



Children's Services Administration

Division of Continuous Quality Improvement

Annual Progress and Services Report 2024

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 2023

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

The MDHHS Organizational Chart can be viewed here:

<https://www.michigan.gov/mdhhs/contact-mdhhs>

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 Administration
- DCQI: Division of Continuous Quality Improvement
- DCWL: Division of Child Welfare Licensing
- CWLM: Child Welfare Licensing Module
- DMU: Data Management Unit
- ETV: Education and Training Voucher program
- FFPSA: Family First Prevention Services Act
- FTM: Family Team Meeting
- FY: Fiscal year
- ICWA: Indian Child Welfare Act
- LGBTQ: Lesbian/Gay/Bisexual/Transgender/Questioning
- MARE: Michigan Adoption Resource Exchange
- MDHHS: Michigan Department 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 Department of Health and Human Services (MDHHS) organizational structure reflects the department's vision and priorities, with an emphasis on public health, family, and children's services, aging and adult services, service delivery and community operations, economic stability, health and behavioral health services, family support, and community services. Director Elizabeth Hertel was appointed to lead MDHHS in January 2021.

MDHHS is the state department that administers:

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

Child welfare services in Michigan are administered through the MDHHS Children's Services Administration (CSA). The Senior Deputy 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).
- Director of the Maltreatment in Care Division.
- Director of the Child Safety and Program Compliance Division.
- Director of Juvenile Justice Programs.
- Native American Affairs and Race Equity.
- Children Trust Michigan.

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

Child Welfare Vision

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

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) 2024 represents year four reporting on Child and Family Services Plan (CFSP) goals for 2020-2024 based on the state's achievements in fiscal year (FY) 2022. 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 2022 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 L
2. Health Care Oversight and Coordination Plan – Attachment M
3. Child Welfare Disaster Plan – Attachment N
4. Staff and Provider Training Plan – Attachment O

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 collaboration 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 an 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 of Representatives 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 Modified Implementation, Sustainability, and Exit Plan (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 Child Welfare Improvement Task Force addresses racial disparity in Michigan's child welfare system.
- 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 CSA Youth Advisory Board consists of young people from across the state representing various races 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.
- 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.
- Children Trust Michigan serves as the Citizen Review Panel on Prevention. Children Trust Michigan provides a forum for citizen input on prevention issues and makes recommendations to MDHHS and the governor.
- The Governor's Task Force on Child Abuse and Neglect serves as the Citizen's Review Panel on CPS, Foster Care, and Adoption and 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 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 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 county offices, as well as potential systemic changes.
- 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 and citizens.
- The Foster, Adoptive and Kinship Collaborative Council includes representatives from foster, adoptive, and kinship support and advocacy organizations.
- 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 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 who plan strategies for serving children and families within the mental health system.
- The Adoption Oversight Committee is comprised of MDHHS central office staff, adoption agencies, the Michigan Adoption Resource Exchange (MARE), SCAO, and adoptive parent groups.
- The Michigan Committee on Juvenile Justice is a governor-appointed committee that 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.

Involvement in CFSP 2020-2024 Development

Standing groups and committees continued to serve in their current capacity in 2022, reviewing relevant 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.

CFSR Vision Statement

A group of 71 individuals including representatives from MDHHS, BSCs, private agencies, service providers, SCAO, county courts, parents, foster parents, and youth convened for a four-day planning session in January 2019 to collaborate on Michigan’s CFSR PIP root cause analysis. The group also developed a vision statement, “Michigan is committed to working collaboratively to preserve and support families.” The CFSR Round 3 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.

CFSR Round 3 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 concluding at the end of year one of the PIP. In June 2021, Michigan completed eight quarters implementing strategies outlined in the PIP. In 2022, Michigan was in the non-overlapping year, with two remaining items pending, Items 6 and 15, which were completed satisfactorily in September 2022. Michigan exited the state’s CFSR Round 3 Program Improvement Plan (PIP) on Sept. 7, 2022.

CFSR Round 4 Preparation

Michigan continues to implement strategies outlined in the PIP as the long-term improvement plan for a functioning child welfare system. MDHHS and the State Court Administrative Office (SCAO) are partnering with universities to develop a judicial dashboard that utilizes statewide data indicators to initiate conversations at the community level and challenge systemic barriers to reaching permanency and reducing recurrence of maltreatment. The cross-cutting issues identified in the PIP development process continue to be the foundation of current strategies. Quality Legal Representation is driving training programs offered to the legal community and have sparked interest in reviewing court rules specifically about how to approach substance use disorder treatment and parent visitation as well as early engagement in services prior to any legal adjudicatory decisions as these are options that best support the child and family.

This APSR includes information on current status of and 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

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, updated in January 2023, includes the following key strategies related to DEI:

- Normalize DEI work across state government.
- Achieve a diverse workforce to best serve a diverse population.
- Complete the Equity Impact Assessment Demonstration Project and Pilot to embed equity within decision-making processes across the department.
- Increase and standardize gender identity as well as race, ethnicity, abilities, language, and disability (REALD) 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 in which MDHHS and CSA are currently involved:

Diversity, Equity, and Inclusion

Leaders of the teams listed below meet regularly to reduce duplication of efforts and increase cooperation. There is currently a document in development that has the purpose of highlighting the work being done by several groups.

Public/Private Partnership for Race, Equity and Diversity Group.

MDHHS and private agency partners are in the process of reconvening and restructuring a group of MDHHS leaders and private agency partners to collectively address issues of race, equity, and diversity. 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. Plans for the group in 2023 and 2024 include:

- Monthly meetings of private agency and MDHHS leadership to develop group charter.
- Developing shared language, understanding and joint training curriculum.
- Developing a shared leadership growth and development model for private agency/public agency leadership.

The Office of Race, Equity, Diversity, 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 2022, 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.
- Formation of the CSA Leadership Racial Identity Caucus.
- Development of the MDHHS Racial Identity Caucus.
- Supporting development of the CSA DEI Plan.
- Provide technical assistance to the BSC 5 DEI manager.

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

Recommendations in 2022 from the task force focused on six main objectives:

- Increase specialized services and supports for relative and fictive kin caregivers.
- Implement appropriate services to reduce CCI placements and length of stay.
- Secure funding to implement the recommendations.
- Implement new Structured Decision Making (SDM) tools.
- Redefine abuse and neglect/physical neglect.
- Increase access to mental health services for children and families.

DEI Council

The MDHHS DEI Council was created in 2015 to work within MDHHS to promote change that will assist the diverse communities served. The DEI council continues to meet monthly and action groups meet twice per month or more often depending on need. DEI has six action teams focused on various areas related to MDHHS including:

- Leadership Action Team
- Culture and Climate Action Team
- Recruitment, Hiring and Retention Action Team
- Training and Professional Development Action Team
- Service Delivery Action Team

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 2022, the team:

- Consulted and provided input on substance use disorder training modules for child welfare specialists. As a result, a companion resource to the online tutorial Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals was created.
- Led an inclusive process to update the CSA Mission Statement to include the term "antiracist."
- Provided several DEI presentations throughout the year on over representation of children of color in foster care.
- Led monthly meetings with county directors to talk about race and racism and make positive culture changes in their offices.
- Participated in capacity building activities with the child support ARTT, including a trip to the Jim Crow Museum at Ferris State University.
- Provided input on policies such as Forensic Interview protocol and cannabis policy.

Future plans include:

- Creating more ARTTs in additional counties and MDHHS units and to engage private partners through county teams.
 - Focus on centralized intake to reduce disparities at the front door.

- Recruiting CSA ARTT members for the next three-year term.
- Continue training and presentations to public and private leaders across the state.
- Hosting a child welfare conference specific to anti-racism in November 2023.
- Engaging tribal partners to cultivate an anti-racist child welfare system.

Jackson and Kent County Antiracism Transformation Teams (ARTT)

- In 2021, support and funding were approved for creation of two county level antiracism transformation teams.
- Jackson and Kent County MDHHS are the first two counties in Michigan to be selected to create an ARTT of their own, having been founding members of the CSA-ARTT since 2019.
- In early 2022, Jackson and Kent Counties created their Planning Design Task Forces (PDTF), which were a core body of MDHHS and community stakeholders.
- The PDTFs for each county created purpose statements, project descriptions, recruitment and retention guides, and team applications.
- From the applications received each county's PDTF reviewed and selected members for each of their ART Teams. Kent County selected 38 members and Jackson County selected 40 members.
- Each county's team members committed to the ARTT for three years.
- Beginning with the Team Orientation in July 2022, the Jackson and Kent ARTTs completed the following trainings:
 - Team Orientation – July 2022
 - Team Analysis – September 2022
 - Team Application or Team building – November 2022
 - Environmental Scan – February 2023
 - Strategic Planning Session – April 2023.

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.

Recent Developments

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

- In 2022, MDHHS formed 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 was comprised of LGBTQ persons, allies, and child welfare experts who determined how best to support LGBTQ families interested in becoming foster and adoptive parents. The task force assessed how the child welfare system supports LGBTQ families, engaged the LGBTQ community, and made recommendations for how the department can best serve these families.

- In 2022, MDHHS began 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.
- A CSA Human Resources Diversity, Equity, and Inclusion (DEI) manager position was established in 2022 and filled in early 2023. While housed within the CSA Bureau of Administration, this position coordinates DEI efforts for all of CSA.

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

MICHIGAN'S PLAN TO IMPROVE CHILD WELFARE SERVICES 2020 - 2024

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.

- With the approval 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 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.

- Motivational Interviewing, a therapeutic technique to serve adolescents and adults with substance abuse and mental health challenges and increase motivation for change.
- An increasing number of counties utilize child welfare specialists as prevention staff. As of February 2023, 39 counties either have caseload-carrying prevention specialists or are in the process of setting up a prevention program. Nineteen of those counties accept prevention referrals from Centralized Intake.

Decrease child removal.

- Michigan established pilot projects in Wayne and Van Buren counties in summer 2021 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.
 - In 2022, Wayne County reported that 545 children were served by the program. Most referrals were for custody, parenting time, domestic violence personal protection orders (PPO), and housing assistance. In 2023, the program expanded to serve all three Wayne County districts.
 - In Van Buren County, the number of children in foster care has been reduced from 202 children in 2018, to 81 children as of March 2023.
- 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.
 - 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 2023, 43 counties are participating in the project.
 - For FY 2023, MDHHS secured state general funds to help support the grant. The work plan was adjusted to obtain more specific data to begin measuring the impact of the grant.
- In 2023, many counties are seeing a reduction in their rate of entry into foster care. Several factors that may be contributing include the expansion of prevention services, increased service provision to non-respondent parents, Quality Improvement Activities coordinated through the BSCs, and data discussions with the county leadership.
 - In 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, a

- reduction of 7 percent from 2019.
- 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.
- In January 2023, there were 10,036 children in Michigan’s foster care system, a reduction of 26 percent from 2019.

Utilize a family-focused approach.

- CSA partnered with the Behavioral Health and Physical Health and Aging Services Administration along with the local Pre-paid Inpatient Health Plans in 2020 to increase use of co-placement of infants and children with their parents in treatment facilities for substance use disorder. CSA continues to collaborate with the National Center of Substance Abuse in Child Welfare to identify substance use cross-system communication strengths and needs. This resulted in Michigan’s participation in the 2023 Policy Academy and multiple stakeholders working to improve statewide Plan of Safe Care collaboration.
 - In 2020, 91 children entered residential treatment with a parent.
 - In 2021, 350 children entered residential treatment with a parent.
 - In 2022, 384 children entered residential treatment with a parent.
- In 2022, the MiTEAM Fidelity Tool was redesigned in response to comments from county offices and agency staff that the existing tool was not as user-friendly as desired. In the redesigned tool, competency expectations were clarified and scoring of the tool was modified from a yes/no response to a scale system, allowing for more nuanced scoring. In 2023, the new tool is being implemented, and local staff are being trained in conjunction with the Motivational Interviewing training that is part of the state Title IV-E Prevention Plan.
- A MiTEAM Fidelity Tool Switchboard was created in 2021 to identify strengths and areas for improvement for continued training in the MiTEAM case practice model for caseworkers. 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 managers and supervisors the ability to drill down to observation setting, individuals interviewed, and interview approach, yielding additional details about use of the competencies within varying settings.

Maintain family connections.

- 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. MDHHS piloted and implemented in 2021 the TDM model that uses an objective facilitator to conduct meetings following an evidence-informed six stage model. TDM is an inclusive decision-making process in which parents, youth, caregivers, family, and community supports have a voice in decisions that affect their families. TDMs occur before key decisions are made, including:
 - Before considered removals and the next business day after emergency removals.
 - Before changes of placement.
 - Before the start of unsupervised parenting time and return home.
 - When a youth has been in care six months to address permanency (added in 2022)

In 2019 and 2020, TDMs were implemented in five counties and one district in Wayne County. In 2021 and 2022, TDMs were expanded and currently include 30 counties including all three Wayne County districts. MDHHS plans to expand TDMs to additional counties in 2023. In 2022, TDM Facilitators facilitated over 7,200 TDMs.

- 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.
 - In January 2023, the rate of placement with relatives was 43 percent, an increase of 8 percent from 2019.

Change the role of foster parents

- With an enhanced focus on the priorities of safety and well-being in care and timely reunification and permanency for children, CSA is placing special emphasis on securing suitable, stable, and safe placements for all youth in out-of-home care. In March 2023, a new position was created within the Out-of-Home Services Bureau. The Foster Care, Guardianship and Adoption Division Director focuses on increasing and expanding the array of available placements for foster youth including expansion of community-based foster placements and congregate care/treatment programs.
- Michigan's 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 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.

Build and sustain a strong, supported workforce.

- 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.
- 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 developed 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 is enhancing the MiTEAM practice model through the implementation of Motivational Interviewing. The goal of implementing the model is to assure improved engagement and participation of children, youth, and families and improve achievement of 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.
 - As of April 2023, child welfare and associated private foster care agency staff in 68 counties have been trained in Motivational Interviewing. All 83 counties and their private agencies will have completed training by the end of calendar year 2023. Post-Adoption Resource Center staff have also completed training. Family preservation service providers will be trained by early 2024.
- 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:

- 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.
- 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.
- 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.

2023 Update to the Plan to Improve Child Welfare Services

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. Establishing prevention services provided by MDHHS staff in many areas around the state.
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.
- Quality Improvement Council (QIC). In 2023, 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.
- Redesign of the MiTEAM Fidelity Application and Tool, incorporating Motivational Interviewing training and streamlining the tool focusing on more precise measurements of the competencies.

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 fourth year of the CFSP in implementing these strategies.

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 (CANS) 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 Title IV-E Prevention Plan

On July 11, 2022, Children's Bureau approved the MDHHS five-year prevention plan with an effective date of Oct. 1, 2021. The plan outlines how Michigan will use Title IV-E funds and matching state funds for evidence-based prevention services for families at risk of entering the child welfare system. This plan includes:

- 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 (EBP) on Oct. 1, 2021 and adding a second evidence-based program during 2022. Michigan is implementing the following programs:

- Motivational Interviewing - Since implementation in October 2021, MDHHS has trained 988 workers and 253 supervisors/program managers, across 29 counties in Motivational Interviewing. The remaining 54 counties are being trained in 2023. By the end of calendar year 2023, all current MDHHS and private agency staff and supervisors will be trained. MDHHS has partnered with Post-Adoption Resource Centers and two contracts for the Substance Use Disorder Family Support Program to utilize Motivational Interviewing interventions with families. Sustainability plans for ongoing training are being developed.
- Healthy Families America - From Oct. 1, 2021 through Dec. 31, 2022, FFPSA funding supported Healthy Families America expansion in six locations. MDHHS referred 151 families, 87 of which enrolled in the program.
- Parents as Teachers - From Oct. 1, 2021 through Dec. 31, 2022, FFPSA funding supported two Parents As Teachers expansion sites. Multiple families have been enrolled in the program for over a year.
- Nurse Family Partnership - From Oct. 1, 2021 through Dec. 31, 2022, one Nurse-Family Partnership caseload was expanded. No referrals or enrollments were made to this program despite efforts to identify and engage potential enrollments. The program's caseload has since been shifted with the support of other funding to allow additional populations who will benefit from the program.
- SafeCare - During FY 2022, MDHHS implemented six contracts for SafeCare programming. These six contracts initially spanned 17 counties and in January 2023 expanded to an additional two counties. Each of the contracts have struggled with hiring, despite the pay scale offered. MDHHS and the contract partners are discussing the referral process and brainstorming ways to keep the contracts full.

Michigan continues to partner with Chapin Hall to develop and implement a robust CQI approach for continuously improving Michigan's implementation of its prevention activities. Regular engagement is occurring to finalize key measures of REACH, capacity, fidelity, and outcomes. Programs that have been identified as well-supported will be included in the state's CQI processes. Michigan has also partnered with University of Michigan to conduct an evaluation of services identified as supported and promising. University of Michigan is currently working with the department and service providers on evaluation activities for SafeCare and Family Spirit.

Michigan is preparing for implementation of additional evidence-based programs in 2023 and beyond, including Family Spirit which has an implementation timeline beginning spring 2023. In preparation for the Family Spirit implementation, meetings have been held to develop the

process, to train the counties on the referral pathways, and to discuss potential Title IV-E agreements with the three tribal governments that are part of the expansion.

Michigan continues to partner with Chapin Hall and Public Consulting Group (PCG), focused on implementation, data preparation, and finance. Michigan currently has a task force focused on CQI and service array.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

Michigan has 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.

Development of Plans of Safe Care

In an investigation involving an infant born exposed to substances or having withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD), the caseworker must develop an infant Plan of Safe Care that:

- Addresses the health and substance use treatment needs of the mother and infant and other affected family members.
- Ensures that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.

- Takes steps to ensure services provided to the infant and family are monitored either through MDHHS involvement or another service provider.
- Addresses 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.

Other accomplishments and requirements related to Plans of Safe Care include:

- 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. The protocol was approved by CSA leadership in October 2022.
- A Plan of Safe Care Training Steering Committee was created in 2022 and continues to advise in 2023.
- The Michigan Public Health Institute in collaboration with MDHHS and the National Center on Substance Abuse and Child Welfare began developing 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 in 2018 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. In October 2023, the program will expand to 21 counties.
- 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.

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.
- 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, and transferring cases to foster care

Technical Assistance to Support Plans of Safe Care

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

- In February 2022, the National Center on Substance Abuse in Child Welfare began offering guidance and resources to begin developing a Plan of Safe Care protocol implementation and training plan.
- MDHHS will provide additional 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 2023.

Progress in 2023

- MDHHS has a 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 and completion of the training development is planned for September 2023.
- MDHHS continues to develop access to resources and encourage collaboration and

- care coordination with relevant service providers, and medical professionals.
- Michigan will continue to receive technical assistance from the National Center on Substance Abuse in Child Welfare.
- Michigan will participate in the 2023 Policy Academy - Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure. CSA is contributing as a member along with other stakeholders to make continued progress and collaboration.
- In February 2023, a marijuana policy workgroup began meeting regularly to review current policy for any possible revision considerations. The workgroup will continue to meet in 2023.

COLLABORATION WITH THE COURT SYSTEM

MDHHS collaborates extensively with courts through the Court Improvement Program (CIP), administered by SCAO's Child Welfare Services Division. This includes preparation for, and active participation in, Michigan's CFSR and Title IV-E Reviews. Round 3 of Michigan's CFSR was held in 2018, and the CIP and other stakeholders worked together to develop the PIP. SCAO's Child Welfare Services Division director co-led strategies within the PIP to enhance the quality of legal representation to improve outcomes, develop strategies for the courts to implement, and provide training on high quality legal representation. The Court Improvement Program also brought in three consultants to provide direct training and consultation to the pilot courts to assist with program development, and the Capacity Building Center for Courts for the evaluation component.

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

The Child Welfare Services Division provides numerous training programs for courts and child welfare professionals. In 2022, SCAO hosted 30 multi-disciplinary trainings with over 7,000 in attendance. Additional collaborative efforts in 2022 include:

Data Projects

Through a data-sharing agreement between MDHHS and SCAO, the CIP has developed a Juvenile Data Dashboard to help improve outcomes in child protective proceedings through data sharing and analysis. The goal of the dashboard is to raise awareness of important foster care data, and to encourage courts and child welfare stakeholders to engage in new strategies that may result in better permanency outcomes for families involved in Michigan's child

welfare system. The dashboard is stored on a public-facing website through the University of Michigan Child and Adolescent Data Lab, and includes the following pages:

- **Time to Permanency – Statewide**

The Time to Permanency page shows the average number of days to permanency within a selected timeframe by permanency exit reason, age, and race, and includes color coding to identify whether permanency was achieved within 12 months. The permanency exit reasons include reunification, adoption, guardianship, permanent placement with a relative, and another planned permanent living arrangement. The data can be viewed at the state level, county level, by SCAO court region, or by BSC.

- **Permanency Outcomes for Indian Children**

The Permanency Outcomes for Indian Children page shows information on children in foster care statewide who are members of, or eligible for membership in, a federally recognized tribe. The data includes the total number of children in foster care, the average number of days spent in foster care, the percentage of children who achieved permanency within 12 months and 15 months, and the most common permanency exit reason. The webpage also shows the average number of days Indian children spent in foster care by year, and the average number of days in foster care by permanency exit reason.

- **Child and Family Well-Being**

The Child and Family Well-Being page shows caseworker performance on children's timely dental exams, children's timely medical exams, caseworker visits with children, caseworker visits with parents, and parenting time. The data can be viewed at the state level, county level, by SCAO court region, or by BSC.

- **Educational Outcomes**

The Educational Outcomes page shows high school graduation and dropout rates for the following student subgroups: 1) Children in Foster Care, 2) Economically Disadvantaged Children, 3) English Learners, 4) McKinney Vento, 5) Migrant, and 6) Student with a Disability. Graduation rate data is shown in cohorts of graduation within four years, five years, and six years. This page displays data at the state level.

- **Children in Care**

The Children in Care page shows demographics of children in foster care by age, living arrangement, race, and sex. The data can be viewed at the state level, county level, by SCAO court region, or by BSC.

Performance on Child and Family Well-Being measures

- 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 95 percent compliance with MDHHS policy in December 2022.
- Statewide performance did not see significant improvement in the remaining categories, possibly due to the effects from the COVID-19 pandemic.

The dashboard can be viewed here: <https://ssw-datalab.org/project/child-well-being-report/>

Examining or Improving Quality of Court Hearings

- Meetings regularly occurred with SCAO, the CSA Federal Compliance Division, and CSA Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.
- SCAO provides joint 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 43 participating courts can successfully implement and maximize the new funding. These grants will continue in FY 2024 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 the FFPSA. This included a court workgroup to develop legislation, court rules, and court forms specific to the Qualified Residential Treatment Program (QRTP) requirement of the act. The court workgroup continued to meet throughout 2021 to monitor implementation of program rules and processes and to collaborate on barriers identified by the counties to ensure successful implementation. In 2022, SCAO partnered 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.
- In April 2022, SCAO hosted a training that discussed how counties could invest in pre-petition legal advocacy programs to safely eliminate the need for foster care and highlighted innovative programs in the state of Michigan. The training, *Pre-Petition and Attorney Contract Strategies for Maximizing Legal Representation in Child Protective Proceedings*, also focused on why it is important for courts to review and reevaluate their court appointed attorney contracts to maximize services to the court and families, in an effort to achieve more timely permanency.
- 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
- In 2022-2023, SCAO developed a comprehensive training program for parent attorneys. The Family Defense 101 training is housed on SCAO's learning management system and public website. The training modules are between 30-60 minutes in duration, and the training modules include:
 - The Importance of Family Defense – A Parent's Perspective
 - The Role of the Family Defense Lawyer
 - Knowing and Understanding Your Client
 - Preventing Unnecessary Removals
 - Understanding How CPS and Foster Care Work
 - What Jurists Expect from Parents' Counsel
 - Keeping Children Connected with Families
 - Out of Court Advocacy
 - Handling Adjudication Trials
 - Representing Parents at the Dispositional Hearing and Beyond
 - Litigating Termination of Parental Rights Cases
 - Handling Child Protective Appeals
 - Sustaining a Career in Family Defense

Attorneys who view all 13 pre-recorded trainings on the learning management system are eligible to attend a half-day, in-person Family 101 workshop. The in-person workshop will offer consultation and support from the presenters of the training series.

In 2022, SCAO held a Testifying in Court for Non-Lawyers training targeted at all CPS and foster care workers, tribes, private agencies, law enforcement, medical professionals, mental health providers, and education professionals. This training concentrated on the skills necessary to testify effectively and persuasively in court. The training covered preparation for direct examination and cross examination.

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 offers technical assistance to the two pilot counties 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 district offices, 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. In 2022, approximately 545 children were referred to the program. Effective March 2023, the program expanded to the full county of Wayne (previously only South Central was involved in the pilot).
- SCAO's Court Improvement Program developed a Youth Advocacy Project to teach self-advocacy skills to youth in foster care and encourage youth voice in court and case planning. The CIP worked with Tuscola County court, attorneys, and the local DHHS office to implement 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 was 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. Grant funds were used to support projects 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 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.
- SCAO partnered with the Federal Compliance Division to provide Title IV-E funding consultation to the Hannahville Indian Community to create a MDHHS State-Tribal Title IV-E Claiming Agreement. This included training for the tribal court and tribal social services agency, as well as technical assistance to enhance tribal court forms. The Hannahville Indian Community State-Tribe Title IV-E Claiming Agreement is expected to be completed by June of 2023.
- In 2022, SCAO's Tribal Court Relations Committee identified several ICWA/MIFPA action items for improvement. The Committee drafted and finalized a new Affidavit of Active Efforts to be used as a best practice tool in juvenile courts to enhance the quality of judicial findings related to active efforts to prevent the breakup of the Indian family. The committee proposed a court rule amendment to clarify the application of qualified expert witness testimony in an Indian child removal hearing after identifying

an inconsistency between court rule and statute. Finally, the committee worked with the Michigan Court of Appeals to improve notice to tribes in child welfare appellate cases.

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 CIP 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 2022 Foster Care Review Board annual report presented the following top three systemic issues and recommendations:

1. Caseworker turnover
2. Parents utilizing but not benefitting from services offered
3. Frequent changes in child's placement

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 2021-22, 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 2022, local Foster Care Review Boards met on 140 days to review 228 foster care cases involving 412 children. Cases are reviewed every six months. Recommendations made in cases reviewed include the following:

- Recommendations related to child safety: 56
- Recommendations related to permanency: 364
- Recommendations related to well-being: 1,753

The boards also held 86 foster parent appeals statewide in 2022. 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 37 cases (43 percent).
- The board supported the agency's decision to move the child in 49 cases (57 percent).

Collaborative Training Opportunities

The SCAO Child Welfare Services Division provides multidisciplinary training programs for child welfare stakeholders through the CIP as well as a contract with the Governor's Task Force on Child Abuse and Neglect. In 2022, additional trainings provided by Child Welfare Services included:

- Child Sexual Abuse Eight-Part Training Series
- Supporting Educational Success for Students Experiencing Foster Care
- Safe and Together in Michigan: Improving Assessment, Engagement, and Interventions for Families Impacted by Domestic Violence
- Improve Outcomes of Maltreated Babies and Families: Bring Baby Court to Your Community
- Child Neglect and Physical Abuse: A Day Half-Full
- Child Sexual Abuse Investigation Two-Day Continuum Conference
- Working Together as Partners of Excellence for Better Identification and Prevention of Human Trafficking
- Child Welfare Prevention Continuum
- Moving Families from Surviving to Thriving
- Overview of the Interstate Compact on the Placement of Children (ICPC) for Courts and Attorneys in Child Protective Proceedings

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 by direct service staff. 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 direct service staff and supervisors. 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:
 - Child Welfare Policy and Legislation
 - Adoption and Guardianship Assistance Office
 - Federal Compliance and Child Welfare Funding
 - Division of Continuous Quality Improvement
 - CSA Fiscal, Audit, Human Resources and Diversity, Equity, and Inclusion (DEI)
 - 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 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
 - Michigan Children's Institute

CSA structure was further refined in 2022 and 2023 as a means of enhancing oversight and performance in specific areas:

- The Maltreatment in Care Division was removed from BSC 5 and now reports directly to the CSA senior deputy director.
- Juvenile Justice Programs was removed from the Bureau of Out-of-Home Services and now reports directly to the CSA senior deputy director.

- Creation of the Office of Child Safety and Program Compliance for enhanced oversight of contracted foster care and child-caring institution services.

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. The council shares current research and initiatives, reviews data, and identifies the need for Quality Improvement Activities. Gatherings 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 county 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 county 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 compliance 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 county offices and agencies through BSCs and private agency compliance 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.

- In FY 2022, a statewide Quality Improvement Activity was implemented to identify strengths and barriers pertaining to the following foster care visits: parent/child,

worker/parent, worker/child, return home, and sibling visits.

- Planning began with baseline data provided to each county/agency, and local case reviews occurred on a sample of cases.
- A root cause analysis was used to identify barriers and best practices, which were used to develop intervention strategies.
- In the implementation phase, all counties and agencies were required to identify a minimum of two contact types for focus in 2022. Ten counties and ten agencies with the highest statewide impact were assigned to each contact type and developed an intervention to address barriers.
- Progress was tracked by the monthly release of a contact report and county progress was reported through monthly CQI plans and agencies reported to their assigned support analyst.
- Adjustment of the plan will be determined once a full analysis of the project is completed.

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, via 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 county offices and agencies 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 2023, 78 of Michigan's 83 counties have achieved established, accomplished, or proficient scores in the Infrastructure Assessment Tool.

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. Although the PIP was successfully completed in September 2022, these strategies continue to form the basis of Michigan's improvement efforts in preparation for Round 4 of the CFSR.

