies will be built around high impact practices and subject matter that are relevant to modern social work needs. These competencies will be used to help inform the PSI redesign work.
- The University Consortium hired a Title IV-E Consultant to explore expanding Title IV-E.

Program-Specific Transfer Training for Caseworkers

Caseworkers who completed a PSI in one program and are reassigned to another program must complete a two-week program-specific training. This training must be completed within 112 days of the transfer. Either six or seven days are spent in a classroom depending on the program, and on-the-job learning activities are also completed. There is one day of MiSACWIS training.

Plan for Improvement

OWDT will continue to offer learning labs for program-specific transfer training students: Safety Planning, Safety and Risk Assessments, Consent and Subsidy, Critical Thinking, and Report Writing. OWDT will review evaluations to drive improvements to training.

Initial Training for Supervisors

New supervisors who oversee any caseload-carrying staff in CPS, foster care, unaccompanied refugee minors, supervised independent living, adoption, and MDHHS monitor positions must complete the New Supervisor Institute (NSI) within 112 days of hire. The training is comprised of classroom instruction and on-the-job training and encompasses management competencies and program-specific skill development. MDHHS supervisors complete a classroom week learning State of Michigan human resources, performance management, and labor relations. Private agency staff learn human resource policies applicable to their agency while on the job. During on-the-job training, supervisors must complete structured field activities, webinars, and computer-based trainings.

Plan for improvement

- REDI will continue to collaborate with OWDT to monitor training processes through the learning management system.
- REDI will collaborate with OWDT and continue meeting with BSCs to track the effect of initial and ongoing training on the quality of case management.
- REDI will continue to send surveys to supervisors and their managers three and 12 months after training completion to evaluate learning over time.
- MiSACWIS training and program-specific refresher training for supervisors will continue to be offered during BSC in-service trainings.

Program-Specific Transfer Training for Supervisors

Supervisors who completed the New Supervisor Institute in one program and are reassigned to another program must complete a one-week program-specific training within 112 days of assuming the new role. If the supervisor does not have any prior experience in the new program, program-specific transfer training for child welfare workers must be completed within six months.

Child Welfare Training Monitoring

Training is tracked using the learning management system. The system is updated from MiSACWIS, assuring that the training available to child welfare staff is aligned with their roles and responsibilities. In addition to registering for training and directly accessing online training, child welfare staff document completion of external training in the learning management system, resulting in a complete individual transcript reflecting all child welfare specific training completed.

The primary training audience is public and private child welfare caseworkers, supervisors, and those in specialized and supportive positions. Some of these positions include:

- Pathways to Potential success coaches
- Health liaison officers
- Child welfare funding specialists
- Foster home licensing specialists
- Maltreatment in care investigators
- Permanency resource monitors

Monitoring Initial Training Requirements

Initial training is monitored locally, as well as through a collaborative effort between OWDT/ REDI and the BSCs. Data is collected and analyzed from learning management and human resource systems, MiSACWIS caseload counts, and a variety of other methods as needed.

Ongoing Training Overview

Ongoing training is offered across the state to address current child welfare topics, build leadership skills, and provide foster parent training. Targeted child welfare training on fundamental skill development, identified by BSC, is offered regionally. In addition, OWDT staff

will continue to offer over-the-shoulder support on basic case functions and responsibilities, and mentor guidance.

Child welfare caseworkers and those in supportive positions are required to complete a minimum of 32 training hours each calendar year. Child welfare supervisors are required to complete a minimum of 16 ongoing training hours each year. To meet the ongoing training and development needs of the diverse child welfare population, staff can complete computer-based training in the learning management system, register for instructor-led training, and add external training to their transcript.

The Governor's Task Force on Child Abuse and Neglect created a child welfare clearinghouse to provide easy access for child welfare staff and their supervisors to see schedules of external training opportunities. In addition, a university in-service training catalog is available, which lists free training opportunities for child welfare staff and foster and adoptive parents.