- **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.
2021 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.
2021 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.
2023 Update: As of April 2023, 78 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.
- **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

2021 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.

2021 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. As a resource for caseworkers, Michigan developed a podcast of caseworker interviews with clients that demonstrated interview skills. The state held focus groups of parents, youth, community partners, and stakeholders. 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.

2021 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.

2021 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.

2021 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.

2021 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.

2021 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 direct service 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.

2021 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:

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

2021 Update: This activity was completed in Quarter 6. The PriceWaterhouseCoopers Job Fit Tool initial analysis was completed, and additional analysis was recommended.

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

2021 Update: This activity was completed in Quarter 6. OWDT continues to offer regional training and support to each BSC based on their identified needs.

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

2021 Update: This activity was completed in Quarter 5. Michigan contracted with a professional marketing firm to facilitate enhanced marketing-based foster home recruitment strategies.

- **Workforce 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 address challenges related to workforce recruitment, training, and retention. Currently, MDHHS, private foster care agencies, and contracted services are

experiencing difficulties attracting and retaining staff, affecting service provision in some counties. In 2023, ChildStat is focusing on workforce issues. Each county's rates of vacancies and staff turnover are compared with their BSC and statewide, barriers are discussed, and action steps are created. Counties share recruitment and retention efforts and resources.

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	Works 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.
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 local office and agency 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 and 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 trauma-informed practices and interventions. 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 the Children's Trauma Assessment Center.
- A Secondary Traumatic Stress Toolkit addressing secondary trauma and culture and climate enhancement was released to the county offices and agencies in September 2020. The toolkit mirrors the assessments that were completed in counties to identify strategies to enhance areas that were opportunities for improvement.
- Use of the Trauma Screening Checklist developed by the 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 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 in 2021.
- QRTPs, as defined by the FFPSA, were implemented effective April 1, 2021. Provisions include utilization of a trauma-informed approach within child-caring institutions (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 contracts were awarded 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.
- 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 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.
- 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.
- 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 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 20,603 families in FY 2022. 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.
- MDHHS expanded home visiting services in 14 counties and with three tribes for families impacted by the child welfare system and eight counties for families impacted by substance use. Peer navigators are supporting families in three counties, with an additional three counties in the hiring process and another three being considered for the positions. Mental health consultation to support home visiting programs and by extension, families, has been implemented in 21 home visiting programs.
- An increasing number of counties utilize child welfare specialists as prevention staff. As of March 2023, thirty-nine counties either have caseload-carrying prevention specialists or are in the process of setting up a prevention program. Nineteen of those counties accept prevention referrals from Centralized Intake.
- 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' fund source, Child and Family Safety, Stability, and Permanency is provided to all 83 MDHHS county 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 funding is flexible and can be targeted to the greatest need in the county as determined by community planning. 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.
- Children Trust Michigan supports a statewide network of 73 local councils that fill the role of prevention in a full array of services for children and families in all Michigan

counties. Children Trust Michigan provides resources to 30 community direct service programs, which target the needs of the most vulnerable and challenged families. 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. Children Trust Michigan home visiting programs serve approximately 700 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 2022, MDHHS referred 10,713 children to Early On. Of those referrals, 9,232 (86 percent) met policy requirements and were transferred to Early On. Of these:
 - Approximately 69 percent or 6,372 of infants born were substance affected.
 - Approximately 86 percent or 7,968 were infants less than 12 months old.

Services to Protect Children from Abuse and Neglect

- Children's Protective Services 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.
- 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.
- The Maltreatment in Care (MIC) unit investigates and provides services to children who have experienced abuse or neglect while in foster care.
- Mandated reporter training is delivered by MDHHS county offices in their communities upon request and is available online.

Services to Preserve Families

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

- Families First of Michigan is a home-based, intensive 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 all 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. Expansion to 21 counties is planned for October 2023.
- 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 county 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. Three counties have expanded Parent Partner contracts to include Peer Recovery Coaches.
- 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. Post-Adoption Resource Centers offer the following free 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
- The Guardianship Assistance Program provides financial support to ensure permanency for children placed in eligible guardianships, in an effort to prevent them from otherwise remaining in foster care until reaching the age of majority.
- 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.
- 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.
- The Michigan Adoption Resource Exchange (MARE) operates a registry of children available for adoption and employs many strategies to increase awareness of the need for adoptive families. These 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 23 statewide to achieve self-sufficiency, including juvenile justice youth, tribal youth, and unaccompanied refugee minors. Services include supervised independent living and independent living stipends, an opportunity to join the Michigan Youth Opportunities Initiative (MYOI), local and state-level groups for mutual support and leadership skills.
- 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 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 Education and Training Voucher (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 diagnoses and level of functional impairment 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 diagnosed with Autism Spectrum Disorder birth to age 21. Applied Behavioral Analysis services are individually tailored to address social behaviors, improve communication, socialization and teach functional skills, as well as increase inclusion in general educational and community settings by addressing problem behaviors. As of April 2023, there are 9,469 children and youth with Autism Spectrum Disorder enrolled in the Medicaid Applied Behavior Analysis service program.
- Wraparound is an individualized, holistic, comprehensive, youth-guided and family-driven planning process available to eligible Medicaid enrolled children and youth up to age 21. The Wraparound planning process utilizes a collaborative team approach including youth and their family and their choice of professional and natural supports. 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 2022, 1,886 youth received Wraparound services.
- 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 95 Parent Support Partners currently providing services throughout Michigan within 34 CMH agencies. Since 2010, 308 parents have completed the five-day training, 330 have completed the three-day training, and 243 have been certified.
- 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 28 CMH service areas, with 50 working in the state. Since 2015, 170 Youth Peer Support Specialists have been trained.
- The Family Support Subsidy Program provides financial assistance to families with a child who has a diagnosis of severe developmental disabilities as determined by the public-school special education department. The goal is to help families keep their child in the family home by allowing them to use the subsidy to pay for essential services or special expenses for their child(ren) with developmental disabilities in the hopes of preventing or delaying placements outside the home. The program may provide the funds needed to allow children to return home from placements outside the home. In 2022, the program served 4,251 children and only six children (0.14

percent) within these families served were placed out-of-home. In 2022, no 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 (Parenting Through Change), and home-based services. Michigan currently has over 100 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 that can offer this service, and additional training is planned for the fall of 2023.
- Intensive Crisis Stabilization Services (ICSS) for Children are structured treatment and support activities provided by a mobile intensive crisis stabilization team that are designed to promptly address a crisis situation in order to avert a psychiatric admission or other out of home placement or to maintain a child or youth in their home or present living arrangement. Intensive Crisis Stabilization Services are available to Medicaid eligible children and youth up to age 21 with serious emotional disturbance (SED), intellectual and/or developmental disabilities (I/DD), including autism or co-occurring SED and substance use disorders (SUD), and their parents or caregivers. In FY 2022, based on the Medicaid encounter data there were 2,490 children who accessed mobile crisis statewide.
- Crisis Residential Services provide a short-term alternative to inpatient psychiatric services for children and youth experiencing an acute psychiatric crisis. Services are designed for children and youth who meet psychiatric inpatient admission criteria who can be appropriately served in a setting less intensive than a hospital. The goal is to facilitate reduction in the intensity of the factors that lead to crisis residential admission through a person-centered/family driven, youth-guided, and recovery/resiliency-oriented approach.
- 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 2021, over 2,310 infants, toddlers and young children and their parents (including pregnant women) were provided this individualized, intensive service. Data from 2022 was not available at the time of this report.

- The Children’s Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) program provides services that are enhancements or additions to Medicaid state plan coverage for children up to age 21 with serious emotional disturbance. The SEDW enables Medicaid to fund necessary home and community-based services for children up to age 21 with SED who meet the criteria for admission to a state inpatient psychiatric hospital and/or who are at risk of hospitalization without waiver services. There were 840 youth served through the waiver during FY 2022.
- The Michigan Child Collaborative Care (MC3) program 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, and behavioral health consultants to coordinate care. The goal 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 April 2023, there are three active Treatment Foster Care Oregon sites in Michigan, all of which are preparing to begin full clinical services. Seventeen youth have been served in Treatment Foster Care Oregon, 16 of which achieved the fidelity-based success standard of exiting treatment to a lower level of care in the public mental health system.

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 2022

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. The pilot completed its fifth year on September 30, 2022. The Kent County performance-based funding pilot transitioned to a program on Oct. 1, 2022.

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 maltreatment in care (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

The West Michigan Partnership for Children (WMPC) has performance goals that they are required, by contract, to meet. The data in the (table below) from the FY 2022 Program Performance Report shows the specific performance goals for that fiscal year and the WMPC's performance on those goals.

Performance Goal Summary	FY19	FY20	FY21	FY22	Standard	Goal	Achieved
Maltreatment in Care	11.88	12.95	7.31	1.37	9.67	9.67	Yes
Licensed Relative Placements	41	27	20	19		10% Increase (55)	No
Permanency in 12 Months	19.8%	18.2%	22.7%	21.2%	42.7%	30%	No
Worker-Parent Contacts	66%	69%	60%	71%	85%	82%	No
Parent-Child Contacts	49%	45%	52%	62%	85%	65%	No
Reduce Days in Shelter	3,095	1,999	471	272		9%Reduction (2,600)	Yes

Reduce First Shelter Placement	30%	4%	.04%	0		Not Exceed 15%	Yes
Reduce Days in Residential	26,205	24,876	15,602	9,277		24%Reduction (19,916)	Yes
In County Placements	66%	65%	64%	63%		72%	No
Permanency in 12 to 23 Months	54.5%	39.5%	40.5%	47.2%	45.9%	45.9%	Yes
Permanency in 24+ Months	49.1%	48.3%	59.5%	47%	31.8%	31.8%	Yes
Re-Entry in 12 Months	7.6%	3.2%	3.5%	4.7%	8.3%	8.3%	Yes
Placement Stability	3.71	3.25	3.76	4.10	4.12	4.12	Yes

Source: CFSR measures retrieved from the Dept. of Technology, Management, and Budget. Placement data and social work contact measures were retrieved from the data warehouse.

According to a third-party evaluation, in Kent County from FY 2021 to FY 2022:

- Congregate care days decreased by 38 percent.
- Emergency shelter care days decreased by 53 percent.
- Overall care days decreased by 19 percent.

According to the third-party evaluation, children from Kent County in 2022 were more likely to achieve permanency within six and 12 months of entering care than in 2020. For children who entered care after implementation on Oct. 1, 2017, 15.4 percent achieved permanency within six months and 28.4 percent achieved permanency in 12 months. There was a reduction of foster care entries in Kent County by 13 percent and a reduction of foster care exits by 27 percent.

Key Innovations

- The Parent Engagement Program continues to support birth parents of children ages 0-5 in foster care.
- 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 2024

- 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 program.
- 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 direct service staff and service providers:

- The MiTEAM Advisory Committee has developed sub-groups that are currently reviewing and updating:
 - MiTEAM training curriculum
 - MiTEAM case practice manual
 - MiTEAM web page
 - MiTEAM Virtual Learning Site
- 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 analyze and incorporate information into the larger CQI process within MDHHS at the local and state level to refine and improve services.
- 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 compliance analysts provide training, technical assistance, and consultation on data analysis and key performance indicators to the private agencies.
- 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.
- DCQI provides feedback and technical assistance for current child welfare cases through Quality Service Reviews, intensive reviews of current cases in county offices and agencies through interviews with case members, local courts, and community service providers.
- Dashboards and reports displaying state and county data on MDHHS priority areas are created by DMU and made available to county offices and agencies for tracking and monitoring progress locally. Dashboards and reports include:
 - Relative Assessment and Safety Dashboard
 - CCI Dashboard
 - CFSR Dashboard

- MiTEAM Fidelity Tool Switchboard
 - Days to Adoption Report
 - Foster Home Licensing Dashboard
- 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 child welfare managers to monitor their staffs' skill using the MiTEAM practice model in providing services.
- 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 monthly report data demonstrates whether efforts are reflected in improved scores or whether other strategies or changes are needed.
- Trauma-informed caregiver 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.

- The Office of Workforce Development and Training (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 Education and Training Voucher (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.

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:

- **Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY)**
Michigan is one of seven states selected to work with the QIC-EY to implement a youth engagement training and coaching model for the child welfare workforce, and a training on youth engagement for courts. Through the project, MDHHS will develop a coaching model for supervisors that will assist direct service staff to authentically engage with children and youth.
- **Capacity Building Center for States.** Wayne County is working with the Capacity Building Center for States to implement the Atlantic Coast Child Welfare Implementation Center (ACCWIC) Coaching Model, an evidence-based supervisory coaching model with the goal to sustain a more skilled workforce with staff who can

consistently handle competing priorities, manage stress and trauma, and view themselves as part of a team.

- **University of Michigan.** The University of Michigan continues to serve as a lead for a number of projects that include:
 - Validation of data reported through the Modified Implementation, Sustainability, and Exit Plan (MISEP).
 - Central registry reviews for expungement.
 - Juvenile Court Dashboard.
 - Racial disparities in child welfare, with the Michigan Public Health Institute.
 - Evaluation of Kent Performance-Based Funding Program.
 - THC exposures among infants in Michigan's child welfare system.
 - Data and technical analysis to support MDHHS efforts to achieve permanency within 12 months.
 - Evaluation of eligible Title IV-E prevention services SafeCare and Family Spirit.
 - Evaluation of the effectiveness of family preservation programs in preventing placement and reunifying families from foster care.
- **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 began in January 2023.
- **Maximus.** Michigan is contracting with Maximus to guide development of QRTP independent assessment of children prior to placement in a residential setting as well as technical assistance on the requirements of the FFPSA. During the testing phase in January to March 2021, Maximus assisted in creating a system for credentialing independent assessors.
- **The Harvard University Government Performance Lab.** 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 of 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.
- **Michigan Public Health Institute.** Michigan is working with the institute and the University of Michigan 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.
- **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 based on safety and risk. The re-validated assessment is an instrumental element of Michigan's QRTP decision-making process. An amendment is being added to focus on work related to the MI Kids Now initiative, enhancing service provision to better address behavioral health needs of youth.
- **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 L:** The Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan was assessed in 2023, and it was determined no substantive changes were necessary.
2. **Health Care Oversight and Coordination Plan, Attachment M:** The Health Care oversight and Coordination Plan was assessed in 2023 and updated to include expanded MDHHS activities under Psychotropic Medication Oversight, as well as the

description of a protocol for oversight of claims for opioid medications.

3. **Child Welfare Disaster Plan, Attachment N:** MDHHS county offices, BSCs, Child Welfare Services and Support and Centralized Intake reviewed the Child Welfare Disaster Plan in 2023 and determined that refinements were necessary to Centralized Intake's role in addressing emergencies and to address underserved populations.
4. **Staff and Provider Training Plan, Attachment O:** The MDHHS Staff and Provider Training Plan was reviewed in 2023 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 2021 and 2022, 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 partnered with Evident Change and ideas42 to develop a Structured Decision-Making (SDM) 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 with the SDM intake workgroup began in April 2021. The workgroup began tool customization in April following a structured plan. The draft of the tool was finalized in late 2022 after completing inter-rater reliability testing. Customization and automation of the tool began in December 2022 and is being fully implemented in 2023.

The process to customize the new intake assessment included an opportunity for the SDM workgroup to inform, refine, and test revised maltreatment types. The intake assessment was drafted with the assistance of internal and external stakeholders and tribal governments. Updated maltreatment type definitions will be published in policy once the intake assessment is implemented.

In addition to the development of a new SDM for Centralized Intake, CSA is partnering with the Harvard University Government Performance Lab to pilot 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 substantial 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 to reach out to families with screened-out complaints with identified risk factors, and refer them to available, accessible, and culturally sensitive community resources. Michigan 211 engages with the family to complete an assessment, 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 expansion to additional sites 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 February 2023, approximately 635 families were referred to 211; 34 percent of those referred were successfully contacted and 20 percent of families opted to engage with 211. Of the 20 percent who engaged, 13 percent had resources identified for their needs. Michigan 211 is in the process of conducting follow-up calls to gather information on whether the families connected to the identified resources.

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. Workgroups were developed with various stakeholders to make recommendations and provide feedback for development of the new safety assessment. The new safety assessment will undergo inter-

rater reliability testing to ensure full understanding of the safety assessment items and definitions and to assess consistency. Full implementation will be assessed as the transition from MiSACWIS to CCWIS evolves.

The risk assessment work was pending legislative changes. Highly anticipated legislation became effective Nov. 1, 2022, and work on the risk assessment is underway. Workgroups began meeting in March 2023 to assist in the development of the new risk assessment.

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 surpassed at 96.1 percent based on CFSR case reviews.

Intake begins when a referral alleging child abuse and/or neglect is received by Centralized Intake (CI). When CI receives a referral of suspected child abuse and/or neglect, the CI specialist completes the priority response tool. The priority response tool assists with determining if the referral is screened in as a priority one or priority two response. The case manager must make face-to-face contact to assess child(ren) safety and well-being with each alleged child victim within designated timeframes (24 or 72 hours), as determined by the priority response criteria.

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 2019 through FY 2022.

Monthly Management Reports

Requirement	Timeliness of Initiating Investigations - Statewide			
	2019	2020	2021	2022
12-hour	96%	97%	98%	98%
24-hour	96%	98%	98%	98%
	Timeliness of Face-to-Face Contacts - Statewide			
24-hour	93%	91%	95%	95%
72-hour	93%	92%	95%	96%

February 2023 Monthly Management Report for the prior 12 months.

Progress in 2022

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 direct service 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 2022, 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 CSA In-Home Services Bureau developed a new SDM intake tool for Centralized Intake to ensure accuracy, consistency, and equity in assignment decisions made by intake.
- Implementation of the intake tool includes the development of a new prevention track at Centralized Intake to provide services and resources to children and families who are the subject of a screened-out referral to address any identified prevention indicators. The pilot for this program began in July 2022 in Kalamazoo and Calhoun counties.
- The prevention pathway includes coordination with Michigan 211, which is reaching out to families who have a screened-out CPS complaint with identified prevention indicators to provide community resources and follow-up to ensure the family's service needs are met to reduce the likelihood of interaction with CPS.

The tools, processes, and trainings described above will continue in 2024, with additional trainings to be targeted toward child welfare staff and supervision as needed.

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 confirmed 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% **2023 Performance:** 90%; CFSR Case Review
- **2024:** Maintain at 94.2% or above

Analysis

The CSA Monthly Management Report for commencement of investigations shows that in FY 2022, in 98 percent of cases, investigations were initiated timely. This is true for both Priority 1 (12-hour commencement) and Priority 2 (24-hour commencement) investigations. The Monthly Management Report reflects the total number of investigations during the fiscal year, whereas the CFSR score is based on review of a limited number of cases. MDHHS continues to emphasize the importance of timely investigation of CPS referrals.

Item 1 Planned Activities for 2024

- The Supervisory Control Protocol ensures that supervisors check the status of policy requirements at three checkpoints during the investigation phase of CPS complaints.
- The Mobile Investigator Application is utilized to give workers the ability to enter contacts quickly and accurately 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 receives 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 direct service staff to determine how policy is applied at the local level.
- 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 maltreatment in care (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 that a complaint meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

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

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

Assessment of Current Performance

Michigan's CFSR PIP Case Reviews scored at 82.8 percent for Item 2, setting the baseline for improvement. The goal for PIP completion in this area was 86 percent by Oct. 31, 2022. Michigan exceeded the PIP goal with a rating of 91.38 during reporting period 8.

Family preservation services are provided to prevent the need for foster care 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, 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® was piloted in Wayne, Kalamazoo, Ingham, Jackson, Kent, Calhoun, and Muskegon counties. Based on low utilization and feedback from contracted providers, it was determined the HOMEBUILDERS® contracts in all pilot counties will not continue after Sept. 30, 2023.
- 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 whose children are in foster care.
- 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, the program was available in 12 counties. An expansion to 21 total counties is planned to begin in October 2023.

Safety Item 2 is measured through the results of data collected by contracted service

providers and then analyzed through MiSACWIS for population and outcomes data.

Family Preservation Service Effectiveness

Family Preservation Service	Number of Families Served	Number of Children Served	Percent Intact after 12 Months
Families First of Michigan	2,133	5,830	75%
Family Reunification Program	547	1,189	95%
Families Together Building Solutions	1,645	3,667	93%
Total Served	4,325	10,686	

Quality Service Review Results

The Quality Service Review measures child safety in two forms, exposure to threat and behavioral risk. Results from 2018 to 2022 are below.

Performance Indicator	2018 Percent Acceptable	2019 Percent Acceptable	2020 Percent Acceptable	2021 Percent Acceptable	2022 Percent Acceptable
Safety – Exposure to Threat	94.1%	95%	95%	CPS: 95% Foster care: 97.9%	CPS: 87% Foster Care: 92%
Safety – Behavioral Risk	100%	88%	87%	CPS 82.4% Foster care 95.8%	CPS: 91% Foster care: 86%

Analysis

The QSR Performance Indicators look at the measures in the last 30 days from the date the child and family are interviewed as part of the review activity/assessment. Several factors may influence the fluctuations in observed performance metrics when comparing annual data year-to-year. Safety - Exposure to Threat is defined as the degree to which the focus child is free of abuse, neglect, intimidation, and bullying by others in his or her place of residence, school, and daily settings. The definition of Safety - Behavioral Risk is the degree to which the focus child avoids self-harm and self-endangering situations and refrains from behaviors that may put others at risk of harm.

At face value, it may appear that the state performance in 2022 declined from performance in 2021. Case selection was determined by the CFSR PIP Measurement plan and variations in the ratings are connected to case circumstances. The appearance of the lower ratings is a result of the last thirty days involving the focus child's experience of being bullied by peers and the lower behavioral risk is related to the focus child's behaviors in response to events that placed them at risk. In these circumstances, the youth and their important case members and

caregivers had plans in place to address the bullying and behaviors that kept the focus child safe. The protocol of the QSR guides the rating on a scale and the reflection on the total ratings support that the ratings are in the acceptable range, but required refinement for those focus youth, meaning an area for improvement had been identified. Children in Michigan are experiencing fewer maltreatment events while in foster care. Families in Michigan continue to be offered services to address challenges and the state focus on prevention is expected to support a reduction in the number of recurrent events of maltreatment experienced by children.

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.** 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% | 2023 Performance: 98%; CFSR Case Review |
| ○ 2024: Maintain at 86% | |

Analysis

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, possibly impacting the effectiveness of services. Resumption of face-to-face services in 2022 and 2023 shows improvement in Item 2.

MDHHS continues to expand and further refine services to families in ongoing efforts to improve Item 2. Messaging to counties involved in the ChildStat process in 2022 emphasized the importance of providing supportive services to families to prevent recurrence of maltreatment and MIC. During 2023, ChildStat is focusing on permanency and recurrence of maltreatment. 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
- Evidence-based home visiting services
- Family preservation services:
 - 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 was 71 percent by Oct. 31, 2022, which Michigan 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)

Where a preponderance of evidence of child abuse or neglect is found to exist, and ongoing

services are provided to a family, a Family Assessment of Needs and Strengths (FANS) and a Child Assessment of Needs and Strengths (CANS) is completed by the CPS caseworker with family input. The assessment identifies areas the family needs to focus on to reduce risk of future child abuse or neglect. These assessments 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 SDM 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 child victims involved in an open CPS or foster care case within 30 days of case opening. Completion of the trauma screening checklist is optional during CPS Investigations.
- **Safety Assessment and Plan - DHS-1232** identifies safety factors and protective interventions initiated. For any safety factor identified, a protecting intervention must be identified, and explanation provided in how the intervention protects each child.
- **Risk Assessment - DHS-257** determines the likelihood of a family's future involvement with the child welfare system. 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.

2021 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 direct service 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.

2023 Update: CSA is partnering with Evident Change to develop new safety and risk assessment tools. The risk assessment work was pending legislative changes. Anticipated legislation became effective Nov. 1, 2022, and work on the risk assessment is underway. Workgroups began meeting in March 2023 to assist in the development of the new risk assessment. 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. The new safety assessment will undergo inter-rater reliability testing to ensure full understanding of the safety assessment items and definitions and to assess consistency. Full implementation will be assessed as the transition from MiSACWIS to CCWIS evolves.

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

2021 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.

2023 Update: MDHHS continues to work with Evident Change to develop a new safety assessment. This work is currently moving into the inter-rate reliability testing phase.

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

2021 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.

2023 Update: Safety and risk trainings have been provided and continue to be available on request. Comprehensive trainings will be developed and implemented in conjunction with implementation of the new safety and risk assessment tools.

- **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.

2021 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. **2021 Update:** This activity was completed in Quarter 5. 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 2022

- ChildStat meetings featuring the work of 21 local offices and all Wayne County districts were conducted during 2022 and are continuing through 2023. In 2023, ChildStat is addressing permanency and recurrence of maltreatment.
- To increase safety for children in foster 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 February 2023, children's foster care caseload compliance for the 13:1 standard was:
 - MDHHS county offices: 99 percent
 - Private agencies: 94 percent
 - State overall: 96 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 15.

- 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.
- 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:
 - Ensured follow-up with mandated reporters who needed assistance or clarification during the reporting of child abuse and neglect.
 - Issued a Request for Proposal. CSA sought a contractor to provide an analysis of current mandated reporter training, laws, policies, practices, and relevant Michigan data to develop a new or enhance the existing mandated reporter curriculum and training that addresses implicit bias, disproportionality, and aligns with nationally recognized best practices. A vendor is expected to be

- announced in 2023. Following execution of the contract, work will begin.
- Continued to coordinate a diverse mandated reporter workgroup to continuously assess the need for revisions to the current mandated reporter training curriculum.

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% **2023 Performance:** 75%; CFSR Case Review
- 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 Dashboard

Baseline: 14.68; Area Needing Improvement; CFSR Round 3

National Performance: 9.67 CFSR Round 3; 9.07 CFSR Round 4

CFSR Round 4 Data Profile: 6.43 Risk Standardized Performance (RSP)

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

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.

- **2023:** 10 **2023 Performance:** 5.25; CFSR Dashboard
- **2024:** 9.67

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 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 2024

- 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.

- 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.

2021 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.

2021 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.
- 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 assess the quality of the investigation. These reviews occur prior to supervisory approval 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 gaps, best practices, and ongoing needs to assess and prevent repeat maltreatment.
- Private agency compliance 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.
- The Placement Collaboration Unit also provides a weekly 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.

- 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 local offices and agencies 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 Relative Placement Safety Screen (MDHHS-5770) and the Relative Placement Home Study were significantly revised in 2019 and ongoing revisions to the forms continue to be made, as needed, that focus more clearly on verification and resolution of safety factors.
- 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 14-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.

- In May 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.
- 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.

Licensing and Contractual Corrective Action

The Division of Child Welfare Licensing (DCWL) is responsible for conducting special evaluations of homes and institutions when a rule violation is identified or suspected. When rule violations are confirmed, corrective action plans are put into place.

Each contracted foster care and child-caring institution (CCI) provider goes through an annual contract evaluation. Any contract violations identified during the contract evaluation process would be addressed by creating a targeted agency focus plan. This serves as a corrective action process for contract violations.

Training

- CPS-MIC and Placement Collaboration Unit staff are engaging with private agencies and Regional Resource Teams 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. 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 2024

- 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.
- In June 2022, MDHHS in collaboration with The New Foster Care implemented 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 direct service 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 CSA 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.
- 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

- In 2022, CSA In-Home Services Bureau worked 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 2021-2022 and CSA is continuing in the development of a new and established team of advisors.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2022, 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; 2022: 32 percent; DCQI Data Management Unit).

The policies and services described below are directed toward this vulnerable population and remained in place in 2022. 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 a preliminary 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 confirmed CPS cases that are 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 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.

Safety planning and documentation will continue to be an area of focus with the implementation of the new SDM safety assessment.

Planned Activities for 2024

In 2023 and 2024, MDHHS will continue 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 direct service staff regarding the Early On referral process and providing information regarding the services Early On provides.
- Resources provided to MDHHS direct service 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.
- Plan of Safe 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 direct service 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, 2023, approximately 55 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, 2023, the following percentage of foster care cases were served by private agencies:

- BSC 1: 47.3 percent
- BSC 2: 45.5 percent
- BSC 3: 45 percent
- BSC 4: 41.7 percent
- BSC 5: 66.3 percent

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

Permanency Outcome 1 - Children Have Permanency and Stability in their Living Situations

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 surpassed at 90.6 percent in 2021. However, the state’s performance has decreased to 83 percent in the 2022 CFSR case review sample.

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. For this item, a lower score is preferred.

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, 2.98 moves in 2021 and 2.97 moves in 2022.

Permanency Outcome 1 Data Indicators				
Data Indicator	2019	2020	2021	2022
Placement Stability – CB state data profile	3.44	2.64	2.98	2.97
Placement Stability – CFSR Case Review	91%	86%	90.6%	83%
Placement Stability – QSR, cases rated satisfactory	87%	87%	91.5%	85%

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 Placement Stability rating outlined in the state data profile is a calculation of moves/placement changes within the state AFCARS population divided by a determined number of days in care. The CFSR Case Review assessment rates Placement Stability as either a strength or an Area Needing Improvement on selected children in the CFSR PIP Measurement plan or samples authorized by the Measurement and Sample Committee.

The Quality Service Review utilized the sample CFSR PIP sample population to assess placement 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 in 2021 at 92.6 percent. However, the state's performance has decreased to 83 percent in 2022.

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. CFSR Item 6 focuses on the achievement of the permanency goal considering the timelines outlined in the statewide data indicators including reaching permanency within 12 months, 12-24 months, or 24 or more months.

Permanency Outcome 1 Data Indicators				
Data Indicator	2019	2020	2021	2022
Permanency goal for the child – QSR	78%	80.6%	82%	71%
Permanency goal for the child – CFSR Case Review	91%	80%	92.6%	84%

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. In addition, the QSR is outcome focused; asking whether the case interventions are moving the child and family toward the desired outcome outlined for permanency. In the QSR, if the case plan appears appropriate to support the goal of permanency but the goal has not been met or is not nearing achievement, the rating will be unacceptable. The CFSR considers concerted efforts to achieve the desired permanency goals within a period under review. If a youth has not achieved permanency within the guidance outlined in the CFSR, cases may be assessed as an Area Needing Improvement.

For item 5, the timely establishment and appropriateness of the permanency goal has been impacted when there is a change in direction of the case and the goal in the case file is not reflective of the change. Michigan continues to track all outcome measures mimicking the federal syntax published as of June 30, 2023 to keep track of the data trends. Performance measures show decline in specific outcomes and those periods include times when the state was addressing challenges resulting from the COVID-19 pandemic. Stay-at-home orders, limited return to in-person events including services provided as home-based interventions directly impacted the benefit families experience to rectify their challenges.

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. Michigan continued to surpass this goal at 71 percent in 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 Indicator				
	2019	2020	2021	2022
Living arrangement	96%	100%	97.1%	98%

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. Although the Rapid Reunification initiative has ended, many counties continue to utilize those guidelines when considering when to reunify families.

Permanency 1 Progress in 2022

- MDHHS contracted with Building Bridges Initiative to provide technical assistance to residential providers in collaboration with the Residential Collaboration and Technical Assistance Unit.
- MDHHS partnered with Casey Family Programs to evaluate the TDM process in Michigan for continuous quality improvement, outcome assessment, and statewide expansion.
- MDHHS developed a visitation toolkit for caseworkers that includes resources in the areas of planning, supplemental contacts, transportation, and supervised vs. unsupervised visitation. The toolkit will be placed on the public website and will be added to as new resources and updated best practices become available.
- MDHHS continued Sustaining Performance Improvement to help support child-placing agency and child-caring institution providers in strengthening their ability to understand data-driven performance indicators, learn about best practices, build on strengths that improve performance, test new strategies, and evaluate impact.

Permanency 1 Planned Activities for 2024

Michigan will continue Implementation of the Intensive Placement Unit (IPU), to expand current statewide placement efforts for youth in need of community placement settings, formalize a consistent and purposeful placement process statewide, and ensure timely and child centered placement decisions.

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% **2023 Performance:** 83% CFSR Case Review
 - **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% **2023 Performance:** 84% CFSR Case Review
 - **2024:** Maintain at 87% or higher

Analysis

Item 4 – Placement Stability and Item 5 – Timely establishment and appropriateness of the permanency goals appear to have declined among the reporting years as of June 30, 2023 due to lower volume of reviews completed. Item 4 has a compliance performance based on case reviews with nine cases rated as a strength out of 12 total cases reviewed for a 75 percent conformity rate. Item 5 performance is based on 10 cases rated as a strength out of a total of 12 cases for an 83 percent conformity rate. Michigan capitalizes on quality assurance processes to review data and consider methods for improvement. The strategies Michigan has implemented include the Michigan Service Review, ChildStat, Quality Improvement

Council, Quality Collaboration and Training, and Sustaining Performance Improvement which support the review of metrics and strategies utilized to improve performance.

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% **2023 Performance:** 71%; CFSR Case Review
 - **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 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 local office 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 systemically impact 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)

National Performance: 42.7% CFSR Round 3; 35.2% CFSR Round 3

CFSR Round 4 Data Profile: 21.9% RSP

Benchmarks 2020-2024:

- | | |
|----------------------|--|
| ○ 2020: 33.3% | 2020 Performance: 27.6%; CFSR Dashboard |
| ○ 2021: 28% | 2021 Performance: 27.4%; CFSR Dashboard |
| ○ 2022: 31% | 2022 Performance: 27.5%; CFSR Dashboard |
| ○ 2023: 36% | 2023 Performance: 20.7%; CFSR Dashboard |
| ○ 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 CFSR Dashboard

Baseline: 47.4%, RSP

National Performance: 45.9% CFSR Round 3; 43.8% CFSR Round 4

CFSR Round 4 Data Profile: 39.3% RSP

Benchmarks 2020-2024:

- | | |
|----------------------|--|
| ○ 2020: 47.5% | 2020 Performance: 46.4%; CFSR Dashboard |
| ○ 2021: 46.5% | 2021 Performance: 44.7%; CFSR Dashboard |
| ○ 2022: 46.8% | 2022 Performance: 44.6%; CFSR Dashboard |
| ○ 2023: 47.1% | 2023 Performance: 38.5%; CFSR Dashboard |
| ○ 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% CFSR Round 3; 37.3% CFSR Round 4

CFSR Round 4 Data Profile: 40.2% RSP

Benchmarks 2020-2024:

- | | |
|----------------------------------|--|
| ○ 2020: Maintain at 36.6% | 2020 Performance: 36%; CFSR Dashboard |
| ○ 2021: Maintain at 36.6% | 2021 Performance: 42%; CFSR Dashboard |
| ○ 2022: Maintain at 36.6% | 2022 Performance: 42.9%; CFSR Dashboard |
| ○ 2023: Maintain at 36.6% | 2023 Performance: 43%; CFSR Dashboard |
| ○ 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% CFSR Round 3; 5.6% CFSR Round 4

CFSR Round 4 Data Profile: 3.8% RSP

Benchmarks 2020-2024:

- | | |
|---------------------|---|
| ○ 2020: 7% | 2020 Performance: 7.1%; CFSR Dashboard |
| ○ 2021: 6.8% | 2021 Performance: 6.3%; CFSR Dashboard |
| ○ 2022: 6.6% | 2022 Performance: 4.8%; CFSR Dashboard |
| ○ 2023: 6.4% | 2023 Performance: 3.5%; CFSR Dashboard |
| ○ 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 CFSR Round 3; 4.48 CFSR Round 4

CFSR Round 4 Data Profile: 2.97 RSP

2020 Performance: 3.44

Benchmarks 2020-2024:

- | | |
|---------------------|---|
| ○ 2020: 3.64 | 2020 Performance: 3.44; CFSR Dashboard |
| ○ 2021: 3.62 | 2021 Performance: 2.64; CFSR Dashboard |
| ○ 2022: 3.6 | 2022 Performance: 2.81; CFSR Dashboard |
| ○ 2023: 3.58 | 2023 Performance: 3.04; CFSR Dashboard |
| ○ 2024: 3.56 | |

Analysis

Michigan continues to focus on improving the score on permanency in 12 months through the ChildStat process which tracks and discusses the measure in the counties with the highest foster care placement rates, highlighting and sharing best practices. Quality Improvement Council presentations likewise focus on permanency in 12 months, sharing research and best practices. The Court Improvement Program through the State Court Administrative Office (SCAO) provides training to jurists, attorneys, and court personnel on timely permanency and related issues. While Michigan is well below the National Performance (NP) in permanency in 12 months, the state is closer in the 12 to 23 months (39.3 percent compared to 43.8 percent for the NP) category and exceeds the NP in 24+ months (40.2 percent compared to 37.3 percent). Michigan excels in preventing re-entry to foster care (3.8 percent compared to 5.6

percent NP) and placement stability (2.97 compared to 4.48 percent NP)². Michigan continues to use the CQI process throughout the foster care program to improve permanency for children in various ways that are described in this report.

Progress in 2022

- CSA has partnered with the MDHHS Bureau of Children's Coordinated Health, Policy, and Supports (BCCHPS) to perform clinical assistance meetings to identify and coordinate services for youth with mental and behavioral health needs where the lack of available resources is causing placement instability and permanency delays.
- 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 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.

Planned Activities for 2024

- 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.
- Implementation of the Intensive Placement Unit (IPU) to expand current statewide placement efforts for youth in need of community placement settings, formalize a consistent and purposeful placement process statewide, and to ensure timely and child centered placement decisions.

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.

² CFSR Round 4 Data Profile

- 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 has been piloting a process to implement Team Decision-Making (TDM) meetings facilitated by permanency resource monitors, who will function as impartial meeting facilitators. TDM implementation includes providing training to all CPS, foster care, and maltreatment in care specialists and supervisors for MDHHS and private agencies. In 2019 and 2020, TDMs were implemented in five counties and one district in Wayne County. In 2021 and 2022, TDMs were expanded to 30 counties including all three Wayne County districts. MDHHS plans to expand TDMs to additional counties in 2023. In 2022, TDM facilitators presided over 7,200 TDMs.

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 CCIIs.
- 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 Outcome 2 - The Continuity of Family Relationships and Connections is Preserved for Children.

Items 7-11 Assessment of Current Performance

For Items 7-11, 2019 and 2020 scores were derived from CFSR PIP case reviews from Quarter 2 (2019) and Quarter 8 (2020). Scores for 2021 and 2022 were derived from the CFSR reviews.

Permanency Outcome 2 – Continuity of Family Relationships and Connections				
	2019	2020	2021	2022
Item 7: Placement with siblings – CFSR Case Review	86%	46.6%	93.2%	100%
Item 8: Visiting with Parents in Foster Care – CFSR Case Review Mother Father	75% 53%	Mother: 85.4% Father: 76.7%	Mother: 90.4% Father: 85.7%	Mother: 91% Father: 83%
Item 8: Visiting with Siblings in Foster Care – CFSR Case Review	67%	66.7%	87.9%	92%
Item 9: Preserving Connections with the Community – CFSR Case Review	69%	87.3%	90.3%	87%
Item 10: Relative Placement– CFSR Case Review	81%	88.3%	95.2%	89%
Item 11: Relationship of Child in Care with Parents – CFSR Case Review	Mother: 52% Father: 43%	Mother: 79.2% Father: 62.1%	Mother: 69.8% Father: 66.7%	Mother: 81% Father: 73%

Analysis

Caseworker challenges to completing visits with parents include parental issues such as 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. Emphasis on case practice, SAFE family team meetings, facilitated TDMs, and engagement of parents contributes to enhanced performance since CFSR Round 3 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.

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. 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 valuable resources 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.
- The MiTEAM Advisory Committee was developed in 2022 to focus on areas such as training, guidance, policy development, and practice support.
- 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 collaboration 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 enhanced parenting skills and self-efficacy among fathers, which may then translate into improved participation in family time.

Permanency 2 Progress in 2022

- MDHHS continued working with residential providers in the development of more robust aftercare services for youth who have experienced a residential intervention.
- CSA partnered with the MDHHS Bureau of Children’s Coordinated Health, Policy, and Supports to perform clinical assistance meetings to identify and coordinate services for youth with mental and behavioral health needs where the lack of available resources is causing placement stability and permanency delays.
- MDHHS is collaborating with the Bureau of Children’s Coordinated Health, Policy, and Supports 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.
- MDHHS is working to develop a community reintegration plan to address service needs and gaps and form collaborative partnerships for youth exiting residential or hospital level of care.

Permanency 2 Planned Activities for 2024

- 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.
- MDHHS will continue to develop a community reintegration plan to address service needs and gaps for youth exiting residential or hospital level of care.

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.
- The definition of “relative” was expanded in 2022 in state statute and policy to include fictive kin.
- 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 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, 2023, 3,543 children under age 5 were in foster care, which is approximately 35 percent of the total foster care population.
- At the conclusion of FY 2022, one child under age 5 did not have an identified permanent family upon termination of parental rights. As of March 1, 2023, this one child remains unmatched with a 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. 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, and reasonable efforts being made, and provides 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. Match support specialists engage the family throughout the adoption process and 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 2022

- MDHHS continued to provide foster care supportive visitation services statewide.
- MDHHS received additional funding to support visitation efforts between children and parents. This funding can be used to reduce barriers locally such as transportation and visit observation.
- MDHHS developed a visitation toolkit for caseworkers that includes resources in the areas of planning, supplemental contacts, transportation, and supervised vs. unsupervised visitation. The toolkit will be placed on the public website and will be added to as new resources and updated best practices become available.
- A Caregiver Support and Resource Plan was developed and a pilot for its use began. 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 contracted for a statewide marketing campaign to raise awareness about the need for foster parents in Michigan.
- MDHHS, in partnership with the Michigan Public Health Institute, continued offering 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.

- Michigan expanded evidence-based home visiting programs (Healthy Families America and Parents as Teachers) in 12 counties.
- In FY 2023, Michigan began offering SafeCare in 19 counties, continued to expand evidence-based home visiting services in at least eight additional counties, and expanded Family Spirit in three Tribal communities.

Planned Activities for 2024

- Michigan will continue to support implementation of the expansion of prevention services in accordance with FFPSA to ensure families are getting connected to these valuable services.
- The Caregiver Support and Resource Plan pilot will continue and possibly expand based on outcomes in pilot areas.
- 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 explore 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 that 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 Outcome 1 – Families Have Enhanced Capacity to Provide for their Children's Needs

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 assesses parents, children, and caregivers' needs through use of the Children's Assessment of Needs and Strengths (CANS) and Family Assessment of Needs and Strengths (FANS) quarterly and at certain case trigger points to ascertain progress in the treatment plan and determine further service needs and next steps.

Michigan provides an array of MDHHS-provided and contracted services in 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, but are not limited to:

- Prevention Services
- Case Management
- 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
- Foster Care Navigator Program

Quality Service Review competencies of Engagement, Assessment and Understanding, and Case Planning are considered in determining effectiveness of needs assessment and service provision. Below, scores from the 2022 QSR showing QSR competencies broken down by relationship gives important information on the need for targeted interventions for each individual case member.

Indicator	Child	Mother	Father	Caregiver
Engagement	87%	55%	44%	81%
Assessment and Understanding	80%	47%	26%	79%
Case Planning	87%	49%	34%	81%

Analysis

Engagement plays a key role in understanding and assessing the needs of those the child welfare system serves. The outcome for a child and family depends on the interventions intended to change the family or home circumstance. Teaming is negatively affected when workers do not engage effectively with parents. When looking at the participants' ratings in the QSR, the child and caregiver rate in the acceptable range. Opportunities exist when considering how the child welfare system participates with mothers and fathers. These findings remain similar to 2021 findings. Michigan continues working on lowering the rate of recurrence and improving the rate for permanency within twelve months, and, therefore, focus on parental interactions is a priority.

Total Quality Service Review cases reviewed in 2022: 75; 52 foster care and 23 CPS ongoing. Thirty-six counties in all five Business Service Centers were visited for the Quality Service Review.

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 or 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 30 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 the 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 a 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.

Quality Service Review

Practice Performance Indicators considered for parental involvement in developing case plans are engagement, teaming, and case planning. Overall statewide Quality Service Review scores from 2019 to 2022 are below:

Indicator	FY 2019	FY 2020	FY 2021	FY 2022
Engagement	59%	69%	71%	68%
Teaming	35%	30%	47%	33%
Case Planning	53%	66%	66%	67%

Analysis

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 caseworkers 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. The SCAO Court Improvement Program continues to develop pamphlets to provide to parents to engage and educate them about the court process.

Michigan has updated the MiTEAM Fidelity application, an assessment and coaching tool intended for supervisors to use as they support the development of key behaviors consistent with implementing the case practice model among staff. Teaming is measured beyond conducting specific meetings such as Family Team Meetings, it requires the development of a functioning group of persons who have specific roles on the identified team, the coordination of who is responsible for which aspects of the case plan and then assesses the functioning of that team to adjust as the case progresses. When there is staff change, there is an impact to engagement and teaming as relationships are developed with the new person.

Michigan supports new staff through mentorship and coaching to learn the job requirements and then continuously develop the skills to implement the tenets of the practice model.

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 Contacts³

Category	2019 Performance	2020 Performance	2021 Performance	2022 Performance
CPS Ongoing Visits with Child	79%	80%	86%	88%
CPS Ongoing Visits with Parent	75%	75%	78%	81%
Foster Care Visits with Child	88%	89%	88%	91%
Foster Care Visits with Parent	61%	60%	52%	58%

MDHHS utilizes CFSR 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 has an opportunity to hear the case findings and receive 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.

The drop in 2021 performance in foster care visits with parents, demonstrating achievements in 2020, may have been influenced by COVID-19 restrictions, which forced foster care and CPS staff and service providers to provide services to families virtually, via telephone or video chat, possibly resulting in less effective engagement. Resumption of face-to-face contacts in 2022 shows improvement in foster care visits with parents.

Well-Being 1 Progress in 2022

- In 2021 and 2022, TDMs were expanded and currently include 30 counties including all three Wayne County districts. MDHHS plans to expand TDMs to additional counties in 2023. In 2022, TDM facilitators presided over 7,200 TDMs.
- MDHHS worked with the Praed Foundation to develop a Michigan version of the Child Assessment of Needs and Strengths functional assessment tool for all youth encountering the community mental health system.
- 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 2023.

³ CPS Ongoing and Foster Care Visits scores are based on the 12-month scores posted in February of each year and reflect cumulative averages for the prior 12 months.

- MDHHS is collaborating with the Bureau of Children’s Coordinated Health, Policy, and Supports (BCCHPS) to streamline access to aftercare services and the use of Medicaid for youth returning to the community following hospitalization or residential treatment.
- MDHHS initiated a contract with the Ruth Ellis Center for caseworker training on collection of sexual orientation and gender identity and expression (SOGIE) data and engagement of youth and caregivers on diverse SOGIE as well as support group development.
- MDHHS developed a caseworker visit tool visits with youth experiencing residential treatment. Focus groups were held with youth to identify what they felt important for caseworkers to speak with them about and incorporated that feedback into the tool. Youth also reviewed the tool after it was drafted and prior to implementation.
- MDHHS held a virtual statewide foster, adoptive, and kinship caregiver conference available at no cost to caregivers. This conference had 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 Planned Activities for 2024

- MDHHS will continue developing partnerships between local CMH agencies and MDHHS local offices.
- Implementation of recommendations from a variety of citizens on their knowledge of and access to the Michigan Adverse Childhood Experiences Initiative. Recommendations included areas such as education, training, and use of adverse childhood experience measurement for child-centered, trauma informed, and equitable practice.
- MDHHS will continue to train caseworkers on collection of SOGIE data and engagement of youth and caregivers with diverse SOGIE as well as support group development.

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% **2023 Performance:** 45% CFSR Case Review
 - **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 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% **2023 Performance:** 64%; CFSR Case Review
 - **2024:** Maintain at 60% or higher

Analysis

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 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. The 2023 performance improved to 64 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% **2023 Performance:** 88%; CFSR Case Review
 - **2024:** Maintain at 82% or higher

Analysis

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 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. The 2023 performance improved to 88 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 was 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% **2023 Performance:** 54%; CFSR Case Review
 - **2024:** Maintain at 52% or higher

Analysis

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 was 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 was 52 percent. The 2023 performance improved to 54 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 county offices and agencies 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.

2023 Update: The MiTEAM Advisory Committee developed sub-groups that are currently reviewing and updating:

- MiTEAM training curriculum
- MiTEAM case practice manual
- MiTEAM web page
- MiTEAM Virtual Learning Site

2023 Update: Michigan is one of seven states selected to work with the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) to implement a youth engagement model, a training and coaching model for the child welfare workforce, and a training on youth engagement for courts. Through the project, MDHHS will develop a coaching model for supervisors that will assist direct service staff to authentically engage with children and youth.

- 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.

2023 Update: Wayne County is working with the Capacity Building Center for States to implement the Atlantic Coast Child Welfare Implementation Center (ACCWIC) Coaching Model, an evidence-based supervisory coaching model with the goal to sustain a more skilled workforce with staff who can consistently handle competing priorities, manage stress and trauma, and view themselves as part of a team. Wayne County aims to help supervisors and managers enhance critical thinking skills across all levels and improve fidelity to the MiTEAM practice model. In 2021 and 2022, Wayne County completed a root cause analysis and engaged in theory of change activities. The Capacity Building Center for States provided facilitation, consultation, training, and coaching with the county to conduct a readiness assessment, develop an implementation plan, and has begun to implement the model.
- 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 was added 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 was added 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.
 - Policy was changed 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.
- MDHHS has been identified as an implementation site for the Quality Improvement Center on the Engagement of Youth (QIC-EY) grant with Spaulding for Children. This five- year grant is in its first year of implementation.

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 county 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.
- MDHHS established a contract with Building Bridges Initiative to provide leadership training and coaching for Michigan's contracted residential service providers.

Technical Assistance and Capacity Building

- The 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 continues to work with Building Bridges Initiative to improved services and expectations for youth experiencing residential treatment services.

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 that 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 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. Initial 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. Additional trainings in 2022 covered special education and Individual Education Plans, surrogate parents, and general Q&A sessions for staff to ask situational questions.
- In 2022, MDHHS developed a collaborative workgroup with Michigan Department of Education and several educational advocacy and child welfare advocacy organizations to address barriers to educational success for youth experiencing foster care.

Item 16 Progress in 2023

- The MDHHS Education Workgroup is preparing short and long term recommendations to increase educational success for youth experiencing foster care in the areas of policy, legislation, and funding.
- MDHHS issued a grant to The Arc Michigan to assist with advocacy services for youth with disabilities in foster care.

- MDHHS hired two Educational Specialists to work on barriers to educational success for individual youth as they exit residential treatment and return to the community.

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% | 2023 Performance: 85%; CFSR Case Review |
| ○ 2024: 90% | |

Analysis

A hypothesis to explain the drop in performance in 2021 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 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 local office teams 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.
 - **2023 Performance:** A communication issuance will be sent to foster care staff to remind them that the education section in MiSACWIS needs to be updated any time a youth changes schools, as well as between school years. In addition, this directive will be included in all training provided by program office to foster care staff; program office has suggested this be included in new worker training as well.
- **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.
- **2023:**
 - 25.64% dropout rate for four-year cohort of 2021-2022 Graduation Dropout Cohort.
 - 29.97% dropout rate for five-year cohort of 2021-2022 Graduation Dropout Cohort.

Item 16 Planned Activities for 2024

- 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.
- MDHHS will collaborate with Michigan Department of Education in proposing legislative changes to address barriers to graduation for youth experiencing foster care.

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.
- In 2022 MDHHS developed an interagency workgroup with the Michigan Department of Education and partner organizations to work on barrier reduction for youth experiencing foster care.

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.
- MDHHS will reduce barriers to accessing services for youth with disabilities through partnership with The Arc Michigan.

Technical Assistance and Capacity Building

- The Foster Care, Guardianship, and Adoption division 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 division 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 Outcome 3 – Children Receive Adequate Services to Meet their Physical and Mental Health Needs.

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 2022

- 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, which includes the 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 local office staff 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 continues to participate in the Center for Medicare and Medicaid Services (CMCS) Affinity Groups to improve timeliness of medical and dental exams for children in foster care. The CMCS Affinity Groups will continue until September 2023. The Michigan team has conducted surveys and focus groups and is in the process of conducting “Plan-Do-Study-Act” (PDSA) activities to identify practices that will achieve success in meeting exam benchmarks. One PDSA currently in progress asks health liaison officers from four counties in BSC 5 to engage foster parents directly in the earliest days of foster care placement. This engagement includes discussing the importance of scheduling and attending the initial comprehensive medical examination and the initial dental examination. Early data indicate that this direct engagement has increased Michigan’s success in reaching benchmarks for success in examination completion.
- Child Welfare Medical and Behavioral Health Unit staff worked closely with residential providers to establish protocols for the exchange of health information during transitions of care. These voluntary protocols and associated forms are available to all residential providers. The Child Welfare Medical and Behavioral Health Unit continues to communicate with residential providers to address health information transfer challenges.
- A lean process improvement was conducted in 2021-2022 to assess the receipt of Supplemental Security Income for children in foster care with disabilities. The lean process improvement team included representatives from Federal Compliance, accounting, government benefits, Child Welfare Medical and Behavioral Health Unit and representatives from local offices, both public and private. The team mapped current processes and made recommendations to department leadership including developing protocols to determine the use of Retirement, Survivors, and Disability Insurance (RSDI) and Supplemental Security Income (SSI) benefits, tracking payments, engaging parents and children/youth during changes in benefits/payees, updating tracking systems, and developing training and technical assistance to local office personnel. Additionally, team members developed a training PowerPoint to assist local office staff in maximizing access to SSI for eligible youth in foster care.
- The health analyst in Child Welfare Medical and Behavioral Health Unit attends regular meetings to discuss backlogs in MiSACWIS, provide information about challenges identified by the health liaison officers and obtain information about updates that would be important in addressing the health needs of children in foster care.
- The health analyst in the Child Welfare Medical and Behavioral Health Unit attends Public Health Emergency “unwind” meetings to track and respond to Public Health Emergency orders impacting children in foster care.

- The psychotropic medication analyst in the Child Welfare Medical and Behavioral Health Unit developed protocols to support identifying and addressing the needs of children affected by the Flint Lead Water Settlement.
- The Child Welfare Medical and Behavioral Health manager provides ongoing representation on an MDHHS work group focusing on social determinants of health.
- The Child Welfare Medical and Behavioral health unit partnered with the MDHHS Division of Environmental Health to develop a process to advise foster care caregivers and assist with water filter installation when an action level exceedance for lead is issued in communities.

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. Data from oversight based on complexity criteria continue to show that the majority of cases reviewed fall within the lowest complexity (for example, the use of medications for attention deficit hyperactivity disorder in young children that fall within the community standard of care) and a few cases where medication regimens are highly complex (for example, multiple medications and/or duplication of antipsychotic medications). The Child Welfare Medical and Behavioral Health Unit and its partner, the Foster Care Psychotropic Medication Oversight Unit will continue to monitor these data, identify trends, and address the factors associated with psychotropic medication utilization.

Item 18 Progress in 2022

- Statewide training on using the Trauma Screening Checklist is available for new workers.
- The comprehensive trauma assessment contracts continue to include children adopted from child welfare.

- Training on policy and practice for trauma assessments continues to be provided to counties upon request.
- The Child Welfare Medical and Behavioral Health Unit staff monitor counseling, comprehensive trauma assessment, QRTP independent assessment, enhanced treatment foster care contracts, and the day treatment grant.
- 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 behavioral health care services for children in foster care.
- Portions of instructor-led training on Behavioral Health and Wellness: Case Practice and Achieving Health Requirements in Foster Care are available as computer-based training in the learning management system.
- Child Welfare Medical and Behavioral Health Unit staff held a mandatory training in fall 2022 for foster care staff on informed consent policies and protocols, documenting mental health activities in MISACWIS, and an overview of psychotropic medications as part of corrective action plans to improve MISEP items related to psychotropic medication informed consent and case documentation. Future trainings will be conducted annually informed in part by discussions from a statewide process improvement team.
- Child Welfare Medical and Behavioral Health Unit staff updated the brochure “Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services” to assist foster parents in obtaining health services for children and understanding their role in consent for different health and mental health interventions, including psychotropic medication use.
- The Child Welfare Medical and Behavioral Health Unit leads a focus group to identify and address methods to improve the informed consent process when a child in foster care is prescribed psychotropic medication. Lessons learned from this group will be scaled statewide as appropriate.
- The Child Welfare Medical and Behavioral Health Unit leads a process improvement team to identify and improve case practice and documentation related to psychotropic medication use and mental health treatment.
- The Child Welfare Medical and Behavioral Health Unit distributes data on psychotropic medication informed consent documentation to BSC leadership and management to assist the existing informed consent outreach efforts from the Foster Care Psychotropic Medication Oversight Unit.
- The Child Welfare Medical and Behavioral Health Unit leads a quality improvement case read process to identify and correct gaps in casework documentation.
- The Child Welfare Medical and Behavioral Health Unit leads a focused quality improvement project in Ingham County. Health liaison officers engage foster parents and youth about children’s medication use, response and side effects, review documentation required per policy, and enter any additional documentation as needed.

- The CSA medical consultant continues to provide training on health and behavioral health systems and policies for each Pre-Service Institute for new workers.
- The medical consultant participates in a project led by the Office of Workforce Development and Training to develop a new Pre-Service Institute training that will improve the capacity of child welfare professionals to succeed in case practice related to well-being.
- The Child Welfare Medical and Behavioral Health Unit staff continues to provide information about psychotropic medication informed consent and mental health resources by exhibiting at physician group annual conferences and at the Michigan Federation for Children and Families annual residential services conference.
- Members of the Child Welfare Medical and Behavioral Health Unit participate in interagency teams with MI Kids Now to reform behavioral health services for children in Michigan. Interagency teams focus on 1) developing and implementing the MichiCANS, a version of the Child and Adolescent Needs and Strengths information gathering process throughout the CMH system, 2) developing the array of community-based services for youth, 3) developing systems to support community reintegration for children/youth returning to the community from congregate care, 4) expanding Intensive Crisis Stabilization Services, and 5) developing resources and protocols to improve care coordination across systems.
- A new position was established in the Child Welfare Medical and Behavioral Health Unit: the community reintegration analyst. This position examines data and practice and recommends strategies to improve outcomes for children exiting congregate care.
- The Child Welfare Medical and Behavioral Health Unit participates in the newly developed clinical case reviews focused on children in foster care led by the Office of the Advocate for Children and Families in the Bureau of Children's Coordinated Health Policy and Supports.
- The job aids created by the Child Welfare Medical and Behavioral Health Unit to assist local offices in addressing challenges related to access to inpatient psychiatric admission for children in foster care and navigating the CMH appeals process following service denial continue to be available and will be updated as needed.
- 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 continues outreach and support to address health and mental health needs during transitions in care.
- The Child Welfare Medical and Behavioral Health Unit survey and case review intended to profile current practices for conducting and documenting psychiatric assessments in residential settings continues to inform ongoing quality improvement efforts in residential settings and expanded to community-based settings.
- The Enhanced Treatment Foster Care program pilot, designed to serve 100 children began Jan. 1, 2022, and thus far has served 25 children. The pilot has been extended for another year to continue serving families and to continue evaluating the impact of

this service on safety, permanency, and well-being.