Plan for Improvement

- In collaboration with local child welfare offices and private agencies, training staff will continue to provide over-the-shoulder support to staff as well as supervisors. This includes training for mentors and one-on-one support for staff and supervisors.
- REDI will continue to offer leadership development training and resources for first line supervisors.
- REDI will continue to develop additional resources specific to leadership competencies at all levels of staff and employees.
- OWDT has renewed a contract with the universities to deliver in-service training. The new contract includes an anti-racism requirement that the contractor must assure that all training design, development, and delivery (e.g., graphics, content, presentation, etc.) represents MDHHS/OWDT's goal of creating an anti-racist organization that aligns with the agency's overall goal to provide diversity, equity, and inclusion. Diversity, equity, and inclusion activities include provisions for race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, disability, and genetic information.
- The Pre-Service Institute Training Council will guide and provide recommendations for improvement.
- The MDHHS child welfare workforce will be trained in Motivational Interviewing through the Family First Prevention Service Act.

Monitoring Ongoing Training Requirements

Learning management system reports are accessed locally and centrally to monitor individual, local office, and BSC progress in completing ongoing training throughout the year.

Identifying Ongoing Training Needs

The primary way to ascertain individual ongoing training needs is for the supervisor to use the competency-based evaluation from initial training to identify areas for training and

development. A computer-based training for supervisors, Creating an Employee Training Plan, teaches a systematic process to identify training and development needs of their staff, provide professional development opportunities and document them on the learning management system. There are multiple ways in place to identify ongoing training needs for the child welfare workforce:

- OWDT collaborates with CSA to identify training topics.
- The BSC directors receive input from their counties and meet with the training office to discuss how best to support the field.
- Level one evaluation surveys include a question about what other training is needed.
- CSA may identify statewide child welfare trends and collaborate with training staff to develop and deliver training.
- OWDT has a training request process for the field to request sessions of existing training or to develop training on a new topic.
- Collaborate with the CSA Antiracism Transformation Team to identify training needs aimed at eliminating the disproportionality of children of color in Michigan's child welfare system.
- Develop and deliver curriculum pathways on equity development for the child welfare workforce.

Plan for Improvement

- Ongoing training will be reviewed using a race equity lens.
- Data gathered by the University Consortium Pre-Service Institute redesign project will be assessed to inform ongoing training needs as appropriate.

Diversity, Equity, and Inclusion

MDHHS has a diversity, equity, and inclusion plan that OWDT/REDI actively supports. OWDT/REDI will continue to provide training opportunities including Inside Our Mind: Hidden Biases and Cultural Competence training to provide appropriate and culturally sensitive services. Upon request, OWDT/REDI and collaborating partners will assist child welfare management in the development of office-wide diversity, equity, and inclusion plans.

OWDT continues to be an instrumental partner with the establishment and support of the REDI. REDI was created to address racial, health, social, and wealth disparities that impact internal and external partners and aligns with the MDHHS core values of Human Dignity, Opportunity, Perseverance and Ease (HOPE). REDI will lead with race and intersectionality to identify and address the policies and practices that have resulted in systemic oppression that impacts all marginalized groups.

OWDT/REDI will continue its partnership with the CSA, which has committed to address the disproportionality of children of color in foster care in Michigan. This includes the ongoing collaboration with children's services leaders and supporting the strategic goals of the CSA Anti-Racism Transformation Team. This work is being supported by a vendor, Eliminating Racism and Claiming and Celebrating Equity (ERACCE), through contracts funded by OWDT and CSA.

OWDT and REDI have a race equity team which participates in ongoing dialogue and analyses of systemic racism. This team developed a second three-year plan to support OWDT becoming an anti-racist, multicultural organization by valuing one another through diversity, equity, and inclusion. OWDT has an internal diversity, equity, and inclusion team that will develop a diversity, equity, and inclusion plan to support OWDT with inclusive practices. OWDT will continue to actively participate in the MDHHS diversity, equity, and inclusion and the associated five action teams in the areas of leadership, culture and climate, recruitment hiring and retention, training and professional development, and service delivery.