- The Day Treatment Program pilot for youth in foster care from Oakland, Macomb, and Wayne counties started in January 2023 with the intent to expand the continuum of daytime services to youth in need of additional services and supports. Utilization and outcome data will inform plans for expansion of this service.
- The Child Welfare Medical and Behavioral Health Unit behavioral health analyst in partnership with the department analyst-SED waiver in the Bureau of Children's Coordinated Health Policy and Supports provides trainings to county teams about trauma assessments and the Waiver for Children with Serious Emotional Disturbance.
- Quarterly meetings with the county leads from MDHHS and the CMH service providers to discuss the Serious Emotional Disturbance Children's Waiver program occur quarterly.
- The CSA via Child Welfare Medical and Behavioral Health Unit continues to represent the needs of children in foster care on the MDHHS Autism Council.
- The CSA via Child Welfare Medical and Behavioral Health Unit continues to represent the needs of children in foster care on the MDHHS Behavioral Health Advisory Council.
- Health liaison officers received over 40 specific health/behavioral health-related trainings pertaining to children in foster care.

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% | 2023 Performance: 77%; CFSR Case Review |
| ○ 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% **2023 Performance:** 71%; CFSR Case Review
- **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:** 66%*
- **2023 Performance:** 67.4%*

*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 examinations⁴).

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

Benchmarks 2020-2024: 95% or higher

- **2020 Performance:** 69%
- **2021 Performance:** 72%*
- **2022 Performance:** 71.2%*
- **2023 Performance:** 67.4%*

*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.

⁴ 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.

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%*
- **2023 Performance:** 67.7%*

*Performance impacted by COVID-19 restrictions.

Well-Being 3 Planned Activities for 2024

- 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 and health liaison officers to provide policy and practice updates.
- MDHHS will continue the work to improve timeliness of medical and dental exams for children in foster care that was implemented during the project sponsored by the Centers for Medicare and Medicaid Services Affinity group after formal technical assistance ends in September 2023.
- 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 the brochure, “Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services” as necessary and disseminate to foster and relative providers at placement to outline current health care requirements.
- MDHHS update webinars for child welfare staff on health-related topics such as Supplemental Security Income for youth in foster care and psychotropic medication consent as necessary and ensure updated products are available on the learning management system and/or the Child Welfare Medical and Behavioral Health Resources webpage.
- MDHHS will provide ongoing outreach, education, and technical assistance to the primary care community.
- MDHHS will continue to require trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- MDHHS will continue to track the receipt of the COVID 19 vaccination for all children and youth eligible for the vaccination and under MDHHS supervision until leadership determines this is no longer needed.
- MDHHS will continue to provide training and information about COVID 19 vaccinations to child welfare staff.

- MDHHS will continue to review and expand content on the www.michigan.gov/childwelfare website.
- MDHHS will evaluate the outcomes of the pilot enhanced treatment foster care program and plan/implement expansion of this program based on the outcomes.
- MDHHS will continue implementation and potential expansion of the day treatment program for youth in foster care.
- MDHHS will continue to 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 continue reports for county director follow-up when repeated outreach for an informed consent document is unsuccessful.
- MDHHS will continue case reviews for a sample of children receiving psychotropic medications and communicate results to the county of origin to improve overall practice and provision of services in this area.
- MDHHS will continue to provide trainings on health, mental health, psychotropic medication, and case practice for local office staff.
- MDHHS will continue to address the needs of children in foster care in the MI Kids Now and other state-level efforts to reform behavioral health services through ongoing participation in MI Kids Now interagency teams.
- MDHHS will continue CSA involvement in the Autism Council.
- MDHHS will continue CSA involvement in the Behavioral Health Advisory Council.
- MDHHS will continue CSA involvement in the workgroup on Social Determinants of Health.
- The Child Welfare Medical and Behavioral Health will continue involvement in team communication related to MISACWIS.
- The health analyst in the Child Welfare Medical and Behavioral Health Unit will update Michigan's Foster Care Transitional Medicaid (FCTMA) policy to align with changes in federal requirements under the Affordable Care Act.

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)*
- **2023 performance (year to date):** 72% (MISEP 21-22 average)

*Performance impacted by COVID-19 restrictions

Analysis

The Child Welfare Medical and Behavioral Health Unit and Foster Care Psychotropic Medication Oversight Unit teams continue to work with local office staff 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 local office staff 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.
- Corrective action plan projects to achieve improvement in achieving consent benchmarks including engaging local office/county focus groups in identifying persisting gaps in practice and implementing practice change to address these gaps. One example involved holding a meeting between child welfare staff and local CMH Services providers to identify and address communication barriers contributing to delays in consent.

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.

Office of Inspector General Audit

In FY 2022, the Office of the Inspector General (OIG) conducted audits of child welfare case files from calendar years 2019 and 2020 in several states including Michigan. This audit focused on 1) documentation of opioid medication within the child welfare case record (MISACWIS) when Medicaid Claims indicated that opioid medications had been prescribed for children in foster care and 2) documentation of psychotropic medication consent in MISACWIS. They found few instances where opioid medications had been documented in the medications tab of the health profile in MISACWIS and that documentation of psychotropic

medication consents could be found in 71 of 85 cases read (83 percent) of cases read. These findings generally align with MDHHS internal data.

They recommended that MDHHS develop procedures to improve opioid medication documentation in MISACWIS and that MDHHS continue quality improvement efforts to improve psychotropic medication consent documentation, specifically providing more guidance in policy regarding instances when medications that are sometimes considered psychotropic (meaning they may be used for emotional, behavioral, and/or sleep issues) are, in fact, being used as general medications, for example, anticonvulsant medications used to treat seizure disorders rather than used to stabilize mood. In response to these recommendations MDHHS instituted the following:

- Developed a protocol to identify claims for opioid medications, enter these in MISACWIS and provide outreach to local office staff to ensure awareness and inclusion in case planning.
- Continued to engage in ongoing efforts to improve documentation of informed consent for psychotropic medications.
- Updated policy language guiding local office staff to collaborate with the Foster Care Psychotropic Medication Oversight Unit to correctly identify the circumstances when medications are used for medical conditions rather than for mental health conditions.

Well-Being 3 Planned Activities for 2024

- 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 team 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 examine outcomes from the new enhanced treatment foster care program and implement expansion as indicated by the outcomes data.
- MDHHS will continue its pilot of 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 related to psychotropic medication informed consent 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 continue 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 continue to provide updated information about SSI and make these updates available on the Child Welfare Medical and Behavioral Health Resources web page. The unit will also work with MDHHS partners to implement any initiatives as directed by CSA leadership and to support local office staff in ensuring that youth who are eligible access SSI.
- The Child Welfare Medical and Behavioral Health Unit will continue 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. These trainings will be available on the learning management system and/or the Child Welfare Medical and Behavioral Health Resources webpage.

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 Child Welfare Medical and Behavioral Health Unit participates in MI Kids Now efforts to improve the delivery of behavioral health services to children and consults with the Center for Health Care Strategies to explore programs and funding utilized in other states.

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

How well is the information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Item 19 Assessment of Current Performance

In 2022 and 2023, Michigan's statewide information system, MiSACWIS, continues to be the primary data system for child welfare case management with the exception of child welfare licensing, which has transitioned to Michigan's evolving Comprehensive Child Welfare Information System (CCWIS) system. Michigan has procedures designed to ensure accurate and timely data entry that accurately captures case practices and produces reliable results. Ongoing collaboration between state- and county/agency-level leadership has helped develop communication methods, systemic alterations, and job aids to ensure any improper data entry is quickly noted and corrected, resulting in an effective statewide information system that can produce accurate reports that drive improvement efforts. Michigan is committed to maintaining compliance with federal requirements as it transitions to meet the requirements of CCWIS. Details about the transition to CCWIS are provided later in this section.

Adoption and Foster Care Analysis and Reporting System

National Child Abuse and Neglect Data System

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, ensuring a systematic process for improvement continues. Participants include the Michigan Department of Technology, Management, and Budget, the MiSACWIS team, CSA, DMU, and the CPS, foster care, and adoption program offices.

Adoption and Foster Care Analysis and Reporting System (AFCARS)

Michigan's AFCARS team includes technical, business, program, policy, data management, payment, and quality improvement staff that review the requirements outlined in the AFCARS regulations to ensure both program policies and the state information system, MiSACWIS, collect the elements outlined within the 1993 and updated 2020 final rules.

Every six months following the submission of an AFCARS file, Michigan assesses data quality through the Information System Review, described later in this section. The Information System Review ensures specific demographic information entered by caseworkers into the statewide child welfare information system is accurately reported within the AFCARS files. Michigan meets the minimum data validation requirements at 95 percent or greater.

Since the release of the finalized AFCARS rules in May 2020, the state AFCARS team has conducted regular communications with the MiSACWIS technical and business teams, program, payment, data management, quality improvement, and policy divisions to ensure new data elements are collected within the state information system. Over the past three years, the state AFCARS team has also identified required enforcements within the information system to support data collection by the case management staff for the new requirements. In addition, the state AFCARS system has introduced targeted data cleanup and training to the case managers responsible for data entry. An overview of the new regulations was provided to child welfare judicial staff, supervisors, program managers, and directors.

In anticipation of AFCARS 2020 enforcements, the AFCARS team and the newly formed DCQI Data Quality Unit participated in the federal AFCARS open office hours and attended all presentations related to the new regulations. As a result, the state AFCARS team, along with the support of the MiSACWIS technical and business team, and the DCQI Data Quality Unit are targeting specific data cleanup activities to bring the file into compliance for data elements that were not required in the 1993 regulations.

In addition, Michigan's AFCARS team participated in the National Child Welfare Data Management System (NCWDMS) testing in January 2023, submitting test files into the state NCWDMS portal to ensure state file met the XML format requirements. Michigan's submission of the test file to NCWDMS confirmed that the states' internal data quality reports were consistent with those enforced in the new AFCARS 2020 regulations and NCWDMS system.

National Child Abuse and Neglect Data System (NCANDS)

Michigan submitted the annual NCANDS file on Jan. 17, 2023. The state's FY 2022 NCANDS file passed the validation and approval process. Michigan cooperated with the NCANDS liaison to update element mapping forms and continues to collaborate on data validation reports offered to states for improved data quality. Michigan continues to lead the country in

reporting the number of infants born substance exposed that have a plan of safe care as outlined in the Comprehensive Addiction and Recovery Act of 2016.

Information System Review

Ensuring Accurate and Timely Data Entry

Michigan outlines expectations for timely data entry within the program specific policies for each of the various documentation requirements. Social work contacts are to be entered within five days of the contact. Service plans are to be completed within thirty days at the initial onset of services and updated every 30 to 90 days thereafter depending on the program. Additional policies require recording of court hearing and court orders, investigative findings, and placements at specific intervals. There are many ways in which accurate data entry is evaluated; at the specific case level each program area supervisor is required to review staff documentation to ensure the content meets the expectations outlined in policy or adheres to specific laws. In addition, there are various approvals for specific case management activities that require a review of the permission by supervision or higher management that ensure data entry is accurate and is completed within the timeframes established by law or by policy.

Michigan's MiSACWIS system offers ticklers within the case management program to alert staff and supervisors about actions that are coming due or are past due. There are also various data reports that assist staff in track tasks that can be run daily, weekly, or monthly and outline events coming due or that may be overdue so that the staff, supervisor, or director can determine actions.

At the macro level, Michigan supplies monthly and quarterly dashboards that track the progress in meeting the timeliness standards to complete specific tasks. Additional statewide efforts to support accuracy of data entry include various case reviews including monthly relative home studies, maltreatment in care assessments, and child fatalities. For specific interests outlined in the MISEP, DCQI constructed a proactive review process to assess the documentation depth outlined in updated service plans regarding sibling separations. The proactive review records the number of service plans returned due to inadequate detail on this specific topic.

Finally, Michigan offers a statewide Information System review on a sample of cases and requests that case managers with direct knowledge of the case confirm the data that is reported to the bureau via the AFCARS file submission. The process of the review allows the person with first-hand experience with the youth/family to confirm that the data is accurately recorded in the front-end system as well as to the bureau. A similar process is also completed monthly with the tribal governments; specific lists of youth are shared with the tribal government appointee to confirm the data regarding that child/family is correct.

Michigan's MiSACWIS system ensures the state can readily identify the status, demographic

characteristics, location, and goal 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 bi-annually following every submission of an AFCARS File. 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 youth every six months. The total youth to be reviewed annually is 360.

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, 360 cases were pulled for case information to be reviewed with extracted data elements from the AFCARS file. This data was transmitted to county offices and private 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 county 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 county offices and 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. Corrections were made to any incorrect data. In 2022, out of a possible 360 surveys distributed, 346 were completed, for a completion rate of 96 percent. Michigan reviewed 2022 data through two Information System Reviews, following submission of the 2022A and 2022B files.

Information System Review Correct Responses					
Required Data element in MiSACWIS		2019 Total	2020 Total	2021 Total	2022 Total
Number of surveys completed		326/360 = 90%	310/360 = 86%	333/360 = 93%	346/360 = 96%
1.	Gender	326/326 = 100%	326/326 = 100%	333/333 = 100%	346/346 = 100%

2.	Date of birth	326/326 = 100%	310/310 = 100%	333/333 = 100%	346/346 = 100%
3.	Race/ethnicity	322/326 = 99%	309/310 = 99.6%	330/333 = 99%	346/346 = 100%
4.	Address at the time of review or at case closure	318/325 = 98%	304/310 = 98%	325/333 = 98%	344/346 = 99%
5.	Placement type at the time of review or at case closure	311/321 = 97%	307/309 = 99.3%	327/333 = 98%	343/346 = 99%
6.	Disability at the time of review or at case closure	316/322 = 98%	296/301 = 98.3%	81/91 = 89%	103/105 = 98%
7.	Legal status at the time of review or at case closure	314/321 = 98%	306/309 = 99%	328/333 = 98%	345/346 = 99%
8.	Permanency goal at the time of review or at case closure	319/321 = 99%	301/307 = 98%	343/346 = 99%	343/346 = 99%

Michigan's performance on the Information System Review over time has shown improvement in the number of surveys returned as well as accuracy of case information in the data system.

Information System Review results are communicated to stakeholders including the Children's Bureau, CSA leadership, BSC and local office directors, private agency compliance analysts, and local CQI teams. The next Information System Review will confirm data accuracy of 180 randomly selected children from the AFCARS 2023A file submission.

Comprehensive Child Welfare Information System (CCWIS) Transition

MDHHS has committed to the transition from the MiSACWIS application to a compliant CCWIS modular information technology system. The first CCWIS module, the Child Welfare Licensing Module (CWLM), launched in October 2022. It includes all child welfare licensing functions for foster homes, child-placing agencies, child-caring institutions, and court operated facilities. In January 2023, the connected Michigan Foster Care Portal was launched, allowing potential foster parents to inquire about and apply to become a licensed foster parent.

Michigan's current vendor contract for CCWIS conversion is for the Child Welfare Licensing Module and the Michigan Foster Care Portal only, with the current statement of work/amendment covering maintenance and operations as well as enhancements through September 2023. Michigan is in the process of procuring a vendor for the remainder of the CCWIS modules. The anticipated project kick-off for this contract and the remainder of the modules is October 31, 2023.

MDHHS has a contract with Civilla for human-centered design (HCD) planning including their subcontractor, Change and Innovation Agency (CIA), for Business Process Redesign (BPR). Within this partnership, BPR and HCD planning was completed for the Intake and

Investigation modules. In January 2023, a new statement of work began for the completion of BPR and HCD planning for the remaining modules.

A CCWIS Transition Team was formed, which includes leaders and key staff resources from CSA, MDHHS' Strategic Integration Administration (SIA) and Department of Technology, Management and Budget (DTMB). This team created an improved agile project structure including agile roles and processes across teams. DTMB and MDHHS have procured an agile coaching contract for the enterprise and CCWIS was selected as one of the first projects to receive this coaching. The assessment phase is completed, coaching has begun, and training sessions occurred in April 2023. Hiring continues to fill agile product team roles for each module including product owners, business analysts and subject matter experts.

Data Quality

The MiSACWIS team has continued to enhance the support of the MiSACWIS and CCWIS data quality planning and management. 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 who work closely with MDHHS to review data so there is awareness, consistency, partnership, and efficiency around child welfare data. Data quality and conversion planning are included as a key component for the remaining CCWIS modules. Data quality concepts and checkpoints will be integrated into the business process redesign and human-centered design activities.

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.

Child Welfare Technology Training and End User Support

The MiSACWIS/CCWIS project has a training team comprised of MDHHS and contracted staff managed by the Department of Technology, Management and Budget (DTMB) to assist MiSACWIS users with entering child welfare case management information into the application. Child Welfare Technology training staff continue to develop the MiSACWIS and Child Welfare Licensing Module (CWLM) trainings in response to feedback from MDHHS and private agency executives, managers, and staff. Training support includes:

- End-user classroom workshops
- Webinars
- Computer-based trainings (CBTs)
- Training environment maintenance and development
- Job aids/User Guides

- Online help
- Presentations
- New worker training

All MiSACWIS and CWLM trainings conducted after February 2020 have been provided as a virtual instructor led training (VILT).

Child Welfare Technology training 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 Child Welfare Technology training team delivered 219 support activities impacting 3,668 users throughout 2022.
- One online help topic, 94 updated jobs aids, and 14 new job aids were created for MiSACWIS.
- For CWLM, three user guides and 22 business process documents were created.

MiSACWIS Training Academy Virtual Instructor Led Trainings

CPS and Foster Care Worker Payment Training

Child Welfare Technology Training staff delivers payment training to new CPS and foster care workers each month as part of the Pre-Service Institute conducted by Office of Workforce Development and Training (OWDT). In 2022, there were 34 classes with 671 new workers receiving MiSACWIS payment training. From January 2023 through the end of March 2023, there were 12 classes with 166 new workers trained.

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 2022, one session was held with six participants. From January 2023 through the end of March 2023, one session was held with 14 participants.

Foster Care and CPS New Supervisor Institute (NSI)

Child Welfare Technology Training staff deliver a half-day training to new CPS and foster care supervisors attending NSI conducted by OWDT. These trainings cover areas in MiSACWIS that supervisors need to know when assigning cases and in review of work completed by staff in MiSACWIS. In 2022, there were 20 classes with 130 new supervisors. From January 2023 through the end of March 2023, four sessions were held with 43 participants.

Child Welfare Licensing Module Virtual Instructor Led Trainings

The Child Welfare Technology Training team conducted two phases of virtual instructor led training sessions to prepare licensing users for the implementation of the Child Welfare Licensing Module (CWLM). CWLM was slated for implementation in July 2022 and was

delayed until October 2022, with the system going live on October 31, 2022. During phase one of CWLM training, MDHHS and private agency licensing specialists and supervisors were provided the same virtual instructor led trainings. For phase two of CWLM training, the virtual instructor led trainings were offered again in addition to a half-day Licensing Supervisor and Specialist training. All participants who completed phase one of training were encouraged to participate in virtual instructor led trainings during phase two. Licensing users were also provided the option to view the recorded virtual instructor led trainings on the learning management system (LMS). The following trainings were provided for CWLM implementation.

- CWLM CPA Licensing Worker training was provided to MDHHS and private agency licensing specialists during both phases of CWLM training. Fifty-three sessions were provided to 482 participants.
- CWLM CPA Licensing Supervisor training was provided to both MDHHS and private agency licensing supervisors during phase one of training. Twenty sessions were provided to 258 participants.
- CWLM Licensing Worker Webinar half-day training was provided to MDHHS and private agency licensing workers. Topics that were not covered during instructor led trainings were taught in these sessions. Six trainings sessions were provided to 144 participants.
- CWLM Licensing Supervisor Webinar half-day training was provided to MDHHS and private agency licensing supervisors. Six sessions were held with 101 participants.
- CWLM Local Office Security Coordinator (LOSC) trainings were provided to MDHHS local office security coordinators during both phases of training. Seven trainings were provided to 101 workers.
- CWLM Division of Child Welfare Licensing (DCWL) Worker training was provided to DCWL workers during phase two of training. One training session was provided to all 25 DCWL workers.
- CWLM DCWL Field Consultant training was provided to DCWL field consultants during phase two of training. One training session was provided to all 21 DCWL field consultants.
- CWLM DCWL Supervisor training was provided to the DCWL supervisors during phase two of training. One training session was provided to all 10 DCWL supervisors.

Additional MiSACWIS Training Academy Support

- BSC In-Service support – The Child Welfare Technology Training team supported OWDT and trained one workshop in 2022, assisting eight direct service staff during the in-service trainings. This training included foster care case management activities as well as entering parenting time exceptions into MiSACWIS.
- CPS and Foster Care Worker MiSACWIS Case Management Overview Training Technical Support – Child Welfare Technology Training staff provide technical support for OWDT as they present 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 case management activities such as updating a person record, completing service plans, and entering case services. During the two-day training, Child Welfare Technology Training staff are available to troubleshoot any technical issues and assist participants. In 2022, there were 34 classes with 671 new workers receiving MiSACWIS case management training. From January 2023 through the end of March 2023, 12 classes were provided with 166 new workers trained.

- Juvenile Justice Specialist Support – In 2022, Child Welfare Technology training staff supported OWDT with three sessions with 33 participants. From January 2023 through the end of March 2023, MiSACWIS staff supported one session with 14 direct service staff.
- Child Welfare Funding Specialist (CWFS) Support – Training is conducted for CWFS users by the Federal Compliance Division. Child welfare technology training staff created and maintained the CWFS 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 the Division of Child Welfare Licensing. The Child Welfare Technology Training staff maintains the participant guide and training data in the MiSACWIS training environment to assist in training licensing workers. This support was ongoing through May 2022. From June 2022 through October 2022, the Child Welfare Technology Training team trained new and existing licensing specialists in CWLM.
- Database Security Application (DSA) – In 2020, Application Security and MiSACWIS began to transition requesting MiSACWIS access from paper forms to the DSA via MILogin. All MiSACWIS users were transitioned in phases. These webinars instructed staff on how to complete the MiSACWIS access request in DSA. In 2022, end users were provided DSA walkthroughs to assist with gaining access to MiSACWIS. In 2022, 46 users were provided walkthroughs. From January 2023 through the end of March 2023, five users were provided walkthroughs in DSA.
- BSC 5 Probationary Support Snippets – A training request was received in May 2022 to support BSC 5's probationary employee training. The Child Welfare Technology Training team provides a MiSACWIS demonstration to BSC 5 direct service staff on various case management topics. In 2022, six training sessions were provided to 195 BSC 5 staff. From January 2023 through the end of March 2023, five sessions were provided to 261 participants.
- Ingham County MiSACWIS Snippets – A training request was received in September 2022 to provide MiSACWIS training to direct service staff in Ingham County discussing various case management topics for CPS and foster care staff. Two training sessions were held with eight participants.
- BSC 1 training – A training request was received in August 2022 to train MDHHS and private agency foster care staff in BSC 1 on entering parenting time and sibling visits exceptions in MiSACWIS. One session was held with 164 participants.
- Post Adoption Resource Consultant (PARC) Webinars – Training was provided in March

2022 on case management activities such as entering social work contacts, creating prevention records, and uploading service plan reports. Four sessions were held with 32 participants.

Additional CWLM Training Support

In 2022 and through the end of March 2023, the Child Welfare Technology Training team has provided ongoing CWLM training support.

- Weekly CWLM office hours – Beginning October 31, 2022, when CWLM went live, the Child Welfare Technology training team provided office hours to licensing end users to answer CWLM questions and to address common help desk ticket trends. In 2022, support was provided to 988 licensing end users. From January 2023 through March 2023, support was provided to 456 licensing end users.
- Virtual Site Support – In February 2023, the Child Welfare Technology training team began providing Virtual Site Support for each MDHHS and private agency region to address issues the help desk trends identified for each region and review the available training resources. Eight Virtual Site Support calls were held with 199 end users.
- Foster Care Navigators – The Child Welfare Technology training team provided training and support for foster care navigators who support local offices using the Michigan Foster Care Portal (MFCP). Participants were trained on inputting training plans and adding recruitment/retention events. In January 2023, one training session was held with eighteen foster care navigators.
- GROW Trainers/Admin Specific – Training was provided to the group of foster care navigators who provide pre-license trainings to prospective foster parents. During this training, participants were trained on how to input training hours and recruitment/retention events into CWLM.

Ongoing MiSACWIS Release Support

In 2022, there were ten MiSACWIS releases. The Child Welfare Technology Training team supports the MiSACWIS project's release schedule by completing the following activities for each production release:

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

Ongoing CWLM Release Support

In 2022, there were four CWLM releases. The Child Welfare Technology Training team supports CWLM's release schedule by completing the following activities for each production release:

- User Guide maintenance and development
- Training environment maintenance and development

Item 19 Progress in 2022 and 2023

- The Child Welfare Licensing Module (CWLM), which includes all child welfare licensing functions for foster homes, child-placing agencies, child-caring institutions, and court operated facilities was implemented in October 2022.
- In January 2023, the connected Michigan Foster Care Portal was launched, allowing potential foster parents to inquire about and apply to become licensed foster parents.
- 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.
- 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 caseworker 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.
2023 Performance: Michigan AFCARS file 2022A and 2022B passed all elements.

Analysis

Michigan's Information System Review noted that all elements for demographic data of children, parents, and caregivers are accurate at 90 percent or higher, typically reaching 95 percent or greater. When there is missing information, the Missing Outlier Values (MOV) Report identifies the elements for staff to correct ahead of any formal data cleanup efforts that are generated from central office staff. It was found that the MOV report is not utilized broadly by case managers nor supervisors. As a result, the state AFCARS team and the MiSACWIS technical and business teams are vetting ideas to enforce data entry and take note for improvements for the state Comprehensive Child Welfare Information 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.
2023 Performance: The NCANDS file was submitted within the required threshold.

Analysis

Michigan continues to update code and mapping documents to capture information correctly. The Michigan NCANDS team has been in continuous communication with the program and policy offices to ensure data is captured and reported with the introduction of MiFamily Stronger Together as part of the state's effort to be a prevention focused child welfare system. Michigan continues to be unable to report the number of out-of-court contacts made by court-appointed attorneys assigned to children. MDHHS in partnership with SCAO, hoped to address this under the Quality Legal Representation contracting, but there is limited oversight of the courts. A grant was awarded to SCAO for the development of a centralized court case management tool, which may afford Michigan the ability to collect this information. There is no projected date for when the state court information system will be available to all 83 counties.

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

2023 Performance: 98.8% error-free

Item 19 Planned Activities for 2024

- The CCWIS transition will continue in 2023 and 2024. Michigan is in the process of procuring a vendor for the remainder of the case management modules. The anticipated project kick-off for this contract and the remainder of the modules is Oct. 31, 2023.
- The MiSACWIS team will continue to enhance the support of MiSACWIS and CCWIS data quality planning and management. The data quality oversight team will continue the biennial review of data quality activities as required by the CCWIS regulations.
- 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 and CWLM 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 county offices and agencies.
- MDHHS contracted with DeLoitte Consultants to build the first module of the CCWIS, Child Welfare Licensing; this contract continued through 2022.
- A human-centered design contract with Civilla is being utilized 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 during which status updates are provided, and questions are answered. MDHHS also contacts the liaison for guidance as 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 on Child Abuse and Neglect and its Citizen Review Panel to finalize recommendations for policy updates and training for direct service staff to improve reporting on risk factors.
- Private agency compliance 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 CFSR 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 the State Court Administrative Office (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 worked with the 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 and can be viewed here: <https://ssw-datalab.org/project/child-well-being-report/>.

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Item 20 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. Team Decision Making (TDM)/Family Team Meeting (FTM) 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.

In CFSR Round 3, Michigan received an overall rating of Area Needing Improvement for Item 20 based on information from the statewide assessment and stakeholder interviews.

Service Plan Timeliness

The table below shows data on timeliness of CPS and foster care initial and updated service plans from FY 2019 to 2022. Improvements were made over this time period.

Program Area	2019	2020	2021	2022
CPS	86% 82,342/95,226	96% 70,406/72,998	97% 81,389/83,997	97% 85,960/88,708
Foster Care	88% 54,255/61,901	90% 51,570/57,241	90% 47,050/52,308	91% 44,246/48,737

Source: MDHHS Data Warehouse

Michigan has increased the timeliness of services plan completion for those initial service plans consistently in 2020, 2021, and 2022. Michigan publishes the timeliness of service plan completion monthly. Leadership reviews the data on a regular basis contributing to the consistent performance. Case management of foster care caseloads is shared with contracted agencies who have experienced higher rates of staff changes which has contributed to a lower performance rate. Michigan created the Office of Child Safety and Program Compliance to work directly with agencies, specifically focusing weekly or monthly contacts with the lowest performing agencies on several metrics offering technical assistance to help improve the service delivery to children and families. In addition, Michigan has implemented series of meetings with leaders to review data for accountability and peer learning via ChildStat, Sustaining Performance Improvement and MISEP Corrective Action Plan Series.

Child and Family Involvement in the Development of Service Plans

Team Decision-Making (TDMs) and family team meetings (FTMs) 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 service plans.

TDMs and family team meetings include parents, caretakers, foster parents, children, youth, and may also include extended family, friends, neighbors, service providers, community representatives, tribal representatives, and 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. To ensure ongoing participation of families in their case plans over the course of the case, MDHHS policy requirements require FTMs or TDMs to be held at the case points listed below:

CPS	Foster Care
Case Opening - Initial Service Plan (ISP)	ISP and USP
Open/close; prior to disposition	Permanency goal review at six months
Updated Service Plan (USP)	Permanency goal change
Court intervention	Placement preservation/disruption
Case closure	Semi-annual transition meeting (14 and older)
At the request of the family	90-day discharge planning meeting
	Case closure
	At the request of the family

More information on TDMs can be found in the Well-Being 1 section of this report.

Item 20 Performance: Child and Family Service Reviews (CFSR)

Item 20 performance is tracked through examining joint development of service plans, placement stability, and timely and appropriate establishment of permanency goals in CFSR case reviews. In FY 2022, 75 cases were reviewed for the CFSR PIP. Of those, 40 cases were completed as part of the Michigan Service Review. Each team used interviews completed simultaneously applying both the QSR and CFSR review protocols to assess case practice. To ensure compliance with CFSR guidelines, an additional 25 cases were assessed using only the CFSR on-line tool. CFSR Case Review scores related to the Case Review System from FY 2019 to 2022 are listed in the table below:

Item	2019	2020	2021	2022
Case plan was developed jointly with the child's mother	73.6% 28/38	68.1% 64/94	71.7% 71/99	73% 51/70
Case plan was developed jointly with the child's father	54.5% 18/33	44.1% 30/68	56.4% 44/78	57% 29/51
Stability of placement	100% 32/32	92.7% 76/82	93.8% 76/81	95.2% 60/63
Timely establishment of the permanency goal	93.8% 30/32	90.2% 74/82	96.3% 78/81	98.4% 62/63
Permanency goal was appropriate to the child's needs	93.8% 30/32	91.5% 75/82	92.6% 75/81	84% 57/63

Engaging Fathers

Michigan is implementing an Engaging Fathers Initiative and training all staff on Motivational Interviewing as two means of developing staff skills for increased engagement with fathers and families involved with the child welfare system. Michigan reviews data from many sources including the Michigan Service Review, as well as data on caseworker contacts with parents to monitor the degree the training and programming has on level of engagement with fathers. At the local level, DHHS offices collaborate with community service providers that have or are developing fatherhood programs. DHHS offices also collaborate with county Friends of the Court to assist with custody changes.

Placement Stability

Placement stability has been impacted by several factors and was highlighted in the data for 2022. Michigan places priority of placement for youth to be with relatives and works with the relatives so that they may become licensed foster parents. Many relatives are not expecting to become a foster parent and have not had the benefit of training like those families who seek to become a foster parent and complete a series of training before a youth is placed into their home. As such, relatives who initially welcome youth into their home may request a placement change if the youth experiences behavior challenges that are new or not understood by the relative caregiver. Michigan offers support to the relative caregivers to understand and manage the challenges but when the reality of the family situation and historical trauma becomes known to the caregiver, it can be overwhelming, and relatives make a difficult decision to become a support outside of providing placement.

Another factor impacting the stability of placement is the limited placement settings that are available to Michigan foster children. COVID-19 had a direct impact on the number of foster homes, as providers terminated their license due to concerns with the pandemic. Michigan also implemented the QRTP assessment to reduce the number of children placed in congregate care settings. The positive movement to keep children in family settings came at the same time as family foster homes were becoming less available across the state. As a result, youth have been placed into settings that were temporary until a long-term placement could be secured and for those situations, youth had multiple placement settings.

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 caseworkers 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.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every six months, either by a court or by administrative review?

Item 21 Assessment of Current Performance

Dispositional Review Hearings

Michigan's Probate Code, MCL 712A.19, exceeds federal requirements to hold dispositional review hearings. The law requires the court to conduct review hearings every 91 days during the first year a child is in foster care, and every 182 days if the child remains in foster care for more than one year. 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.

Dispositional Review Hearing 2022 Data⁵

Of the 1,189 initial dispositional review hearings that were due within 28 days of adjudication:

- Forty-seven percent (556) were held timely. The average time between adjudication and dispositional review hearing was 13 days.

⁵ Review hearing 2022 data is provided by SCAO based on data from 52 of 57 total circuit courts that are in Michigan's Judicial Information System.

- Twenty-one percent (255) were completed more than 28 days after adjudication. The average time between adjudication and dispositional review hearing was 103 days.
- Thirty-two percent (378) were not completed. Some courts conduct joint adjudication and dispositional review hearings and may not report them separately.

Subsequent Dispositional Review Hearings 2022 Data

Of the 3,462 subsequent dispositional review hearings that were due:

- Eighty-three percent (2,873) were held timely. The average time was 94 days from the previous review hearing.
- Four percent (139) were completed after more than 182 days. The average time from the previous review hearing was 780 days.
- Thirteen percent (450) were not completed.

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
- Court averages in 2022:
 - 68% percent within 84 days (an increase from 54% in 2020)
 - 74% percent within 98 days (an increase from 63% in 2020)

Preliminary Hearing 2022 Data

Of the 986 preliminary hearings that were due within 24 hours of removal:

- Eighty-two percent (805) were held timely.
- Nine percent (92) were held more than one day after removal. The average number of days from removal to the preliminary hearing was nine.
- Nine percent (89) of preliminary hearings were not held.

When 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 held adjudications within 119 days
 - 74 percent held adjudications within 210 days
- Court averages in 2022:
 - 68 percent held adjudications within 119 days (an increase from 56 percent in 2020).

- 84 percent held adjudications within 210 days (an increase from 74 percent in 2020).

Availability of Court Data

Michigan does not possess a statewide information system that universally collects judicial hearing data. Data offered is from those communities who participate with SCAO's juvenile court database voluntarily. Michigan legislation was passed in late 2020 limiting the publication of juvenile court data, which further limits access.

As a result of the judicial court data challenges, SCAO has secured funding to develop a statewide court data information system. The process to build the information system will take significant time as there are many considerations including the number of variables in how each of the 83 counties have historically and currently keep records. In Michigan, some courts operate with paper files and manual calculations while other court systems have developed automated systems. The funding secured for a statewide information system will allow all 83 counties to use the same system. It is the intention of this system to coordinate data among many of the legal data systems including police, prison, jail, and probation data, as well as court review hearing data and criminal record checks.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Item 22 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.

- In calendar year 2021, 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 averaged 287 days. This figure includes data from 74 of Michigan's 83 counties.
- In calendar year 2022, according to SCAO's Judicial Information System, 90.32 percent of permanency planning hearings were held within 365 days.

Permanency Planning Hearing 2022 Data

Of the 5,479 permanency planning hearings that were due within 12 months of removal:

- Ninety-percent (4,945) were completed within 364 days. The average time to the permanency planning hearing was 132 days
- Five percent (274) were completed after more than 364 days. The average time to the permanency planning hearing was 508 days
- Five percent (260) were not completed.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of TPR proceedings occurs in accordance with required provisions?

Item 23 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.

- In calendar year 2021, 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.
- In calendar year 2022, according to SCAO's Judicial Information System, 9 percent of termination of parental rights were completed within 42 days of filing of the supplemental petition. Thirty percent were completed in over 42 days. Sixty-one percent of terminations of parental rights were not completed.

CFSR Data on Timely TPR

- 2019: 67 percent (10/15)
- 2020: 95.4 percent (41/43)
- 2021: 95.7 percent (45/47)
- 2022: 95.7 percent (22/23)

TPR Timeliness Analysis

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.

The Michigan Court Improvement Program (CIP) in partnership with University of Michigan developed and implemented a judicial dashboard that is public facing and provides several data points intended to inform and support jurists' decision-making while on the bench and while working on improvement strategies. In addition, training specifically dedicated to the

legal community is offered by the CIP on federal regulations to inform new jurists, new legal staff with the intent to improve permanency rates.

The CIP in partnership with MDHHS also implemented the Quality Legal Representation program to promote support prior to adjudicatory proceedings to families requiring legal support to rectify concerns of the child welfare system as well as services aimed to support families post adjudication. Both actions are intended to positively impact the experience of youth and families and promote the achievement of permanency within 12 months.

SCAO offered resources to the largest court system in the state to clear the backlog of hearings created during the COVID-19 pandemic. The volume of hearings and limitation of that community's courthouse from completing in-person hearings dramatically impacted the timeliness of TPR hearings as parents have the right to have an in-person trial. The support of retired jurists from SCAO is intended to right size in-person hearings.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care 1) are receiving notification of any review or hearing with respect to the child and 2) have a right to be heard in any review or hearing held with respect to the child?

Item 24 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 addressed systemically in Michigan. 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.

Quality Service Review (QSR)

In QSRs from December 2021 through July 2022, 37 of 37 caregivers interviewed received notification of court hearings and their right to be heard. 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.

Foster Care Review Board

The Foster Care Review Board (FCRB) asks foster parents about notice of court hearings and opportunity to be heard in the foster care cases they review. In 2022, the FCRB held 212 case review meetings including foster parents. In those cases, four foster parents (2 percent) reported that they were not regularly provided notice of court hearings and 22 foster parents (10 percent) reported being given notice but not being provided the opportunity to participate in court hearings.

Items 20-24 Progress in 2022

- 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 2022, 44 counties participated in the Child

and Parent Legal Representation Grants. In 2023, 43 counties are participating in the 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 (QACR), which was discontinued in 2019. The QACR tool included questions similar to related to Items 20-24. Following the CFSR, Michigan opted to utilize the OSRI to measure these items, as it includes more specific assessment criteria for those items. Data from the QACR is included as a baseline.

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

2023 Performance: 64% CFSR Case Review

- **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

2023 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.

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%; Judicial Data Warehouse (JDW); Judicial Information System (JIS)

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

2023 Performance: Initial dispositional hearings held within 182 days of removal: 83%;
Judicial Information System.

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

2023 Performance: Permanency Planning Hearings held within 365 days of removal: 90.32%; Judicial Information System

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: 95.4%; CFSR Case Review

2021 Performance: Data not available.

2022 Performance: 95.7%; CFSR Case Review
Average 121 days; JDW

2023 Performance: 95.7%; CFSR Case Review

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.

2023 Performance: In QSRs from December 2021 through July 2022, 37 of 37 caregivers interviewed received notification of court hearings and their right to be heard.

CFSR Program Improvement Plan Update

Michigan's CFSR PIP included Quality Legal Representation as one of the four goals targeted for improvement. Highlights from the PIP in this area are listed below. Although the PIP was successfully completed in September 2022, these strategies continue to form the basis of Michigan's improvement efforts in preparation for Round 4 of the CFSR.

Quality Legal Representation (QLR)

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.
2021 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.
2021 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.
2021 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.
2021 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 within 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.
2021 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.
2021 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.
2021 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.
2021 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.
2021 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.
2021 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.
2021 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.
2021 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, and employment.

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.

2023 Update: In Wayne County, approximately 545 children were served through referral to the program in 2022, the vast majority pre-adjudication. Most referrals are for custody action, parenting time, domestic violence PPOs, and housing assistance. In 2023, the program expanded to all three Wayne County districts.

Van Buren MDHHS has continued to utilize the contracts with the court appointed attorneys/LGALs. The attorneys report having benefitted from the six hours of training which is required per contract year. Attorneys have maintained attendance at FTMs and receive compensation for their participation. Since March 2022, there have been 55 referrals made for legal and/or ancillary services. The completed referrals have generally been for adult guardianship, custody, divorce, driver's license restoration, landlord/tenant proceedings, and paternity establishment or revocation. Legal and social work ancillary services are provided both pre-petition and post-petition in an attempt to avoid a petition being filed, to prevent removal, or to establish timely permanency. Clients continue to benefit from these services and appreciate the additional support provided by the court social worker. The efficacy of early interventions and improvements in relations between parents, attorneys, and service providers has been notable.

- **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 demonstrated 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 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.

2021 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 CFSR 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.
- Michigan will continue the Child and Parent Legal Representation program, assisting counties to utilize Title IV-E funds to support services related to legal representation.

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 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

How well is the quality assurance system functioning statewide to ensure that it (1) is operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Michigan’s quality assurance system functions statewide and meets all five of the federal

requirements of a Quality Assurance System. Michigan's quality assurance system is well-established, supported by the Division of Continuous Quality Improvement (DCQI) with two continuous quality improvement units that develop review protocols and conduct reviews using sound and replicable measurement principles. Key components of DCQI are the Data Management Unit (DMU) and the Data Quality Unit, that, in addition to supporting special initiatives and ad hoc data requests, regularly produce dozens of reports that allow counties and agencies to closely track key performance indicators and progress on federal and state goals and objectives. All counties and agencies have their own functioning quality assurance systems that integrate with the state system and drive local quality improvement activities.

Quality Assurance in the Jurisdictions where CFSP Services Are Provided

CSA provides strategic leadership that ensures communication is shared statewide and resources are available in each county for implementing strategies in practice. Development and refinement of the CSA structure and procedures continues in organizing CQI efforts at the state level that funnel into the county and agency level. State-level child welfare requirements and concerns are conveyed through the BSCs or for private agencies, the Private Agency Compliance Unit. CSA leadership uses input from county offices and agencies 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 compliance 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 direct service 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 child-caring institutions 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.

- All Michigan counties have developed CQI teams, which participate in assessment of the county CQI infrastructure on a quarterly basis. As of April 2023, 78 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.

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 enables 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 federal contractor JBS International Inc. 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 DCQI analysts, several of which are designated quality assurance reviewers and staff from county offices and agencies. Michigan continues to train direct service 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.

In 2022, Michigan conducted four MSRs in 36 counties in all five BSCs. Forty cases were selected for review.

CFSR Case Reviews

During the PIP period, CFSR case reviews were 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 2022, 75 cases were reviewed for the CFSR. Forty 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 25 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 strategies as of September 2022. All activities have been implemented as outlined in the PIP.

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.	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, CPS redesign. Increasing utilization of the MiTEAM Fidelity application and promoting case practice. Utilizing analytical tool for targeted case practice improvement strategies. In 2023, caseworkers are being 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.	Consolidation of policy requirements, culture and climate, leadership development program, hiring strategies, mentoring programs. Completed Leadership Development Tool, training plan using Culture Organization Health Assessments (COHA) and continue participation with Quality Improvement Center for Workforce Development Analytics Institute. COHA data is being used to inform organizational health and secondary trauma for staff. Leadership Development Tool is in place and informs current managerial staff. Monthly staff turnover reporting has been initiated. Mentoring enhancement also initiated.
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.	Evident Change validation, staff training for assessment tools. CPS Front End Redesign, risk and safety assessment updates, staff training and policy updates. CANS Comprehensive tool for all staff use. Front End Redesign, development of risk and safety assessment tools and development of CANS Comprehensive for all staff is under construction. Plan of Safe Care draft protocol is complete.

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 outlined. Title IV-E match grants for other counties have been in place since 2020 and are providing legal representation for families in 43 counties in 2023.
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Standards to Evaluate the Quality of Services

Each review conducted by MDHHS is governed by a particular set of standards that lead to measurable and replicable results. 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.

Michigan's performance within CFSR standards is the foundation of the state's Child and Family Services Plan and are reported in the Annual Progress and Services Report.

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 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 Native American 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, demonstrated that the state had 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 that ended on April 30, 2021 and was followed by a non-overlapping period of data monitoring that ended with the completion of Items 6 and 15 on Sept. 6, 2022. 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	05/18/2021
Item 4: Stability of Foster Care Placement	90%	90%	02/10/2022
Item 5: Permanency Goal for Child	87%	N/A	08/04/2021
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Living Arrangement	65%	59%	09/06/2022
Item 12: Needs and Services of Child, Parents, and Foster Parents	51%	N/A	03/04/2021
Item 13: Child and Family Involvement in Case Planning	60%	N/A	08/04/2021
Item 14: Caseworker Visits with Child	82%	N/A	08/04/2021
Item 15: Caseworker Visits with Parents	52%	46%	09/06/2022

Quality Service Review Comparison 2019-2022

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	2019	2020	2021	2022
Long-Term View	53.2%	64.4%	63.6%	51%
Implementing Interventions	52%	60.9%	62.4%	65%
Tracking and Adjustment	50.6%	55%	65.2%	49%

Analysis

The assessment ratings completed via the Michigan Service Review (MSR) by the QSR protocol are influenced by the type of case assessed, the length a case is open and the resources available to the community in which the case is managed. In addition, staff changes including changes to legal representation and jurists also impact these specific indicators. When there is a change within the servicing team, those new members are making a new

assessment of the situation and that may impact the understanding of all case members. If this transition is happening at the point when the MSR is completed, that will impact the rating.

Michigan has experienced changes in staff and jurists following elections. In addition to the placement challenges, staff changes, newly elected jurists, service providers are also changing or have determined to cut back on the service array due to finances or limited staffing. Long-term view and tracking and adjusting are specifically impacted by these events as the case members or servicing team must all have a shared understanding of the goal and adjust to get to the outcome. As the team evolves, those indicators are impacted.

QSR Total Cases Reviewed:

- 2019: 60 foster care, 19 CPS
- 2020: 37 foster care, 3 CPS
- 2021: 49 foster care, 19 CPS
- 2022: 52 foster care, 23 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. In 2022, the MiTEAM Fidelity Tool was redesigned in response to direct service staff and supervisors' observations that the existing tool did not capture nuances of the staff member's application of the MiTEAM competencies and was difficult to use. Rollout of the new tool was completed in early 2023. Results of Fidelity Tool assessments utilizing the new tool will be available in the second quarter of 2023.

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 direct service staff during home visits and family team meetings using a scale of proficiency. Assessment results show acceptable demonstration of MiTEAM key competencies in 2022 as assessed by their supervisor. The data in the MiTEAM Competency table represents 3,583 out of a possible 6,184 reviews, for a completion rate of 58 percent.

MiTEAM Competency	Four-quarter average 2019	Four-quarter average 2020	Four-quarter average 2021	Four-quarter average 2022
Teaming	94%	94%	95%	96%
Engagement	94%	94%	96%	95%
Assessment	93%	93%	94%	95%
Mentoring	91%	91%	93%	93%

Analysis

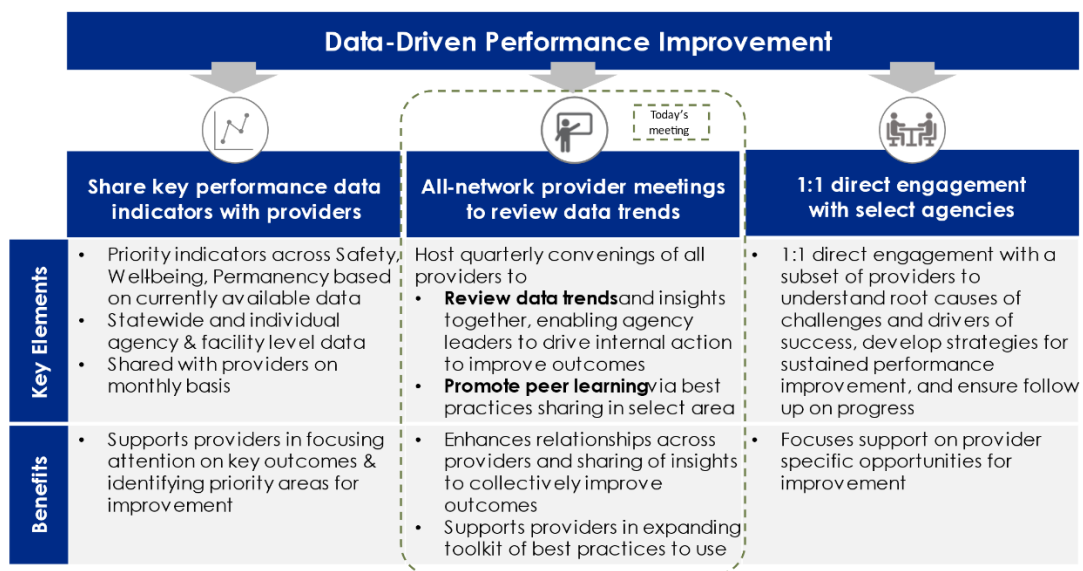
Overall fidelity assessments are higher than 90 percent, indicating that supervisors rate behaviors of the individual case manager as highly proficient. When assessing the child welfare system as a whole using the QSR protocol, all four practice indicators have been scored as areas needing improvement. Teaming continues to be an area that needs to be enhanced, including team formation, and functioning for all key case members. Formal and informal supports must be included in the teaming process. All team members must be part of the case planning and implementing process. Engagement is also a focus of current efforts statewide, particularly engagement with parents.

Sustained Performance Improvement

Along with the development of the Child-Placing Agency (CPS) and Child Caring-Institution (CCI) Dashboards, MDHHS implemented the Sustained Performance Improvement process in 2022 to assist private CPAs and CCIs 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 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 work closely with the highest-need counties and agencies to collaboratively problem-solve in areas where they are not meeting goals, 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 county and agency leaders, direct service 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 maltreatment in care.
 - In 2021, ChildStat expanded by six counties in Michigan's northern region. Currently, 21 county and district offices are involved in ChildStat.
 - In 2022 and 2023, ChildStat is focusing on permanency in 12 months and recurrence of maltreatment in the 21 ChildStat counties, representing 73 percent of the total foster care population.

In 2022, 57 ChildStat presentations occurred. County 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 suggests they find the ChildStat process valuable. In the ChildStat Participation Survey completed after each ChildStat presentation, 76 percent of participants either strongly agreed or agreed that 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 2022 because of the ChildStat feedback loop include:

- The CCWIS development team was contacted about the ability to fix Native American heritage errors for children in the new information system.
- CSA reached out to the MDHHS Behavioral Health division to identify an Arabic-speaking therapist for the father in the focus case.
- Centralized Intake provided percentages of which type of mandated reporters are making referrals on a statewide level.
- DCQI provided the statewide preponderance rate and Category III open/close rates to compare with those of individual counties.

Local county and agency resources shared through ChildStat in 2022 include the following:

- Berrien DEI Orientation
- Kalamazoo Permanency Planning Hearing Testimony Outline

- BSC 3 MiTEAM Competency Training
- Muskegon Best Practices on Working with Tribes
- Saginaw Relative Placement Process
- Government Performance Lab Kinship Materials

Provision of Relevant Reports

Quality assurance data reports provided to county 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.
- The Staff Turnover Dashboard, which shares information on staff turnover at the county, BSC, and state level and other demographics to assist with decision-making on recruitment and retention efforts.
- 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 Sheets provide 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 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.
- The 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.
- 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 maltreatment in care (MIC). The dashboard helps MDHHS and CCIs adjust programs, services, and supports, provide oversight, and track the effectiveness of residential interventions and practices.
- Ad hoc reports requested by counties, agencies, and work units of data pulled from the Data Warehouse for a variety of purposes.

DMU produces the following reports on a regular basis 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/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.

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.

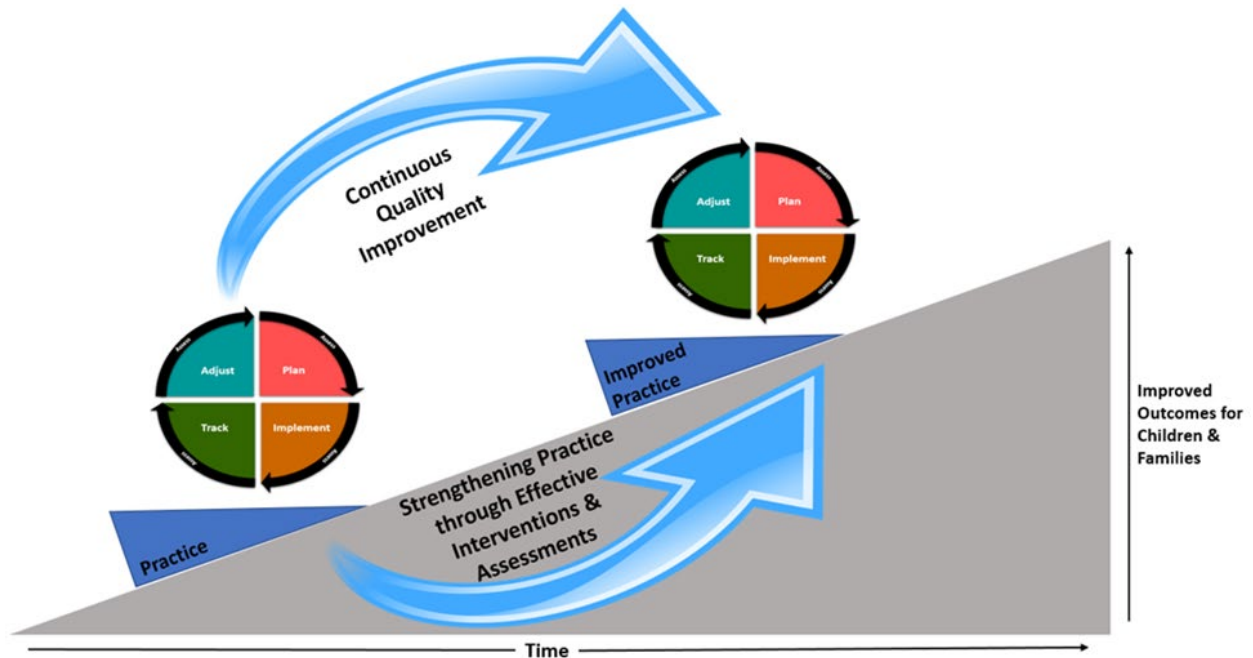
Quality Service Review Feedback to Counties

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

Evaluation, the final step in the quality assurance process, represents the synthesis of planning, activities, data, reporting, and improvement efforts into an assessment of the success of 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.

Analysis of data, reporting results, and modifying strategies in response to results in a continuing feedback loop is critical in driving ongoing efforts. DCQI uses the information collected in reviews to create reports for distribution to stakeholders and publishing on the MDHHS public website. DCQI collects information from reviews on all aspects of child welfare services and case management and creates reports and provides them routinely to CSA, BSC and local directors, managers, and CQI teams with the information needed to gauge whether county offices and agencies are meeting policy requirements and where to direct improvement efforts. Reports include an analysis of compliance with policy as well as strengths and opportunities to improve practice and are used to develop training, track progress, and demonstrate to stakeholders the status of service provision. Below are two examples of how MDHHS is using the PITA method to inform case management improvement processes.

Maltreatment in Care

ChildStat established a procedure for counties to examine data related to maltreatment in care (MIC) and highlighted strategies to address concerns by examining key performance indicators through oversight and practice changes. By meeting with each county on a regular basis, the state as well as the county has an opportunity to analyze data and track progress.

- **Plan:** To reduce incidents of additional maltreatment events for children in foster care or under state supervision.
- **Implementation:** ChildStat was introduced in 21 counties including the 15 counties with the highest foster care rates. Counties were asked to share their methods of addressing safety while children are in the foster care system. Best practices were shared among the counties.
- **Track:** Using CFSR data indicator syntax and modifying the date ranges, MDHHS tracked the state MIC rate monthly.
- **Adjust:** The state rate for MIC was reduced from 13 percent to under 6 percent from 2019 to 2022. Monitoring of the MIC rate continues, and the rate has remained lower than the national standard of 9 percent. The goal of reducing the state's MIC rate was achieved. ChildStat has shifted focus to permanency in 12 months and recurrence of maltreatment.

MiTEAM Fidelity Application

The MiTEAM Fidelity Tool was created to assess caseworker's use of the four MiTEAM competencies: teaming, engagement, assessment, and mentoring. Supervisors complete the fidelity tool twice each year for each caseworker, rating them on their level of skill in demonstrating the competencies. The Fidelity Tool Switchboard tracks use of the tool by supervisors.

- **Plan:** To assess and improve use of the MiTEAM competencies by caseworkers in their work with families.
- **Implement:** The MiTEAM Fidelity application is used to measure the key caseworker behaviors observed by supervisors in a repeating cycle.
- **Track:** Data reports provide information about how well the competencies are implemented, and results are shared with caseworkers.
- **Adjust:** The Fidelity Tool data is consistently high performing but is not consistent with feedback by stakeholders/lived experiences and other case practice measures. It appears that there is a gap between the perception of supervisors and other case members on the caseworkers' skills. Further testing and analysis is needed to understand how to improve use of the competencies in practice.

Below are some examples of Michigan's use of evaluation processes within state and contracted services at various stages that inform the direction of improvement efforts:

FFPSA Evaluation

MDHHS is using the FFPSA plan to ensure Michigan families' protective capacities are

strengthened and to reduce entries or re-entries into foster care through appropriate service matching and supports. To assess the effectiveness of FFPSA services, MDHHS implemented an overall approach to CQI that is comprised of three components: 1) statewide PITA CQI cycle, 2) Family First CQI, and 3) Family First evaluation processes. These components work in tandem through the engagement of service providers, state and local MDHHS staff, and key community partners and stakeholders in evidence informed feedback loops and improvement planning processes.

For evaluation of FFPSA services, DCQI incorporated new pathways for preventive service provider collaboration and tracking of preventive services. Data related to preventive services and case/demographic characteristics of candidates at imminent risk of entering foster care is incorporated into the existing PITA data collection methods. Results over time are analyzed to determine if improvements are necessary. The integration of FFPSA data is occurring at the provider, local, and state level. Data specific to the fidelity monitoring of evidence-based programming is being collected and shared through reporting to MDHHS CQI teams at the local level. DCQI analysts are analyzing this information along with data from the MiSACWIS system to cycle through the CQI processes at the local and state level. Evaluation of FFPSA services is fully integrated into the evidence-based programs utilizing the existing CQI and staffing structure and will continue throughout the five years of the prevention plan. The University of Michigan is conducting formal evaluations of Title IV-E prevention services SafeCare and Family Spirit.

Pathways to Potential Program Evaluation

Pathways to Potential is an assistance program that places MDHHS success coaches in schools to address families' barriers to self-sufficiency in key areas: safety, health, education, and school attendance. Data from Michigan's Center for Educational Performance and Information (CEPI) is used to measure progress on chronic absenteeism and graduation rates, for Pathways to Potential schools.

Chronic Absenteeism

Data for chronic absenteeism for the 2021-22 school year was released in fall 2022. Below is an analysis of this data for Pathways to Potential schools active that year.