Family Preservation Training

MDHHS continues to collaborate with external partners to create and provide additional training and resources. OWDT has developed a process to provide cross-training for child welfare trainers. This enhances the trainer's knowledge of continuum of care and assist them in becoming well-rounded in all child welfare programs. OWDT has established a contract with Institute for Family Development to modernize the Families First of Michigan curriculum.

*NOTE: Effective April 1, 2022 after discussion with Public Consulting Group, MDHHS will no longer be claiming Title IV-E reimbursement for family preservation initial or core training. Due to the audience being solely family preservation staff, it is not eligible for reimbursement.

GROW

MDHHS will continue collaboration with Regional Resource Teams and Eastern Michigan University to implement the newly developed curriculum for Michigan foster and adoptive parents, GROW. This will aid in providing a more consistent and needs-centered training, MDHHS will:

- Train key staff to oversee the training program, including making changes in response to policy and practice changes.
- Train master curriculum trainers in each BSC.
- Oversee the statewide program implementation.
- Train the trainers throughout the state.

Leadership Development

In collaboration with CSA, OWDT and local offices, the REDI leadership division developed multiple training programs, resources, and content to support MDHHS and private agencies at all levels of leadership.

REDI will continue to expand its leadership development training opportunities and content for leaders at all levels. A strength-based leadership assessment and results workshop will continue to be offered at every level. In addition, leadership in-service trainings focused on communication, team building, emotional intelligence, and leading change will be offered more frequently than in previous years. The Franklin Covey curriculum will continue to be offered to middle managers, and additional content and resources will be added to the Director's Toolkit. Finally, REDI's internal leadership podcast, The Leadership Connection, will continue to record

and release episodes and will hold networking sessions to allow for additional dialogue around various leadership topics.

OWDT Professional Development and Staff Preparedness

OWDT and REDI recognize the importance of training staff being up-to-date on policy as well as having a robust knowledge of training development, delivery, and facilitation skills. The training office is a leader in the department in race equity work. All OWDT and REDI staff attend the 2.5-day workshop Understanding and Analyzing Systemic Racism within six months of hire.

Annually, MDHHS staff complete training on systemic racism, health equity, and working with tribal nations. Learning labs on using Microsoft Teams, PowerPoint and other software and technologies critical to the delivery of virtual training are provided quarterly.

OWDT partners with REDI to sponsor a race equity team to take strategic action to create an anti-racist organization. The team is piloting a tool to conduct analysis, design, development, implementation, and evaluation through a race equity lens.

All training staff are required to complete 16 hours of training per year in the areas of race equity, leadership, and performance excellence. Training staff have dedicated funds available each year to spend on professional development as determined in collaboration with their supervisor. These funds can be used to attend a conference, attain certification, or attend professional development opportunities. New trainers follow a three-year curriculum path which ensures that they attend trainings that are current and relevant. Professional certifications will be offered to OWDT staff for ongoing skill development specific to job classifications.

Child welfare training staff remain current on child welfare issues and policy updates through:

- Participating in the MDHHS policy review process.
- Cross-training child welfare trainers across the continuum of care.
- Participating on committees and serving as liaisons to various programs to stay current on child welfare practice. Some examples include:
 - University Consortium
 - MiSACWIS/Comprehensive Child Welfare Information System
 - CPS Advisory Council
 - MDHHS Legal Affairs
- Bi-monthly meetings with CSA program offices to share information on current and upcoming policy and practice changes.
- Division and unit meetings for incorporation of policy changes into current curriculum and development of additional trainings.

Plan for improvement

- REDI began certification for staff. Several staff are certified to train the Franklin Covey course Unconscious Bias: Understanding Bias to Unleash Potential. Staff are also

certified by the Association for Talent Development Consulting, Cultural Intelligence and Emotional Intelligence.

- An application process has been developed for OWDT staff to apply and attend Association for Talent Development courses to achieve certification for training development and delivery.