- Michigan's statewide chronic absenteeism rate increased significantly in 2021-22, from 19.9 percent of students chronically absent in 2020-21 to 38.5 percent chronically absent in 2021-22. The average chronic absenteeism rate for active Pathways to Potential schools each year also increased, from 33 percent of students chronically absent in 2020-21 to an average of 59 percent in 2021-22. This period was impacted significantly by the shift in school culture and scheduling due to the COVID-19 pandemic, as well as residual trauma and other negative family impacts.
- Fourteen percent of the 2021-22 Pathways to Potential schools reduced chronic absenteeism from 2020-21 to 2021-22, compared to 13 percent of schools statewide with the change from the previous year determined.
- Six percent of Pathways to Potential schools reduced chronic absenteeism in the 2021-

- 22 school year from their combined two-year baselines.
- Thirty-three percent of the Pathways to Potential schools active in 2020-21 and 2021-22 did not reduce chronic absenteeism from the previous year in either year, compared to 34 percent of schools statewide with change from the previous years determined. The schools in this group in which Pathways to Potential is still active have been identified for review and follow-up to promote success in reducing chronic absenteeism, along with other Pathways to Potential schools in which chronic absenteeism rates are above baseline. Forty-seven percent of the Pathways to Potential schools active in 2020-21 and 2021-22 did not reduce chronic absenteeism from their baseline data in either year.

Graduation Rates

As of February 2023, CEPI 2020-21 graduation rates data is the most recent available. This report includes an analysis of this data for the 2021-22 Pathways to Potential schools active in 2020-21.

- Michigan's statewide graduation rate decreased from 82.1 percent in 2019-20 to 80.5 percent in 2020-21. The average graduation rate for the 2021-22 Pathways to Potential schools active each year decreased as well, from an average of 73.0 percent in 2019-20 to 69.3 percent in 2020-21.
- Twenty-eight percent of the 2021-22 Pathways to Potential schools active in 2020-21 increased graduation rates from 2019-20 to 2020-21. Approximately 36 percent of schools statewide increased graduation rates or maintained rates of 100 percent from 2019-20 to 2020-21.
- Thirty-six percent of the 2021-22 Pathways to Potential schools active in 2020-21 increased graduation rates from their combined two-year baselines to their 2020-21 data.

Performance-Based Funding Pilot Evaluation

The Kent County performance-based funding pilot consists of a consortium of five private child-placing agencies with the goal to achieve better outcomes for children and families through a prospective funding model. The pilot completed its fifth year on September 30, 2022. The Kent County performance-based funding pilot transitioned to a program on Oct. 1, 2022. According to a third-party evaluation by the University of Michigan, from FY 2021 to FY 2022 in Kent County:

- Congregate care days decreased by 38 percent.
- Emergency shelter care days decreased by 53 percent.
- Overall care days decreased by 19 percent.

According to the evaluation, children from Kent County were more likely to achieve permanency within six and 12 months of entering care. For children who entered care after implementation on Oct. 1, 2017, 15.4 percent achieved permanency within six months and

28.4 percent achieved permanency in 12 months. There was a reduction of foster care entries in Kent County by 13 percent and a reduction of foster care exits by 27 percent.

Item 25 Progress in 2022

- Michigan's CFSR PIP two-year implementation period ended on April 30, 2021 and was followed by a non-overlapping period of data monitoring that ended on Sept. 6, 2022 with the satisfactory completion of Items 6 and 15.
- In 2022, 57 ChildStat presentations occurred for 21 counties or districts. County 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.
- In 2022 and 2023, 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.
 - 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 2024

- Quality Improvement Council (QIC) Quarterly Meetings will continue to host interactive presentations by CSA, researchers, and county offices and agencies to analyze factors relating to permanency and recurrence of maltreatment.
- 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, county 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 county 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 county offices and agencies, with technical assistance to county offices and agencies offered by BSC and private agency compliance analysts.
- ChildStat is a collaborative effort between CSA, DCQI and county offices and agencies 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 compliance analysts to assist county offices and agencies to operationalize improvement strategies identified through work with internal and external stakeholders.
- DCQI provides data, training, and technical assistance to the BSCs, county offices and private agencies to target outcomes specific to each community.

Training and Technical Assistance

- DCQI serves 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, the Office of Workforce Development and Training (OWDT) and the Race Equity, Diversity, and Inclusion Office (REDI) collaborate 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 K. Child welfare courses that were offered between Jan. 1, 2022, through Dec. 31, 2022, are included, along with the number of trainees who completed each course. Additional information can be found in the attached Staff and Provider Training Plan, Attachment O.

Item 26 – Initial Staff Training

How well is the staff and provided training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for these positions?

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, 2022, 712 new specialists completed the nine-week Pre-Service Institute. Specialists are required to complete this training within 112 days of hire; 100 percent of specialists completed training timely. Pre-Service Institute participants:

- MDHHS: 368
- Private agency: 334

Additionally, the program breakdown of non-Child Welfare Certificate Pre-Service Institute training participants are as follows:

- Adoption: 42
- CPS: 276

- CPS-tribal partner: 2
- Foster care – MDHHS: 92
- Foster care – private agency: 290

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. This condensed version in 2022 trained 10 child welfare specialists:

- Adoption Child Welfare Certificate-private agency: 1
- CPS Child Welfare Certificate: 2
- Foster care Child Welfare Certificate – private agency: 4
- Foster care Child Welfare Certificate – MDHHS: 3

Tracking Timeliness of Training Completion

Based on the process used to track training 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 specialist is hired, Human Resources puts their name on a shared spreadsheet and OWDT registrars enroll the specialist in the next available training. When a new private agency specialist 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 specialist'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 licensing review. In addition, the central office section monitors completion of certification and special evaluation training for licensing specialists and supervisors.

Program-specific transfer training is available for child welfare specialists who have completed Pre-Service Institute in one program and are changing programs. This data represents how many staff who completed Pre-Service Institute in one program and are changing programs and need training in that program area. The breakdown for completion by program is as follows:

- Adoption: 48
- CPS: 84
- Foster care: 148

Item 26 Progress in 2022

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 engaging. The results indicated that trainers modeled techniques that are used in practice and engaged participants in the hybrid training model. Hybrid is defined as an in person and virtual option. Trainees also expressed the need for more MiSACWIS training, more time in program specific training, and continued formal mock trial experience. Trainees reported that training helped develop basic skills needed to become a child welfare specialist. Trainees reported not having adequate time to assist on home visits and parenting time visits.

Level Two Evaluation

The knowledge gained through training is measured through level two evaluation. 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.

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 2022, all Pre-Service Institute trainees passed their exams on the first or second attempt.

Exam Scores 2022

Exam	Range	Average	Number of Staff
General child welfare	67%-99%	87%	722
Adoption	70%-98%	83%	42
CPS	64%-94%	82%	278
Foster care	58%-96%	83%	394

The table below shows the number of students who passed the competency exam by program.

Program	First Attempt	Second Attempt	Third Attempt
CPS	272	6	3
Foster Care	387	7	0
Adoption	40	2	0
General Exam	720	2	

Level Three Evaluation

To evaluate how well the skills necessary for the job transferred to specialists, 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 specialists needed:

- More time in the MiSACWIS environment.

- More on-the-job training.
- Additional time in program specific training.
- Improved report writing skills.
- Improved safety planning 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 training. Specific ongoing trainings are taking place to address the following topics: MiSACWIS, safety planning, advanced 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 universal mentoring program is currently ready for the pilot phase. Piloting is contingent upon approval of the budget.

New Supervisor Institute

The REDI Office's Leadership Development Division is responsible for the New Supervisor Institute. New supervisors who monitor 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 local office activity 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, Hours and Course Work	Supervisors Attending
Child welfare topics	Instructor led/24 hours	Child welfare supervisors
Child welfare program specific	Instructor led/18 hours	Child welfare supervisors
Leadership topics (local office activity week)	Webinars/6 hours	MDHHS supervisors only
Leadership topics	Instructor led/30 hours	MDHHS supervisors only

Between Jan. 1 through Dec. 31, 2022, 152 new supervisors completed New Supervisor Institute, an increase of 38 trainees from 2021. Ninety-four percent completed training timely. Breakdown by program:

- Adoption: 13
- CPS: 41
- Foster care: 84
- Licensing: 14

Breakdown between MDHHS and private agency New Supervisor Institute participants:

- MDHHS: 63
- Private agencies: 89

REDI has continued to focus on the registration process to improve the timely completion of New Supervisor Institute over the past several years. In 2020, 71 percent of new supervisors completed New Supervisor Institute timely. In 2021, process improvement began, and 88 percent of new supervisors completed New Supervisor Institute timely. Process improvement continued in 2022 and 94 percent of new supervisors completed New Supervisor Institute timely. Areas that have been improved within the registration process include:

- Streamlining two registration forms into one and collecting more information during registration
- Front-loading processes to prioritize compliance
- Establishing a two-day customer service response time
- Increasing information and details shared with customers timely
- Gaining an additional weekly report that lists potential trainees (MiSACWIS)
- Establishing and implementing a follow-up enrollment protocol

REDI 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 identifying newly hired private agency supervisors. The MiSACWIS report is obtained every two weeks and has assisted in addressing that barrier.

Level One Evaluation

Results indicate that trainees found the information and resources provided during training to be useful in their transition to new supervisory responsibilities and expressed challenges with local office expectations to manage work responsibilities while participating in virtual training. Trainees reported effective engagement by the training team, despite the challenges that can arise when trainees and trainers are not in the same physical environment. Trainees expressed satisfaction with the job aids and resources that they could apply to their day-to-day responsibilities after training.

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 2022

Exam	Range	Average	# Taking Examinations
Adoption	70%-100%	88%	25
CPS	85%-100%	93%	43
Foster care	70%-100%	97%	92

Level Three Evaluation

Feedback received from the Level Three evaluations in 2022 indicated effective transfer of learning in the areas of timely review of work submitted by specialists, effective management of caseload sizes, effective goal setting with their teams, and ability to locate and apply job aids and resources designed to support effective service to families. Feedback from this evaluation also indicated that new supervisors used the tools and resources they received during the New Supervisor Institute to improve overall performance by sharing these resources with their fellow experienced supervisors.

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 specialists must complete core training for the program for which they are hired before assuming casework responsibilities.

During 2022, family preservation trainings were delivered virtually. There were additional training opportunities made available to child welfare specialists in collaboration with Michigan schools of social work. These training courses were conducted in-person, virtually and via webinars.

Universal family preservation core training is offered monthly which consists of four days covering 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. Program-specific training is an additional two days. Other requirements for Family Preservation staff include:

- Quarterly meeting with program office

- Cluster meeting with private agency supervisors
- Meeting with Federation

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.

Family Preservation training completions in 2022 are as follows:

- Family preservation universal core trainings: 164
- Families First of Michigan: 69
- Family Reunification Program: 29
- Families Together Building Solutions: 89

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

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

Attendance for ongoing training:

- Ongoing trainings: 1,248
- Supervisor trainings: 64

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 2024

- The universal mentoring program is currently ready for the pilot phase. Piloting is contingent upon approval of the budget. It is proposed that the mentor will be compensated \$300 for each mentee.
- OWDT will continue to upgrade equipment and upskill staff to ensure effective hybrid training.
- REDI continues its commitment to improving data quality and will evaluate and adjust as needed to increase timely completion of New Supervisor Institute.

Item 26 Progress Made to Improve Outcomes

Goal: MDHHS will ensure initial training is provided to all specialists who deliver 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 specialist 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

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided to staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Assessment of Current Performance

MDHHS Ongoing Training Requirements

- Supervisors and staff must complete in-service training each calendar year.
- MDHHS and private agency caseload carrying staff must complete 32 hours.
- First line supervisors who manage caseload carrying staff or specialized support staff must complete 16 hours of in-service hours.
- Training topics must be related to their position.
- OWDT provides trainings to BSCs to meet in-service hours.
- Contract with MSU for in-service training. Trainings were developed with the following competencies.
 - MiTEAM, Trauma and Crisis Management, Secondary Trauma, Mental and Behavioral Health, Substance Abuse, Cultural Competence, Preservation, Placement, Permanency, Education Issues, Domestic Violence and Anti-Racism.

OWDT accepts training requests from agencies and local offices for delivery of existing training topics or the development of new topics. In 2022, the training office fulfilled 29 requests for local training delivery. In addition, 24 local office support requests, providing individual support to specialist in the community, were fulfilled.

In 2022, 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 specialists based on their regional needs. OWDT provides the BSC with a list of training topics available, and BSCs choose topics most beneficial to specialist in their service area. A total of 175 in-service training sessions were provided to 1,504 participants on a virtual platform. There were an additional 49 sessions offered in 2022, which resulted in a 61 percent increase in the number of participants that completed these trainings in 2022. The Michigan State Police Safety Training, Verbal De-escalation Training, and Anti-Bias Child Welfare training resulted in an increase of participants for 2022.

- 2020: 516 participants
- 2021: 798 participants
- 2022: 1,504 participants

The online trainings are open to all child welfare specialists in the region. The training schedule is sent out to each BSC and loaded into the learning management system. Specialists 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).

Additionally, in-service trainings are offered through schools of social work throughout the state. 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 transcript.

Item 27 Progress in 2022

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 2022:

- Of 3,075 child welfare specialists, 98 percent completed the minimum requirement of 32 hours of ongoing training.

- Of 878 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 specialists 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. Electronic 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. Classes are offered on-demand, in-person and virtually. All trainings are approved for continuing education units for licensed social workers in Michigan. This program utilizes a robust evaluation methodology. In 2022:

- Fifty-one online trainings were offered free of charge to MDHHS and private agency child welfare staff.
- Live online training participants totaled 1,401.
- Twenty live webinar trainings were hosted.
- Webinar participants totaled 564.
- 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.
- For live Zoom training, the pre-test objective rating score for child welfare professionals was 3.18. After receiving training, the mean assessment of competencies increased 1.2 points for a post-test score of 4.37 on a scale of 1 to 5.
- For webinar training, the pre-test objective rating score was 3.25 for child welfare professionals. After receiving training, the mean assessment of competencies increased 1.1 points to a score of 4.29 on a scale of 1 to 5.
- 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 8.9 (child welfare professional trainees) and 8.11 (leadership trainees), while webinar events received an average rating of 8.6 (child welfare professional trainees) on a scale ranging from 1=Strongly Disagree to 10=Strongly Agree.

Training for Residential and Institutional Staff

- Building Bridges Initiative (BBI) continued training child-caring institution (CCI) staff in *Six Core Strategies*. The training included sessions on strategies they should take to reduce the use of restraints and seclusions while promoting permanency, family driven, youth-guided and trauma-informed care.
- Consultants have provided rule training at facilities when there was an identified need.

Training Updates

- The Division of Child Welfare Licensing (DCWL) continues to work collaboratively with managers, licensing providers and membership organizations on improving the quality of corrective action plans (CAP) submitted by agencies because of non-compliance. Technical assistance is provided to agency staff.
- DCWL continues utilizing a CAP follow-up process. This process enhanced the quality and oversight of CAP 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.
- The DCWL agency program manager holds quarterly meetings with CCI chief administrators and/or their designees to present updates and have open dialogue.
- 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 Maltreatment in Care (MIC) unit or DCWL, technical assistance by DCWL and/or program offices, and temporary suspension of new referrals to the facility. Participation in the weekly meetings included, among others, the CSA deputy director, the DCWL director or designee, the MIC director, the Regional Placement Unit manager, and the respective managers of the Foster Care and Juvenile Justice program offices.

2022 Inspections

DCWL completed 56 annual reviews on 55 private contracted child-caring organizations Title IV-E funding reimbursed. Of the 56 annual reviews, 10 inspections included violations related to rule R 400.4128 “Initial staff orientation and ongoing staff training.”

- DCWL completed 65 annual reviews on 62 child-caring organizations not Title IV-E funding reimbursed, including court, secured detention facilities, and private non-contracted facilities. Of the 65 annual reviews submitted, three inspections included violations of R 400.4128, “Initial staff orientation and ongoing staff training”.
- Corrective Action Plans (CAPs) 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 (MISEP), and federal regulations. CAPs are due within 15 calendar days upon receipt of a DCWL inspection report.

Licensing Planned Activities for 2023

- MDHHS will continue to respond to the training needs for residential staff as identified in licensing reviews, investigations, or 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 DCWL and CCI providers to discuss priority areas and to provide technical assistance to the agencies.
- DCWL will provide training opportunities related to variance requests for trans-gender and non-conforming youth to CCI providers.
- DCWL will provide training sessions to assist CCI providers in understanding rule changes in the CCI rule set upon ratification of the rule set expected in 2022.
- MDHHS will continue to offer state-wide 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. Beginning in 2023, supervisors complete one fidelity tool per worker per quarter. 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 continues to utilize 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. Statewide training in Motivational Interviewing is occurring in phases. As of March 2023, 49 counties have been trained. The MiTEAM Fidelity Application has been updated to include 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 has undergone a renovation to reduce the assessment questions from 83 to 37 while also improving the sampling methodology and reports generated by the application based on feedback provided from the end users. Statewide training on the revised fidelity application and tool occurred in January 2023.

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 2022, 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: 175

In 2022, new child welfare staff continued to receive the online introductory course, and this will continue in 2023. One hour refresher courses were provided statewide by MI Team Quality Assurance Analysts. Additionally, monthly coaching calls that began in February 2022 continued for those individuals identified to help integrate and support the model locally and these will continue through 2023.

Leadership Development

In collaboration with CSA, OWDT and local offices, the REDI Office’s Leadership Development Division offers 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 2022:

- 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

The total number of in-service training sessions offered increased in 2022. There was an increase in attendance in 2022, while overall in-service training registration was nearly identical. Forty-nine in-service training sessions were offered; 631 trainees participated.

The Emerging Leader program for staff seeking positional leadership opportunities was offered in 2022. This program is designed to develop leadership skills of employees through a combination of computer-based and instructor-led training. A total of 51 leaders completed the program in 2022.

The Middle Manager Training Track was offered in 2022. 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. A total of 37 leaders completed the training track in 2022.

The REDI office's Leadership Development Division expanded its work on strength-based leadership in 2022. Seven staff members were certified as coaches in a strength-based assessment. The leadership division continued coordinating with county offices and work areas to participate in a strength-based leadership assessment in 2022. After completion of the assessment, a team coaching workshop is facilitated to offer opportunities to improve team building, leadership, collaboration, and engagement. A total of 273 leaders participated in this assessment in 2022, compared to 136 in 2021.

A leadership podcast was launched in 2021 with new episodes being released in 2022. REDI's Leadership Development Division hosts the podcast and features leaders at all levels as panelists on each episode to discuss a leadership topic. Episodes are recorded and published along with accompanying resources for leaders to access at their convenience.

A toolkit with leadership content and resources for directors was available for access in 2022. The toolkit includes a combination of readings, podcasts, and videos sorted by leadership competency. It is available in electronic format and can be accessed on demand.

The REDI Office receives regular requests from internal customers, many of which focus on aspects of leadership development. Requests range from delivering standard in-service leadership trainings to presenting at staff meetings and conferences. A significant portion of the requests received in 2022 were for the CliftonStrengths Assessment and coaching.

Item 27 Planned Activities for 2024

- MDHHS will continue to contract with Michigan State University, which collaborates with eight other schools that have Master of Social Work programs to deliver free ongoing training to public and private specialists, 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. Family preservation training is expanding more training material on Protective Factors.
- In collaboration with CSA, OWDT will work to develop a new training model called MiFlex. MiFlex will have elements of FFM, FRP, and FTBS, but be more similar in structure to FTBS. One of the key service delivery elements that will be introduced is

2Gen. 2Gen is a service philosophy that focuses on the needs of the parents and children in all aspects of service delivery. It is expected that MiFlex will be fully implemented by 2027.

- OWDT will continue to train public and private specialists on the expanded MiTEAM case practice model, which will continue to focus on Motivational Interviewing 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.

- **Objective:** MDHHS will ensure ongoing training teaches the basic and intermediate skills and knowledge required for child welfare positions and that the training is completed timely.

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 – Foster and Adoptive Parent Training

How is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

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 2022

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.

All new foster and adoptive families are required to attend pre-service training prior to licensure or adoption finalization. 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 2022, the Regional Resource Teams trained over 3,200 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 direct service 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 Ninth Annual Foster, Adoptive, and Kinship Parent Conference throughout the month of May 2022. Information was presented online.

Supportive services and training continue to be provided through the eight Post-Adoption Resource Centers and six Regional Resource Teams.

Item 28 Planned Activities for 2024

- Regional Resource Teams will continue to provide over 12 hours of training in the GROW curriculum to prospective foster parents.
- OWDT will continue to offer GROW train-the-trainer courses for direct service 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, culturally sensitive, and race-informed services. These efforts included the establishment of internal and external work groups to evaluate policies, practices, and procedures to create an equitable child welfare system for the children and families of Michigan.

In 2022, this included the continued collaboration with the MDHHS DEI Council, the Anti-Racism Transformation Team (ARTT), CSA, BSCs, and the anti-racism training group, ERACCE. These collaborations resulted in capacity building for CSA directors and focused racial identity development sessions with positional leaders. Racial identity caucusing was offered twice monthly for children's services staff that have completed race equity 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. The centralized process established in 2021 proved to be an effective tool in providing technical assistance and guidance for equity principles. The following products were offered:

- **Introduction to Health Equity** - A computer-based mandatory training for MDHHS staff to 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 in every aspect of health and human services work.

- Understanding Systemic Racism - A computer-based training in which staff learn to define key terms, explain how national-level systems produce inequities, learn how MDHHS may perpetuate inequitable outcomes, and learn how to disrupt systems of oppression. This is an ongoing 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. This training is under review for continuous quality improvement and is being migrated to a computer-based training.
- Anti-Racist, Multicultural Training and Development – OWDT/REDI has a race equity team that meets monthly to identify and create strategies to disrupt and eliminate racism. OWDT/REDI continues to mandate the completion of the “Understanding and Analyzing Systemic Racism” two-day workshop for all staff.
- Race Equity Lunch and Learns - The OWDT/REDI Race Equity Team hosted three lunch and learn sessions in 2022. 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 2022. The sessions were delivered in a virtual format and registration was open to all MDHHS employees. There were 11 sessions delivered.
- Microaggressions - The MDHHS DEI Council in collaboration with REDI and OWDT established a facilitation cohort to deliver microaggression learning sessions to local offices and work areas upon request. This learning session discusses microaggressions, and strategies to respond to them. The sessions were delivered in a virtual format and open to all MDHHS offices upon request. At least 100 participants attended these sessions.

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. Please see the section titled Creating an Equitable Child Welfare System for more information.

Collaboration with Universities

As part of the university based in-service training contract, several training courses are available for staff to increase their knowledge and awareness on DEI were offered throughout 2022. 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 2022 collaborative efforts:

- Partnered with BSCs to provide specialized in-service training.
- Collaboration with CSA on redesigning the Pre-Service Institute and the implementation 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 training on the Child Maltreatment Type revamp, Protecting Identifying Information, and the Anti-Bias Child Welfare Training.
- Collaboration with ICWA Compliance and Race Equity on developing a Memorandum of Understanding for training tribal staff.
- Collaboration with CSA antiracism transformation team on creating more equitable child welfare practices.
- Collaboration with CSA in the MiTEAM Advisory Council.
- Collaboration with CSA with implementation of FFPSA.
- Collaboration with CSA, REDI, Child Welfare Partners with the Child Welfare Training Advisory Council.

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.
- MDHHS will continue to collaborate with Division of Victim Services on domestic violence training.

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

- The contract with Crossroads/ERACCE continues. ERACCE is providing training to staff that addresses systemic issues that contribute to disproportionality in child welfare. They also provide technical assistance to support institutionalizing anti-racist policies, practices, and culture.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is available and accessible in all political jurisdictions covered by the CFSP:

- Services that assess the strengths and needs of children and families and determine other service needs,
- Services that address the needs of families in addition to individual children in order to create a safe home environment,
- Services that enable children to remain safely with their parents when reasonable, and
- Services that help children in foster and adoptive placements achieve permanency.

MDHHS is committed to providing child welfare services tailored to meet the needs of children and families throughout the state. MDHHS offers a broad array of services that include those provided directly by MDHHS and private agency caseworkers, as well as services provided by contractors and through community-driven initiatives.

Coordinating Services Across Jurisdictions

Contracted providers of prevention, family preservation, and reunification services receive the support of state contract analysts to ensure services are being delivered with equity and fidelity. This includes facilitating collaboration between contracted service providers to ensure the needs of any eligible family are met. This may include extending services across county lines, determining the most appropriate service, or seeking alternative services for families within their communities. The state is also mindful in creating services that are accessible and meet the needs of resident rural, urban, and suburban areas of the state.

There may be times youth from other states are being reunified with biological parents or relatives in Michigan, and services are coordinated to assist those families as well.

The state also coordinates with federally recognized tribes in program development and accessibility. It is the current position that for all service programs, tribes make the sole determination of eligibility for their members.

Array of Services Assessment of Current Performance

Family First Prevention Service Act (FFPSA)

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 FFPSA 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.

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.

- 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. 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.

Michigan Service Gaps Assessment

To ensure the service array meets the needs of children and families in all jurisdictions in the state, Michigan continues to utilize the perspective and feedback of citizens through:

1. Feedback from foster parents and other community groups.
2. Interviews with case members conducted in the Quality Service Review and the CFSR.
3. Continued development of MiFamily Support Now (CPS redesign).

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 did not 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.

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

- Of the 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 QSRs:
 1. The need for more local foster homes to prevent the need for children to be placed outside of their communities.
 2. Improved collaboration between CMH agencies and MDHHS.
- In 2020 and 2021, service gaps identified through the QSR indicated services and

support to families are needed in the areas of domestic violence, substance use, mental health, and supportive visitation.

- 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.
- In 2022, QSRs identified service gaps in family-centered inpatient substance use services in rural communities, domestic violence services with a focus on services to offenders, mental health services, and housing resources.

Number of cases reviewed in 2019: 60 foster care and 19 CPS.

Number of cases reviewed in 2020: 37 foster care and 3 CPS

Number of cases reviewed in 2021: 49 foster care and 19 CPS

Number of cases reviewed in 2022: 52 foster care and 23 CPS

MDHHS Response to Service Gap Assessments

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. 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
- 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 encouraging clients to consider their personal goals and how their current behaviors may compete with attainment of their goals. All children's services caseworkers are being trained in Motivational Interviewing as an enhancement to the MITEAM practice model.

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. 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. county 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 partnered with the Behavioral Health and Physical Health and Aging Services Administration along with the local Pre-paid Inpatient Health Plans in 2020 to increase use of co-placement of infants and children with their parents in treatment facilities for substance use disorder. CSA continues to collaborate with the National Center of Substance Abuse in Child Welfare to identify substance use cross-system communication strengths and needs. This resulted in Michigan's participation in the 2023 Policy Academy and multiple stakeholders working to improve statewide Plan of Safe Care collaboration.
- 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. In October 2023, the program will expand to serve 21 counties.

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 is 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.

Services that Assess the Strengths and Needs of Children and Families and Determine other Service Needs

Services provided by MDHHS and contracted foster care agencies emphasize engaging with families and working with formal and informal family supports to increase safety and sustain change. Assessment tools such as the Child Assessment of Needs and Strengths (CANS), the Family Assessment of Needs and Strengths (FANS) and safety and risk assessments are

utilized at specific points in child welfare cases by MDHHS and private agency direct service workers. These tools help caseworkers assess individuals across several life domains and use structured decision-making methods to elicit a detailed assessment of safety and risk status and assist caseworkers to identify their service needs. Other assessment services include:

- MDHHS and private agency caseworkers use the Children’s Trauma Assessment Center Trauma Screening Checklist to assess the service needs of children based on their trauma history. The trauma screen interview is completed within the first 30 days of opening an ongoing CPS or foster care case and sets the tone for trauma informed practice throughout case planning and development.
- When screening scores indicate further assessment is needed, MDHHS contracts comprehensive trauma assessment services to obtain clinical recommendations to guide caseworkers in developing case plans to assist the child and family/caretaker with addressing identified trauma, behaviors, and diagnoses that meet clinical criteria.
- Caseworkers in county offices 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. Prevention services are also provided by success coaches in Family Resource Centers based in schools through the Pathways to Potential program.

Services that Enable Children to Remain Safely with their Parents When Reasonable

Prevention, Family Support, and Preservation Services

In contracting for family support and preservation services, MDHHS prioritizes trauma-informed and evidence-based services to ensure children and families benefit from the latest research and the effectiveness of the services offered. Local MDHHS offices collaborate with community agencies to ensure the services offered are culturally competent and match the needs of families. Contracted services and caseworkers work collaboratively with families to create individual service plans based on the family’s particular needs. Some examples of services that are individualized to meet the needs of communities, children, and families are below:

- CSA’s long-standing partnership with 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 throughout the state based on community-determined needs.
- MDHHS’ family preservation programs, including Families First, the Family Reunification Program and family support services such as 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.
- Early On assesses children from birth to age 3 involved in CPS ongoing and foster care for developmental delays. If a child has delays, Early On provides developmental services and continued assessment up to age 3.
- 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.

Services that Help Children in Foster and Adoptive Placements Achieve Permanency

Michigan provides the following services that assist children in foster and adoptive placements achieve permanency:

- The Parent Partners Program connects parents with children in foster care to “veteran” parents who have been successfully reunited with their children. 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.
- 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.

- 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.
- 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.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships.

Ensuring an Array of Services in all Areas of the State

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.

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.

Item 29 Progress in 2022

211 Pilot

CSA is collaborating with Michigan 211 to reach out to families with screened-out complaints with identified risk factors, to refer them to available, accessible, and culturally sensitive community resources. Michigan 211 engages 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 211 pilot in Calhoun and Kalamazoo counties launched on July 5, 2022. Gryphon Place 211 attempts to engage the family on the phone, assesses their needs, and connects them to available services. As of February 2023, approximately 635 families were referred to 211; 34 percent of those referred were successfully contacted and 20 percent of families opted to engage with 211. In February 2023, a survey was sent to families that asked for feedback on accessing services and whether the family feels supported by the program. Through the survey, families received access to an application in which they can schedule time with the 211 specialist.

Item 29 Progress Made to Improve Outcomes

Goal: MDHHS' service array and resource development system ensures 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 2024

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 county 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

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

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. 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.

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 that 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. 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. Child and Family Safety, Stability, and Permanency and Strong Families/Safe Children Title IV-B(2) funding is provided to all MDHHS county 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. 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 county 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.

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 2022

- In 2022, DCQI redesigned the MiTEAM Fidelity Tool to streamline the staff skill assessment process and allow for more precise measurement of the MiTEAM competencies of teaming, engagement, assessment, and mentoring. The MiTEAM Fidelity Tool Switchboard was developed in 2021 to supplement the data available in the MiTEAM Fidelity application by producing data reports that allow managers and supervisors the ability to drill down to observation setting, individuals interviewed, and interview approach, yielding details about use of the competencies within varying situations.
- 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.
- 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 2022, 57 ChildStat meetings occurred, focusing on the factors contributing to MIC and recurrence of maltreatment. These meetings resulted in 217 action items, 126 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 2024

- MDHHS will continue implementing the FFPSA.
- 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 Assessment and Services as one of the four goals targeted for improvement. Highlights from the PIP in this area are listed below. Although the PIP was successfully completed in September 2022, these strategies continue to form the basis of Michigan's improvement efforts in preparation for Round 4 of the CFSR.

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:

- **Assessment and Services 3.4.1:** MDHHS will secure a source to complete a statewide assessment of prevention services and gaps.
2021 Update: This activity was completed in Quarter 1. Chapin Hall and Casey Family Programs conducted the statewide assessment of prevention services and gaps.
- **Assessment and Services 3.4.2:** MDHHS will identify the state-funded or administered prevention services for mental health, substance use and parenting skills development.

2021 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.

- **Assessment and Services 3.4.3:** MDHHS will survey local public and private organizations to determine what services they are providing.
2021 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.
- **Assessment and Services 3.4.4:** MDHHS will summarize all services and provide an analysis through a statewide assessment of services and gaps.
2021 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.
- **Assessment and Services 3.4.5:** CSA leadership will identify the needs of Michigan's child welfare population based on the statewide report:
2021 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.
- **Assessment and Services 3.4.6:** MDHHS will evaluate current funding options and identify funding opportunities to increase prevention services.
2021 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 to determine whether HOMEBUILDERS® would replace families First of Michigan over time.
2023 Update: It was decided that the HOMEBUILDERS® model would not replace Families First of Michigan and the HOMEBUILDERS® pilot will end on Oct. 1, 2023.
- **Assessment and Services 3.4.7:** MDHHS will advance a proposal for change for funding needed to expand prevention services to meet prevention service gaps identified.
2021 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.
2023 Update: An increasing number of counties utilize child welfare specialists as prevention staff. Thirty-nine counties either have caseload-carrying prevention specialists or are in the process of setting up a prevention program. Nineteen of those counties accept prevention referrals from Centralized Intake.
- **Assessment and Services 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.

2021 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.

- **Assessment and Services 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.

2021 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.

2023 Update: As a result of the FFPSA, home visitation services were increased in many areas across the state in 2022 and 2023. Home visiting services that were expanded or initiated include:

- Nurse-Family Partnership
- Parents as Teachers
- Healthy Families America
- Family Spirit

- **Assessment and Services 3.6.4:** MDHHS will partner with the University of Michigan to apply for a Regional Partnership Grant to implement the Recovery Coach Model.

2021 Update: This activity was completed in Quarter 3. Michigan was not awarded the Regional Partnership Grant.

- **Assessment and Services 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.

2021 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

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

MDHHS is responsible for a broad range of child welfare services and initiatives through implementing the provisions of the CFSP, including direct and contracted services to children and families as well as education, and raising awareness of child safety issues, permanency, and well-being in the community. Actively seeking feedback from stakeholders at all levels to

discern root causes for a condition, 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, communications with BSC directors, and the Quality Improvement Council (QIC). Information and feedback from these groups inform the core of MDHHS child welfare efforts.

Actively seeking feedback from stakeholders at all levels to discern root causes for a condition, 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. Michigan uses varied methods to invite stakeholders to engage with MDHHS in implementing the provisions of the CFSP depending on the specific need or function of the engagement.

Some of these methods include:

- Public service announcements
- Citizen interest groups
- Task forces
- Religious organizations
- Focus groups
- Surveys
- Media

The membership and focus of some groups whose feedback CSA responds to on a regular basis are described below.

- 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 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 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 Court Improvement Program, described in detail in the Collaboration with the Court section of this report, is a collaboration with the State Court Administrative Office (SCAO) that addresses a broad range of judicial concerns related to child welfare.
- 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.
- Children Trust Michigan (Citizen Review Panel for Prevention) leads state child abuse prevention efforts and provides funding for prevention services in local communities.
- 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 and composes recommendations for systemic improvement based on community and consumer feedback.
- The Michigan Child Death Review Team (Citizen Review Panel for Child Fatalities) supports voluntary multidisciplinary child death review teams in all 83 counties. These teams, totaling over 1,400 professionals, meet regularly to review the circumstances surrounding the deaths of children in their communities.
- The 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. 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 program.
- 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.
- 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 Statewide Community and Faith-Based Initiative on Foster Care and Adoption builds partnerships with local community leaders, business representatives, and faith

leaders to promote 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.
- 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.
- 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 county 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.

Item 31 Progress in 2022

- 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.
- In 2022, inclusion of stakeholders continued in various ways including:
 - CCWIS development as part of the human design model.
 - Family First Prevention plan implementation.
 - MiFamily Support Now (CPS redesign).
 - University partnership and the Office of Workforce Development and Training (OWDT) Pre-Service Institute and the New Supervisor Institute.
 - Michigan continues to interview case members in the CFSR, QSR and SSRI review activities.
 - Work with SCAO involves stakeholder feedback in various capacities and a youth with lived experience participates in the Court Improvement Program.
- In 2022, QIC hosted quarterly 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, Permanency in 12 Months and Recurrence of Maltreatment.

Agency Responsiveness at the Community Level

MDHHS county offices are tasked with working closely with local human service organizations including private child-placing 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 provision 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 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 2024

- 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 and CCWIS to enable accurate and timely entry of data into the information systems.
- MDHHS will streamline feedback processes to enable prompt responses to needs identified by stakeholders.

Item 32: Coordination of CFSP Services with other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Item 32 Assessment of Current Performance

Under MDHHS' organizational framework, Children's Services, Economic Stability, and other federal programs operate under a unified administration. Michigan coordinates assistance to children and families through MDHHS administration of the following federally funded 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
- Refugee Services
- Native American Affairs

Citizen access to the above programs in Michigan is through the county MDHHS offices; however, families can also initiate application processes online through the MDHHS public website: <https://www.michigan.gov/mdhhs>. The MDHHS public website includes links that assist families to check eligibility and initiate applications for cash assistance, Medicaid, food

and childcare assistance, child support, children's special health care services, and emergency relief. Collaboration occurs between and among the above programs and offices to ensure services to families are provided in a streamlined and easily accessible manner. These programs have developed processes and procedures that facilitate communication among benefits providers so that services provided integrate with each other.

The process of Children's Services partnering with program areas that administer federal programs is seamlessly integrated into the routine operations because of the organizational structure where both areas are within the same administration. This streamlined setup ensures smoother collaboration, coordination, and data sharing between departments. Technology systems are integrated across federal programs including a master person index providing each individual a unique identifier across programs.

Local Coordination of Assistance and the Educational System - Pathways to Potential

One example of coordination among programs that serve families is Pathways to Potential (P2P). P2P is MDHHS' economic security service delivery model that focuses on 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. P2P creates a bridge between families and their neighborhood school.

P2P places MDHHS success coaches in schools to address families' barriers to self-sufficiency in key areas: safety, health, education, and school attendance. P2P is focused on identifying barriers to academic success and offering solutions with the identified outcome of increasing school attendance. P2P fulfills the primary focus of getting students to school by providing students and families with basic needs such as donated clothing, hygiene items, household and school supplies, and addressing school attendance.

P2P Vision

Students and families in Michigan are connected to a network of supports, empowering them to pursue a pathway to their fullest potential.

P2P Mission

Integrate success coaches in schools to collaborate with stakeholders and leverage state and community services to break down barriers, promote equity, and provide families with pathways to their fullest potential.

P2P Strategic Priorities

1. Addressing Social Determinants of Health: Addressing barriers related to health, mental health, safety, housing and homelessness, food insecurity, hygiene, employment, transportation, and clothing.

2. Keeping Kids in School and at Grade Level: Addressing chronic absenteeism, grade repeats, graduation rates, and school discipline.
3. Data-Informed Decision-Making: Using data to Inform strategic decisions that improve the program and promote positive outcomes for students and families.

Pathways to Potential Progress in 2022

In reflecting on its 10 years of programming, a three-year improvement plan was developed and implemented, P2P 2.0. P2P currently has 163 schools with full-time success coaches, 72 schools with part-time success coaches, and five unable to be determined. The new plan seeks to bring more consistent programming across the state, allowing for better evaluation of impact on students and families by focusing on increasing full-time staff placements in schools to develop deeper relationships and more sustained impact through regular access and engagement with families. To support these changes, P2P 2.0 expanded the scope of training and available resource materials for success coaches and partner schools.

Pathways to Potential is currently housed in 240 schools in 38 counties.

- Counties with Pathways to Potential programs include Allegan, Arenac, Bay, Berrien, Calhoun, Clare, Genesee, Gladwin, Gogebic, Hillsdale, Huron, Ingham, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Livingston, Macomb, , Mason, Mecosta, Midland, Missaukee, Muskegon, Newaygo, Oakland, Ontonagon, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, and Wayne.

Pathways to Potential program evaluation data is provided in the Quality Assurance section of this report.

Coordination of CFSP Services with Other Federal Programs

Further examples of MDHHS coordination of CFSP services with other federal programs serving the same population include:

- MDHHS determines eligibility and provides case management for Medicaid and administers Disability Determination Services for Title II and XVI funds.
- MDHHS coordinates with federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act.
- The MDHHS Bureau of Out-of-Home Services and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.
- MDHHS partnered with SCAO to implement the 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.
- In 2021, MDHHS Native American Affairs and SCAO engaged in tribal consultation with

all 12 federally recognized tribes 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.

- In 2021, the MDHHS Federal compliance Division partnered with SCAO to provide direct Title IV-E funding consultation to the Hannahville Indian Community to create a MDHHS State-Tribal Title IV-E Claiming Agreement.
- CSA developed trauma policies for various service providers, including the Behavioral Health and Developmental Disabilities Administration. The Trauma Protocol was updated in 2022 and includes training opportunities for staff.
- Medicaid-funded mental and behavioral health services are provided through Michigan's CMH system with partners in state and local health and education systems.
- Since 2017, Michigan Department of Education employs 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.
- 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 a history of being trafficked on their application for benefits through MI-Bridges.
- MDHHS collaborated 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.
- MDHHS is 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.
- MDHHS is collaborating with Medicaid to streamline access to aftercare services for youth leaving residential care.

Item 32 Progress in 2022

In addition to the activities above, 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
- Refugee Services
- Native American Affairs and Native American Outreach Services

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 2024

Michigan will continue to coordinate assistance to children and families through MDHHS administration of 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
- Refugee Services
- Native American Affairs and Native American Outreach Services

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 county offices and agencies.
- 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 assists 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 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 10,000 children in foster care and relies on public and private child-placing agencies (CPA) to find temporary and permanent homes for these children. Michigan has 80 contracts with CPAs for foster care case management and 63 contracts for adoption services.

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system

functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child-caring institutions receiving Title IV-B or Title IV-E funds?

Assessment of Current Performance

Licensing Standards and Process

In Michigan, the MDHHS Division of Child Welfare Licensing (DCWL) monitors and enforces licensing standards to ensure they are applied consistently. Child-placing agencies, child-caring institutions, foster family homes and foster family group homes must be licensed through DCWL. Private child-placing agencies certify foster homes for licensure and send their recommendations to DCWL, which reviews the documentation and issues the foster home license, if appropriate. Licensing variances are only granted for rules that do not pertain to the safety of children. Follow-up visits and evaluations are completed by child placing agencies to determine ongoing rule compliance with renewals sent to DCWL for processing.

Requirements for this Systemic Factor

- To ensure all child-placing agencies are providing consistent assessment, all licensing workers and licensing managers must pass Certification and Complaint training facilitated by DCWL.
- One hundred percent of initial home study packets are reviewed to verify the assessment is consistent with rule compliance findings leading to the recommendation of licensure.
- Concurrent childcare licenses are assessed at the time of foster parent initial licensure. DCWL and Licensing and Regulatory Affairs (LARA) communicate with each other when a common licensee applies for another type of license. At the time of application/enrollment with DCWL for foster home license a previous/current license check is completed. If a DCWL applicant has had or currently has another license, that is assessed in the initial home study and verified by the DCWL central office licensing consultant who reviews the assessment.
- Per licensing rules for child-placing agencies, every foster home must undergo an annual assessment of rule compliance to maintain licensure.
- DCWL licensing consultants conduct annual inspections of all child-placing agencies and child-caring institutions to determine compliance with Act 116; child-placing agencies and child-caring institution rules. To address noncompliance, agencies are required to write a corrective action plan (CAP) to address how they will come into compliance, how they will maintain compliance, who is responsible at the agency for each action step, the timeframe, and how DCWL will be able to verify compliance with the action steps.
- A random sample of foster homes, including licensed and unlicensed caregivers, are visited by DCWL CPA analysts as part of each child-placing agencies' annual inspection.
- One hundred percent of foster home variances are reviewed by DCWL central office consultants in DCWL and routed for final review and determination to the DCWL director.

CPA Monitoring (foster parents/licensed kinship parents)

- One hundred percent of initial home study packets that recommend licensure are reviewed by a DCWL central office licensing consultant to verify the assessment is consistent with rule compliance findings leading to the recommendation of licensure.
- During initial licensing period a DCWL CPA consultant completes monthly contact with the new licensee to provide TA and consultation.
- Annual inspections – If there are errors/citations regarding a renewal with problems CAP re: how will come back into and maintain compliance.
- A DCWL CPA consultant completes special investigations to assess any alleged rule non-compliance.
- Corrective Action Plan follow up includes quarterly follow up for six months after the CAP is issued to ensure that the agency is working towards compliance.
- All license types are driven by rule compliance with individual rule sets for each caregiver/institution type. All rule sets are guided by CCO ACT 116. Federal standards are strongly considered and implemented in updated rule promulgation.
 - CPA standards are outlined via the CPA rules which include:
 - Annual inspection of foster homes.
 - Renewal requirements prior to license expiration.
 - Special evaluations.

CCI Monitoring

- Unannounced visits intensify in frequency if the agency has been placed on a provisional license.
- Corrective Action Plan (CAP) follow-up occurs quarterly for six months after the CAP is issued to ensure that the agency is working toward compliance.
- DCWL completes weekly review of CCI restraints and opens an investigation if it has been assessed that the agency is in non-compliance with the CCI rules.
- Newly licensed CCIs, DCWL completes monthly on-site visits to provide TA and consultation for the duration of the initial six month licensing period.
- Shelter care contracted agencies receive DCWL action planning intervention if they receive risk score above 15. DCWL continues to participate in action planning with that agency until their risk score is under 15 for a duration of 60 days. Risk scores are calculated weekly.
- RCTAU also provides consultation and technical assistance to contracted agencies that service abuse/neglect youth.
- MCI and adoption policy address pre-adoptive parents.

Waiver Process

DCWL extends consideration for foster home, CCI and CPA variances. One hundred percent of variance requests are reviewed by a DCWL consultant and routed for final review and determination to the DCWL director.

- Foster home variances
 - 2020: 262
 - 2021: 324
 - 2022: 390
- CCI variances
 - 2020: 8
 - 2021: 22
 - 2022: 28
- CPA variances
 - 2022: 60
 - 2023: 31

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Assessment of Current Performance

Effective Jan. 1, 2008, an amendment to the Child Care Organizations Act, Public Act 116 of 1973, required fingerprinting of applicants for adoption and foster home licensure. Michigan must comply with FBI Criminal Justice Information Services Security Policy. The following checks are completed on foster parent applicants and results are documented on the Licensing Record Clearance Request-Foster Home/Adoptive Home (CWL-1326) and in the DCWL Bureau Information Tracking System:

- Fingerprint based criminal records checks
- Public Sex Offender Registry
- Central registry
- Secretary of State
- CPS history
- Previous licenses issued or closed

Michigan law requires criminal history checks be completed on all persons over 18 residing in the home in which a foster family home or foster family group home is operated. The following record checks are completed on adult household members and documented on the License Record Clearance Request form and in the Bureau Information Tracking System:

- Law Enforcement Information Network
- Internet Criminal History Access Tool
- Central registry
- Public Sex Offender Registry

- Secretary of State
- CPS history
- Previous licenses issued or closed

When the agency completes the licensing evaluation, including the assessment of any conviction(s), and if the decision is made to recommend licensure despite conviction(s) for specified crimes as indicated in the Good Moral Character licensing rules, the agency completes the Administrative Review Team Summary. Michigan's Good Moral Character Rule identifies criminal offenses that presume a lack of good moral character. Administrative review is the process by which a licensee or applicant may rebut the Good Moral Character Rule's presumption by demonstrating detailed evidence of rehabilitation. Decisions made by the DCWL Administrative Review Team are not subject to appeal.

Once central 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 DCWL the next morning. The division also receives a list every Monday of anyone associated with a license that has been put on central registry. A new criminal history check is completed on all non-licensee adults in the household at each renewal.

The following activities ensure every prospective foster and adoptive parent has a criminal history and central registry screening completed prior to licensure or home study approval:

- Every foster and adoptive parent applicant is required to undergo fingerprinting, allowing accurate state and FBI criminal history clearance.
- Every foster and adoptive parent applicant has a sexual offender registry clearance completed prior to licensure or home study approval.
- Every foster and adoptive parent has a central registry clearance completed prior to licensure or home study approval.
- Criminal history, sexual offender and central registry clearances are completed on every adult household member in foster and adoptive homes prior to licensure or approval.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Assessment of Current Performance

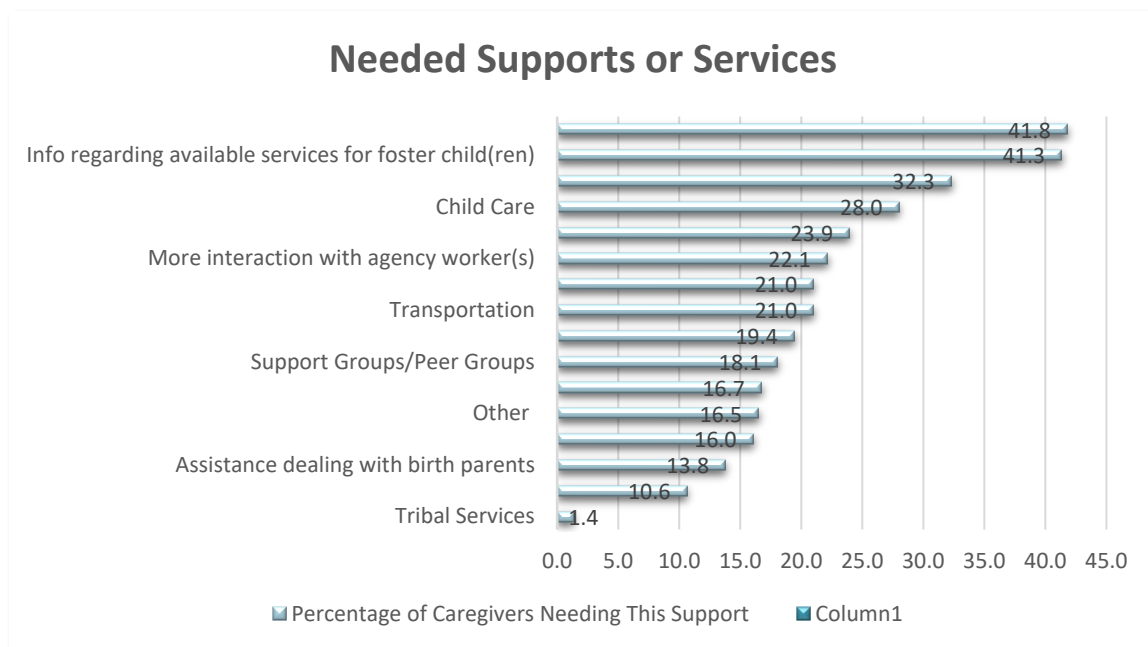
This systemic factor is measured through the Foster and Adoptive Parent Recruitment, Licensing and Retention goals by monitoring the percentage of counties that meet their annual licensing goals. Performance is also reflected by the percentage of children who are

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 March 13, 2023 and remained open through March 27, 2023. 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 835 caregivers throughout the state who completed the survey, out of a possible 4,935 total caregivers. Four hundred thirty-three, or 55 percent of caregivers, identified an area where more support was needed within the last year. The top three identified needs were:

- Assistance with child(ren)'s behavior problems: 41.8 percent
- Information regarding available services for foster children: 41.3 percent
- Assistance with child(ren)'s behavior problems: 39.2 percent
- Respite: 32.3 percent



Asked to rate their overall level of satisfaction with their foster parenting experience so far, 84.4 percent of caregivers indicated they were “very satisfied,” “somewhat satisfied,” or “satisfied.”

Region-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 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 2022, 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.
- The number of children in a sibling group and sibling group sizes of children in care.
- The number of foster homes available.
- The average number of beds in a home.
- The percentage of viable beds in the county, determined by foster home usage during the past year.
- 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 target populations. The county offices and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the target populations. In 2022, each county's licensing goal was analyzed, and quarterly targets were established to assist counties with monitoring progress toward their unrelated licensing goal.

Foster Home Estimator Data Analysis

- The data analysis includes:
 - Assumptions made by the county about the percentage of children that will be placed in the following placement types in the next fiscal year.
 - Residential
 - Relative
 - Treatment Foster Homes
 - The average number of beds in a foster home.
 - The percentage of beds that should be empty so that you can have a choice of best placement for each child.
 - The percentage of foster homes that closed the last full fiscal year.
 - The percentage of foster homes not viable for placement.
 - The number of children in foster care at the beginning and end of the previous two fiscal years (to establish trend).
 - The number of children in foster care by age.
 - The number of children in foster care by race.
 - The number of children in foster care that are a part of a sibling group (including the size of the sibling group).
 - The number of currently licensed foster homes.
 - The number of bed days children in foster care need on average in a year.
 - The percentage of placements into foster homes based on the age of the child.

Initial analysis of the counties' estimators indicated that 289 fewer foster homes would be needed in FY 2023 as compared the number of homes needed during FY 2022. The significant decrease in the goal was likely due to having 13.8 percent fewer children in care and a 4.5 percent increase in the relative placement percentage, which was 46 percent at the time the analysis was completed. However, given MDHHS' concerns about having an adequate array of placements for children in care, the decision was made to increase regional and statewide licensing goals by 18 percent.

Recruitment Targets of Foster and Adoptive Parents for Diverse Youth

MDHHS completes an annual analysis of race and ethnic data of currently licensed foster homes and compares these data points to children in care in the same county. MDHHS provides technical assistance and training to counties with a disparity in these data sets on how to recruit foster homes from underserved communities. As part of their annual licensing goal planning process, the counties are required to identify strategies to recruit homes that match the race and ethnicity of children needing homes. To assist counties with meeting targeted recruitment goals related to race and ethnicity, MDHHS has translated several flyers and brochures into Spanish and Arabic and increased media engagement to enhance community awareness of the need for foster homes that match the race and ethnicity of children in care.

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 that matches the diversity within the county.

Race Data for Foster Caregivers

This data is gathered and provided on a county level during AFPRR planning utilizing the foster home estimator. Counties are then asked to target specific marginalized groups based on the estimators calculation of need within that county. Here is an example of what that looks like on the estimator tool:

49	Step 5: Estimate number of NEW homes needed for targeted groups (within age groups)						
50		Targeted Population 1: Race		White	Native American	African American	Other
51	26	- % of all children served	100%	81%	0%	19%	0%
52	27	- # of children served	43	35	0	8	0
53		Homes Needed by Age & Race Groups		0-12 years	13-17 years		
54	28	Race/Ethnicity					
55	28a	- Native American/Alaska Native	0	0	0		
56	28b	- Black/African American	1	0	1		
57	28c	- White	2	0	2		
58	28d	- Other	0	0	0		
59	29	TOTAL All Races	3	0	3		
60		Targeted Population 2: Hispanic Ethnicity		Hispanic			
61	30	- % of all children served		5%			
62	31	- # of children served		2			
63		Homes Needed by Age & Hispanic Ethnicity					
64	32	-Hispanic	0	0	0		

- To determine the average amount of time “without a placement” both agency stays, and AWOL was looked at. For youth who did not have a placement and had to stay at an agency, the average length of stay in FY 2022 was 3.9 days. This applied to 123 children over the year.
- In FY 2022, 719 youth existed care with emancipation listed as the discharge reason. Two hundred forty-four of these youth achieved their permanency goal prior to discharge from foster care.

Recruitment Planning of Foster and Adoptive Homes for Diverse Youth

MDHHS is committed to closing equity gaps and achieving good outcomes for children. All new foster parents completing GROW training to become licensed participate in a module on Diversity and Inclusion, which covers the following topics: Appreciating Culture, Systemic Racism, Parenting Styles and Expectations, Race, Ethnicity, and Religion, Transracial Adoptions, Transracial Parenting, Supporting LGBTQIA+ Youth; and Sexual Orientation, Gender Identity, and Gender Expression (SOGIE).

Initial and ongoing evaluations of foster homes include an assessment of caregivers’ ability to care for children from a different race or culture. In addition to pre-licensure trainings, MDHHS provides opportunities for caregivers to strengthen their competency on caring for

children from different races and cultures. During Foster, Adoptive, and Kinship Parent Conference in 2022 and 2023, training sessions included A Guide to Caring for Muslim Children in Foster Care, Raising Black Boys: A Panel Discussion, and Race Matters: A Panel Discussion on Creating Diverse Community to Positively Impact Children and Families Experiencing Foster Care.

In June 2022, Michigan entered a service plan with Adopt US Kids, focusing on strengthening recruitment and retention practices and planning processes. A primary goal of this plan is to develop and implement strategies to reduce racial disproportionality between youth in care and caregivers, including means to enhance capacity for recruiting families from the communities children in care are from. Implementation of the plan began in October 2022 with an initial focus on developing a foster home retention framework for Michigan. After finalizing the framework and providing training to child welfare leaders and staff, work with Adopt US Kids on reducing racial disproportionality between youth in care and caregivers will begin.

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 2022, MDHHS' recruitment advertising campaign utilized various social media and streaming platforms and included 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 2022, 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 2023 adoptive and foster parent recruitment and retention planning process.

In September 2022, Michigan collaborated with Adopt US Kids to host an in-person Recruitment Summit for licensing and adoption specialists. More than 200 attendees

participated in this six-hour training focused on enhancing targeted recruitment skills and practices.

Adoption Services

Michigan has 63 contracts for adoption services with private Michigan child-placing agencies. The adoption contracts are statewide and include expectations of conducting interstate compact adoptive home studies, requesting adoptive home studies through the interstate compact process for adoptive placements in other states and performing adoption services on assigned cases, including cross-county placements.

If a child's permanency plan is adoption by a family residing outside Michigan, the Interstate Compact on the Placement of Children must be used. The Interstate Compact process is initiated as early in the permanency planning process as possible. A child cannot be placed out of state for relative placement, foster care placement, or adoption without prior written approval from the receiving state through the Interstate Compact process.

Child-Specific Recruitment Activities

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified for the child at the time of referral the following strategies are utilized:

- A written, child-specific recruitment plan must be developed within 60 calendar days of the date of acceptance of the case.
- The child must be registered for photo listing on the Michigan Adoption Resource Exchange (MARE) within 60 calendar days of termination of parental rights or the date of acceptance of the case, whichever is later.
- An adoption case must be referred to an adoption resource consultant if an adoptive home has not been identified for the child within one year of the child being legally available for adoption with a goal of adoption. Adoption resource consultants provide services until permanency is achieved through adoption or one of the other four federal permanency goals.
- Adoption navigators provide support and assistance to families pursuing adoption of children from Michigan's child welfare system.
- MARE produces recruitment brochures, videos, and newsletters, maintains an informational website, hosts "meet and greet" events and maintains the Michigan Heart Gallery, a traveling exhibit featuring children legally available for adoption without an identified adoptive family.
- The MARE Match Support Program provides statewide services for families who have been matched with a child from the MARE website and are proceeding with adoption. The Match Support Program provides up to 90 days of information and referral services to families.
- MARE Adoption Navigators host quarterly Waiting Family Forums for families who have been approved to adopt and those in the home study process. The forums are an

opportunity for the families to learn about the status of their inquiry, what they can do to make the most of the wait time, methods for strengthening inquiries, tips to effectively advocate for their family and meet other families waiting to adopt.

Supporting Private Agencies

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

Item 35 Progress in 2022

Progress in 2022 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
2021	1,268	1,125	601	307	657	607	262	774
2022	965	845	602	288	549	461	171	544

Data Source: MDHHS DCWL

From Oct. 1, 2021 to Sept. 30, 2022, MDHHS and private child-placing agencies (CPAs) licensed:

- Eighty-eight percent of the non-relative foster home goal – 845 homes licensed of the goal of 965.
- Forty-eight percent of the non-relative foster home goal for adolescents – 288 homes licensed of the goal of 602.
- Eighty-four percent of the non-relative foster home goal for sibling groups – 461 homes licensed of the goal of 549.
- Over 100 percent of the non-relative foster home goal for children with disabilities – 544 homes licensed of the goal of 171.

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.
- Implementation of targeted advertising campaigns to recruit homes for teens and sibling groups.

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
- Size of sibling groups in care
- Total number of homes licensed by the county at a point in time
- Number of foster homes licensed by the county during specified periods
- Foster home closure reasons
- Demographic data regarding barriers to placements

County Performance:

- Fifty-three percent of counties met at least 90 percent of their recruitment goal.
- Sixty-seven 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

Note: Michigan is not able to provide updated data for 2023 due to the implementation of the CCWIS Child Welfare Licensing Module, which at the time of this report was not able to produce reliable data.

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).

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	965	322	602	111	549	187	171	200

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 2024

The non-relative licensing dashboard was improved for FY 2020. It continues to be used in 2022 and will be used in 2023 once the Child Welfare Licensing Module attains full functionality. 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.
- Local school district challenges using social media to spread awareness.

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 (DFTA) to enhance permanency for children legally ready for adoption. All Adoption Resource Consultants were training in the Wendy's Wonderful Kids (WWK) child-focused recruitment model which has been incorporated into their recruitment efforts and continue to receive additional support from the DFTA organization.

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 2022:

- MDHHS Prevention Summit
- Michigan Kinship Care Coalition
- Foster, Adoptive, and Kinship Care Advisory Committee
- Ingham County Great Start Collaborative
- Tri-County Office on Aging
- Gratiot County FAK support group
- Tri-County Kinship Coalition
- Washtenaw Caregiver Network
- Detroit Area Agency on Aging Grandparents Raising Grandchildren Committee
- Spaulding for Children Children's Bureau grant, KinderCares
- Bethany Family Services Children's Bureau grant, Say Yes to Family
- National Kinship Scorecard
- Generations United Regional Convening
- Western Region ECSN/Great Start Collaborative
- Kent County CASA Network
- Region 9 Area Agency on Aging
- Community Action Agency—OLHSA
- MKCC Kinship Symposium

- Scottdale Senior Center Kinship Event
- National Kinship Scorecard
- Generations United Regional Convening
- Kempe Child Welfare Conference Panel
- Kent County CASA
- MSU Extension
- First Annual Kinship Community Awareness Summit
- Shiawassee County Fair
- Flint Farmers' Market
- Genesee County DHHS
- Genesee County Task Force meeting hosted by Judson Center
- Motherly Intercession Executive Director
- Ennis Center for Children, Foster Care Navigator program for Shiawassee County
- Voices For Children staff
- Genesee Local Leadership group (part of Voices for Children team)
- Whaley Children's Center

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 ninth Annual Foster, Adoptive, and Kinship Parent Conference in May 2022. Information was presented online and included the following presentations:

- Redefining Normal, followed by a debriefing presentation, Redefining the Future with Relationship-Based Parenting
- We Are Family: Prioritizing the Relationships of Siblings in Care
- Race Matters: A Panel Discussion on Creating Diverse Community to Positively Impact Children and Families Experiencing Foster Care
- What You Can Do: A Look at Skills That Can Make An Immediate and Lasting Impact on Behavior
- It Takes More Than Love: Adoption, Delinquent Behavior, and the Juvenile Justice System
- The Art of Parenting Teens

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. While this resource is transitioning to a different platform, it was available throughout 2022 at <https://ffmichti.thinkific.com/>. 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.
- Forgotten Victims: Caring for the Non-Abused Siblings of Sexual Abuse Victims
- Engaging and Co-Parenting with Birth Parents
- Fetal Alcohol Spectrum Disorder and Trauma
- Just Keep Swimming: Thriving in the Midst of Grief and Loss
- When it Was Us: The Effects of Fostering on Relationships

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 the Division of Child Welfare Licensing 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.

2023 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 the Division of Child Welfare Licensing and local child-placing agencies to ensure each licensed foster home and adoptive home is screened and approved before children are placed.

2020 Performance: 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.

2023 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: 53% of counties met at least 90% of their recruitment goal and 67% of counties met at least 70% of their recruitment goal.

2023 Performance: Data not available.

Goal: MDHHS will ensure best practices are utilized for recruitment and retention and barriers are addressed, as needed.

- **Objective:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Outcome: Timely search for prospective parents for children needing adoptive placements will ensure all children who need adoptive parents achieve timely permanency.

Measure: Number of youth available for adoption without an identified family registered with the Michigan Adoption Resource Exchange (MARE) within required timeframes.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2022 Performance: During FY 2022, the number of children registered with MARE (photo-listed or hold registrations) and the percentage completed within the policy timeframe of 60 days.

- 106 photo-listed registrations, of which 77 were registered within the policy timeframe (72.6%).
- 1,636 hold registrations, of which 1,536 were registered within the policy timeframe (93.9%).
- TOTAL: 1,742 registrations, of which 1,613 registered within the policy timeframe (92.6%).

2023 Performance: From Oct 1, 2022 to Feb. 28, 2023, 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 31 were registered within the policy timeframe (96.9%).
- 593 hold registrations, of which 562 were registered within the policy timeframe (94.8%).
- Total: 625 registrations, of which 586 were registered within the policy timeframe (93.8%).

- **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.

2023 Performance: In FY 2022, 476 children had at least one placement episode in a congregate care setting. Of those, 281 (59%) were placed with a relative, fictive kin, a foster family or adoptive family as their subsequent placement. An additional 57 youth (12%) 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 2021 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 2022 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.

2023 Performance: The FY 2023 the Foster Family Support Services Survey revealed that 55% of caregivers identified an area where more support was needed within the last year. According to the survey, 84.4% 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.

2023 Performance: The GROW pre-licensure and pre-adoption training curriculum was rolled out statewide in 2021 and continued to be utilized in 2022. A web-based version of the curriculum will be piloted beginning in June 2023. This will allow participants with barriers to attending the live sessions an alternate option for accessing the training content.

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, 2023.

Progress in 2022

2023 GROW Foster, Adoptive, and Kinship Parent Training Survey: Preliminary Results

Eastern Michigan University (EMU) provided a preliminary overview of results of the 2023 GROW Foster, Adoptive and Kinship Parent Evaluation. This overview compares a 2023 GROW foster, adoptive, and kinship parent sample with a 2019 sample of foster, adoptive, and kinship parents who attended PRIDE pre-service training. The 2023 GROW Foster, Adoptive, and Kinship Parent survey was disseminated to foster, adoptive, and kinship parents licensed between July 2021 and October 2022. Foster, adoptive, and kinship parents who attended GROW and had at least one infant, child, or youth in their care since completing the training were invited to complete the survey. A total of 127 respondents completed the survey. The results indicate that:

- GROW parents report higher levels of parenting self-confidence and higher levels of parenting knowledge when compared to the PRIDE parents.
- GROW parents reported a greater level of agreement with the GROW format when compared to PRIDE parents' agreement with the PRIDE format.
- GROW parents reported a higher level of agreement that the GROW training content prepares participants for foster, adoptive, and kinship parenting when compared with PRIDE parents' level of agreement that PRIDE included relevant topics to begin the foster, adoptive, and kinship parenting journey.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive placements for waiting children is occurring statewide?

Item 36: State Use of Cross-Jurisdictional Resources

Assessment of Current Performance

The Interstate Compact on the Placement of Children (ICPC) ensures protection and services to children placed across state lines for parental, foster care, adoption, and residential placements by establishing procedures that verify placements are safe, suitable, and able to

provide proper care given the needs of the child. The compact also assigns legal, financial, and medical responsibilities to those involved in making the placements.

If a child's permanency plan is to be adopted by a family residing outside of the state of Michigan, the 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.
- Continued a regular series of home study reminders for direct service staff with ICPC caseloads, codified in a follow-up protocol. Direct service 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 local office and private agency workers and supervisors as requested. Scheduled training is also offered.
- Comprehensive revisions of all ICPC policies.
- 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.
2023 Performance: 81% of home studies were completed within 60 days.

Item 36 Planned Activities for 2024

- 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 or a direct consent or direct placement adoption or children who have a Michigan subsidized guardianship agreement.
- Adoption resource consultants will serve youth who have been legally available for adoption with a goal of adoption for over a year without an identified adoptive family.
- Adoption Navigator services will be offered to prospective adoptive parents.
- The Match Support Program will provide services to adoptive families who have been matched with a child who was photo-listed on MARE.
- The Adoption Oversight Committee will meet 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.

2021 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, with the expectation that all trainers would be trained by June 2021. Statewide rollout was 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.

2023 Update: The GROW pre-licensure and pre-adoption training curriculum was rolled out statewide in 2021 and continued to be utilized in 2022. A web-based version of the curriculum will be piloted beginning in June 2023. This will allow participants with barriers to attending the live sessions an alternate option for accessing the training content.

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.
- Eight regional Post Adoption Resource Centers provide services to support families who have finalized adoptions of children from the Michigan child welfare system.
- Foster care and adoption staff coordinate the referral process for children being placed out of state through the Interstate Compact Office.
- The MARE Match Support Program provides statewide services for families who have been matched with a child from the website and are moving forward with adoption.
- MDHHS will set aside funds for federally recognized tribes to support targeted recruitment efforts.
- MDHHS will enhance outreach within faith communities by strengthening partnerships with organizations such as the Muslim Foster Care Association, churches hosting community dialogues, and The Send, a non-profit faith-based coalition partnering with Michigan to recruit foster families.

Training and Technical Assistance

- MDHHS utilizes input from the local offices and agencies 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 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 have been integrated in subsequent recruitment and retention plan forms.
- 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 recruitment and recruitment strategies, practices, and planning processes.

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, Michigan has been seeking federal recognition since 2013 (see [Legislative resolution pushes rightful recognition of Grand River Bands of Ottawa Indians \(rapidgrowthmedia.com\)](https://www.rapidgrowthmedia.com/legislative-resolution-pushes-rightful-recognition-of-grand-river-bands-of-ottawa-indians/)).

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 2022

Consultation and coordination activities in FY 2022 are listed below. The majority of these activities are regularly scheduled and ongoing.

- Monthly calls with the CSA director and leadership, Feb. 1, 2022; March 1, 2022; May 3, 2022; June 7, 2022; Aug. 2, 2022; Sept. 6, 2022; and Nov. 1, 2022; excluding quarterly Tribal State Partnership Meeting months of January, April, July, and October.
- Tribal Consultation collaborative governance:
 - APSR review, April 7, 2022; and March 13, 2023.
 - MDHHS NAA Policy Tribal Workgroup, held biweekly meetings beginning in February 2022 and ending in November 2022.
 - 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. Proposed legislation has currently passed the Senate and is being reviewed by the House. Passage of the bills is expected by June of 2023.
 - MDHHS-5598 Form Update and Tribal Review Discussion occurred on Jan. 10, 2022.
 - Six safety assessment tribal advisory committee meetings took place in 2022.
- 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. 19, 2022, April 20, 2022, July 20, 2022, and Oct. 19-20, 2022.
- Monthly quality assurance of Michigan Indian CPS and foster care data reports occurred in collaboration with tribes in 2022.

Tribes were invited to participate or participated in the following 2022 MDHHS committees:

- MiSACWIS/CCWIS workgroup
- Front End Redesign and workgroups
- FFPSA workgroup
- 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 \(michigan.gov\)](https://www.michigan.gov/tribal-agreements-table-of-contents).

Negotiations

- Tribal consultation continued with Hannahville Indian Community (HIC) in 2022 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-Tribal Title IV-E Claiming Agreement final approval is expected to be completed by Sept. 30, 2023.
- Hannahville Indian Community (HIC) extended their CPS agreements and Adult Protective Services (APS) agreements with MDHHS for MDHHS coverage of CPS/APS on respective tribal land in 2022 due to staffing shortages. HIC extended their CPS Memorandum of Understanding (MOU) until Dec. 31, 2023.
- In 2023, three other tribal governments have entered into added CPS coverage MOUs with MDHHS.

Through a tribal agreement, tribes will have access to enter social work contacts for their tribal children in care. The social work contacts (SWC) MOU language was approved by the director and made available to tribal governments in July 2023. Hannahville Indian Community is in receipt of their MOU, and signature is anticipated by Sept. 1, 2023. Two additional tribal governments have expressed interest and began drafting individual SWC MOUs.

CSA is in the process of updating the current 26 tribal agreements addressing services including CPS after-hours, APS, Title IV-E funding, 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 June 2023.

Ensuring Culturally Appropriate Services

MDHHS ensured culturally relevant services were in place for Michigan's AI/AN citizens in 2022 through:

- Conducting stakeholder surveys for quality assurance.
- Developing and conducting ICWA case reviews in collaboration with Michigan tribes.
- 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:
 - Governor's Tribal Summit

- Child Welfare League of America State Indian Child Welfare manager meetings
- 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 2022, including mandatory annual ICWA and MIFPA training for all county child welfare staff. In addition, BSCs maintained 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 2022 across all BSCs.

Funding Culturally Appropriate Services

CSA contracted with the following entities to provide culturally relevant and appropriate services in 2022:

- 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 2022, there were 355 Native American children in the Michigan foster care system. The number of children in each placement are listed below.

Row Labels	Count of Child Name
Adoptive Home	22
Adult Foster Home	1
AWOL	2
Child Caring Institution	13
Detention	3
Emergency Residential Shelter	1
EPIC Guardianship Home	3
Friend/Partner Home	2
Juvenile Guardianship Home	3
Licensed Unrelated Foster Home	68
Licensed/Unlicensed Relative Home	124
MDHHS Training School	3
Out of State Licensed Relative	1
Out of State Parental Home	2
Out of State Unlicensed Relative	1
Parental Home	95
Rental Home/Apartment	7
Unrelated Caregiver	3
(blank)	1
Grand Total	355

Of the 355 Native American children in care in 2022, MiSACWIS data showed 63 percent (223) were placed with parents or relatives, and all case records reflect placement preferences.

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 2022 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 2022 included the following:

- Properly assigning household members to child welfare cases
- Ensuring invitations to tribal partners to provide recommendations for QRTP assessments

Quality Assurance ICWA/MIFPA Protocol

DCQI and Native American Affairs have finalized 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 is being assessed using a single case read tool on an ongoing basis. BSC case read information is being shared with Native American Affairs and DCQI to make recommendations for systemic changes in CSA policies, case management guidance, and to offer training opportunities for staff to improve service delivery to American Indian/Alaska Native children and families.

2022 ICWA/MIFPA Case Review

An annual MDHHS ICWA/MIFPA case review of foster care cases was conducted October - December 2022 with three Michigan tribes, Little Traverse Bay Bands of Odawa Indians, Pokagon Band of Potawatomi Indians, and the Sault Ste. Marie Tribe of Chippewa Indians. Planning for the 2022 ICWA case review occurred from March to September. Opportunities for improvement include providing timely and appropriate active efforts and increasing tribal participation at family team meetings.

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 2022 include:

- CPS, Foster Care, and Adoption Pre-Service Institute ICWA/MIFPA training:
 - ICWA/MIFPA computer-based training: 1,321
 - ICWA/MIFPA refresher training: 5
- Supervisory Control Protocol 2.0 ICWA Activity Webinar: 28

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
 - **2023 Performance:** 92 (26%) of 355 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
 - **2023 Performance:** 53 (15%) of 355 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
 - **2023 Performance:** 223 (63%) of 355 Indian child case records represent parent or relative foster care placements and 355 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
- **2023 Performance:** In 100% of the 355 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

- **2023 Performance:** 53 (15%) of 355 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 Innovation

- MiSACWIS Tribal Role and FFPSA programming social work contact access development occurred December 2021 – April 2023. Finalization is expected in June 2023.

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 2024

Collaborative governance initiatives planned for 2024 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

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 7, 2022 and March 13, 2023. Six tribes, three BSC directors, 17 county directors, and 18 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 Collaborator 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](#).

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

Service Description

MDHHS administers and oversees the John H. Chafee Foster Care Program for Successful Transition to Adulthood. Chafee goals are addressed through Michigan’s Youth in Transition program. Youth in Transition provides support to young people in foster care and increases opportunities for those transitioning out of foster care through collaborative programming in

local communities. Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. MDHHS maintains active collaboration with young people in planning and outreach.

MDHHS allocates funds to counties for independent living services for young people transitioning to independence from foster care. Counties may contract with private agencies or provide funds for services. Chafee-eligible expenditures include:

- First month'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. Native American youth served by tribal child welfare services or MDHHS that meet eligibility criteria are eligible for Chafee funds and ETVs.

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 (MSHDA) to distribute Family Unification Program (FUP) and Foster Youth to Independence (FYI) housing vouchers.
- Coordinating with the Michigan Department of Treasury as they administer the Fostering Futures Scholarship Program.
- Coordinating with the Michigan Department of State to assist youth in obtaining a driver's license or state identification card.
- Developing partnerships with MSHDA and the Michigan Works! state unemployment agency. Michigan also includes partnership with Michigan Rehabilitative Services (MRS) to provide skill development and job training for youth transitioning from foster care with disabilities.

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 the 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 2023

- Young people continued 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.
- Chafee-funded services were 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.
- MDHHS continued to collaborate with the Michigan Department of State to create a training webinar for caseworkers. The webinar provided workers with information regarding the documentation requirements for youth to obtain their driver's license and state identification card. MDHHS tracked youth over the age of 16 to determine barriers to obtaining a driver's license or state identification card and continues to

work with the Michigan Department of State in developing methods to reduce the identified barriers.

Planned Activities for 2024

- MDHHS will continue to identify strategies to expand resources for pregnant and parenting teens, which includes improving the data collection of youth currently pregnant and parenting within the child welfare system.
- 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.
- MDHHS will continue to track youth over the age of 16 to determine barriers to obtaining a driver's license or state ID and continues to work with the Michigan Department of State in developing methods to reduce the identified barriers.

Positive Youth Development

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

- The Michigan Youth Opportunities Initiative (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 2022

- Michigan continued implementation of the statewide Youth Advisory Board. The board provides a structure for young people who have experienced foster care to inform and advise on policies and practices that impact youth in the child welfare system. The Youth Advisory Board is composed of young people from across the state, representing various races/ethnicities, age, and gender expressions, who share information about their experiences within the child welfare system with the goal of improving services to young people. The Youth Advisory Board serves multiple purposes:
 - Provides an 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.
 - Creates best practices to improve the child welfare system.
- In April 2022, the Youth Advisory Board participated in a retreat. During the retreat, youth received training from two former foster care youth regarding time management, personal growth, and self-care.
- MDHHS continues to work closely with the Jim Casey Initiative to support the implementation of Michigan's Youth Advisory Board.
- In December 2022, a MDHHS staff member and two youth attended the Jim Casey Initiative network convening in Arizona. The goal of the convening was to:
 - Learn, to share and to prepare for the coming year.
 - Strengthen connections with each other and the Jim Casey Initiative's evolving mission.
 - Learn about innovations in practice across the network that may be replicable at other Jim Casey sites.
- 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
 - MDHHS workgroups including the Health Advisory and Resource Team, the LGBTQ workgroup and the CFSR focus group
 - State Board of Education Presentations in 2022 and 2023
 - FosterClub All-Star internships
 - Participation on a statewide education and foster care workgroup

- 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 and 2022.
 - 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 transitioned to a hybrid model for the five-week training portion of the internship.
 - For the 2023 year, the FosterClub All-Star internship will continue a hybrid model with a two-week in-person training in Oregon. The remaining four weeks of the internship is virtual. Michigan will sponsor three youth to be 2023 All-Stars.
- 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.

The department has utilized information collected from youth in the development of policies and programming. Youth who participate in workgroups and the Youth Advisory Board are part of implementation planning and are able to see their feedback incorporated in real time. The department is working to develop a better system to inform youth who participate in one time focus groups or surveys when their feedback is incorporated into policy and practices.

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.
- Chafee funds are utilized to support youth participation in activities that promote normalcy and age-appropriate developmental milestones.

Progress in 2022

- MDHHS funds 41 MYOI coordinator positions throughout Michigan. The initiative utilizes Chafee funds to develop skills in youth leadership and self-advocacy.
- Participants in MYOI are provided financial, employment, and educational opportunities to support their interests and develop their ability to become self-sufficient.
- MDHHS collaborated with the Jim Casey Initiative on MYOI programming, youth asset development, and youth engagement best practices.
- MYOI Coordinators were invited to participate in mini trainings presented by partners of the Jim Casey Foundation to support youth with financial literacy and knowledge.
- 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 that 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 2022

- The MDHHS Division of Victim Services developed two separate funding opportunities totaling \$4.5 million to support agencies enhancing services to victims of human trafficking. Funding awards were 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 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 was developed

by the Michigan Public Health Institute with advice from the board in 2022 and is being used to inform the work of other health providers looking to improve their response to human trafficking victims.

- 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.
- In 2022, MDHHS CSA created a human trafficking analyst position under In-Home Services to address human trafficking in CPS cases. Additional human trafficking duties related to youth already in foster care were added to the Out of Home Services' Absent Without Legal Permission (AWOLP) analyst's responsibilities to assist with identifying and tracking foster youth who have been identified as human trafficking victims.
- 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 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.

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 questions about prior involvement in sex trafficking or involvement after removal.
- In 2021, the Bureau of In-Home Services initiated a human trafficking workgroup comprised of workers and supervisors who address human trafficking in the local offices and agencies, 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 (FYI) 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 (FUP) 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 FYI housing vouchers.
 - MDHHS sought technical assistance from the National Center for Housing and Child Welfare on applying for FYI vouchers.
 - Melvindale and Livonia Housing Commissions entered Memoranda of Understanding with MDHHS and are offering FYI vouchers.
 - FYI Vouchers are now being accessed in Wayne, Chippewa, Kalamazoo, and Kent counties.
- 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 FUP 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 2024

- MDHHS will expand FUP vouchers.
- MDHHS will provide targeted training to MDHHS staff regarding FUP vouchers.
- MDHHS will collaborate with local housing commissions to offer FYI vouchers to eligible youth.
- MDHHS will collaborate with MDHHS Housing and Homeless Services to identify and address barriers associated with youth obtaining FUP and FYI vouchers.
- MDHHS will participate with the Michigan Balance of State Continuum of Care toward development of a grant application to HUD for funding for homeless youth programs that would operate in a subset of 61 counties in Michigan.

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 Education and Training Vouchers (ETV). 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 MYOI and coordinators receive training in specific topics pertaining to the needs of transition-age youth.

Planned Activities for 2024

- 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.
- MDHHS will provide additional Chafee funds to smaller counties and more rural areas to provide increased good and services, such as expanding vehicle purchases.

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:

- 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 which include updates regarding policy changes and best practices.

Cohort Three 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, 33 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. Thirty-three percent of youth indicated that they were employed full-time at age 21.

To address these needs, Michigan is engaging in the following activities.

- CSA is collaborating with Michigan State Housing Authority (MSHDA) and MDHHS Supportive Services to help eligible youth access YIT housing vouchers. CSA is working with and providing grants to current and new providers to build housing options and programming for youth transitioning out of foster care.
- CSA is working with current ILP providers to build capacity and programming for pregnant and parenting youth.
- This is an area for future development.
- CSA has a summer youth employment program that helps prepare youth for future employment and connects youth with potential employment. CSA has partnered with private companies, in areas such as construction, to identify youth interested in these fields and connect them with an employer who will train and employ them. Thirty-three percent of youth indicated that they were employed full-time at age 21.

MDHHS involves the quality assurance system in the following ways:

- Strategies to enhance collection of quality service 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 2022

- 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 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 2024

- 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.

- MDHHS will 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 FY 2022, 891 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, 277 youth were served in Independent Living Plus.
 - In FY 2022, 327 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 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 YIT Mentor program.
 - In FY 2022, 73 youth were served through the YIT Mentor 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 21.
- Pregnancy prevention is among the topics discussed in creating plans for transitioning to independent living.
- The youth's transition plan and progress is evaluated during each meeting.
- Macomb County is currently piloting training for youth representatives to support their peers during semi-annual transition meetings.

Educational Assistance Progress in 2022

- 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, with an emphasis on targeting those assigned as education points-of contact throughout FY 2022. Trainings covered federal and state education policy, responsibilities of foster care staff, the Michigan Merit Curriculum, post-secondary opportunities, special education and Individual Education Plans, and surrogate parents. All trainings were recorded and posted in the learning management system for those staff who were not able to attend.
- The education analyst holds quarterly phone conferences for all education points-of-contact. These calls include updates to policy or procedure and allows for the points-of-contact to ask questions and discuss any best practices.
- 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. 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 was:
 - 43.8 percent of the 2018-2019 foster care cohort graduated in four years.
 - 55.2 percent of the 2018-2019 foster care cohort graduated in five years.
 - 39.8 percent of the 2019-2020 foster care cohort graduated in four years.
 - 56.6 percent of the 2019-2020 foster care cohort graduated in five years.
 - 39.5 percent of the 2020-2021 foster care cohort graduated in four years.

- 54.5 percent of the 2020-2021 foster care cohort graduated in five years.
- 41.3 percent of the 2021-2022 foster care cohort graduated in four years.
- 52.3 percent of the 2021-2022 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. The 2022 conference was held as a hybrid virtual/in person event. The foster care track of workshops included six in-person breakout sessions and three pre-recorded sessions.
- 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 business service centers.
- 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.
- MDHHS partners with the Michigan Department of Labor and Economic Opportunity to provide summer youth opportunities at local Michigan Works! Agencies.

Progress in 2022

- Foster care staff provided resource information to youth and refer youth to employment and education programs in their area.
- Levy Corporation provided information and an onsite tour for MDHHS staff. Levy corporation is interested in partnering with MDHHS to provide employment opportunities for youth who have experienced foster care. Levy Corporation committed to streamlining the application process for youth within the child welfare system.
- 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 Foster Care Summer Youth Employment Program. The program provides job readiness training and summer employment opportunities for youth ages 14 and over with open foster care cases. The program has typically served between 250 and 350 youth per year across the six Michigan Works! agencies during past years. 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 2020 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 Foster Care Summer Youth Employment Program, 106 young people were served. Of those, 87 completed the program under the 2020 standards.
 - In the FY 2021 Foster Care Summer Youth Employment Program, 101 youth people were served. Of those, 78 completed the program under the 2021 standards.
 - In the FY 2022 Foster Care Summer Youth Employment Program, 83 young people were served. Of those, 63 completed the program successfully.
- Due to some sites consistently underutilizing the slots provided, the 2023 Foster Care Summer Youth Employment Program will only run in three sites. It is expected that 130 youth will be served. For those sites, 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 in hopes of serving more youth than the past two years. In the sites that will no longer have the foster care-specific program, information will be provided to foster care staff about the Michigan Works! Agencies summer youth employment programs that serve all young people.

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, financial 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. 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.

Progress in 2022

- There are currently more than 802 youth enrolled in MYOI.
- Youth participating in the initiative are offered monthly training on development of age-appropriate independent living skills in employment, education, financial competency, and health.
- As a result of the COVID 19 pandemic, counties began meeting virtually. Since that time, many counties continue to provide a hybrid meeting model which has provided greater opportunities for youth to participate in the MYOI program statewide.
- 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 matched purchases.
 - In 2022, 11 enrolled youth matched purchases.
- Opportunities for youth to participate in the follow support groups and activities:
 - LGBTQAI+ Youth Support, meets monthly
 - Pregnant and Parenting Group, meets monthly
 - Book Club
 - Passion Planning Series, meeting monthly
 - Raised Garden Bed Project
 - Vulnerable Youth Collaborative

Planned Activities for 2024

- Increase the number of new enrollments in the Michigan Youth Opportunities Initiative.
- Increase the number of youth that complete asset match purchases
- Utilize Opportunity Passport Data to influence programs and policy within the MYOI program.
- Target recruitment and retention for youth of color. Current data:
- Increase the number of males participates. Current data:

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth Progress in 2022

- 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.
- A survey was administered during the summer 2022. Youth in foster care who self-identified as lesbian, gay, bisexual, transgender, or questioning were asked to complete the survey. The survey asked about their experience with the child welfare system as someone identified as LGBTQ. The survey received 22 youth responses and the following are some of the responses:
 - Six youth stated their diverse SOGIE was an identified factor in the abuse or neglect that led the removal.
 - Five youth stated that their SOGIE was taken into account when seeing placements.
 - Five youth stated that their SOGIE led to a replacements.
 - Five youth stated that their SOGIE was taken into account when seeking placements.
 - Four youth stated that they had access to LGBTQ role models.The data from the survey was to be further analyzed by DCQI.
- 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.
- MDHHS secured a contract to provide training to child welfare staff regarding speaking with youth about their SOGIE and providing competent and affirming services for diverse SOGIE youth. It is anticipated that these trainings will begin summer 2023. MDHHS secured a contract in late 2022 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. Support groups are scheduled to begin summer 2023.

Planned Activities for 2024

- 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.
- The CSA SOGIE 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.
- The Pub-1211, A Practice Guide for Working with Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit Youth in Michigan's Child Welfare System, which was developed and published in 2019 is being reviewed and updated by the CSA SOGIE workgroup.

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 21.
 - 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 2022

- In FY 2021, 963 young people participated in the YAVFC program.
- In FY 2022, 891 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 county offices 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 local offices and agencies 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 2022

- In FY 2021, 246 young people were served through the 10 independent living skills contracts, compared to 258 in FY 2020.
- In FY 2022, 249 young people were served through the 10 independent living skills contracts.
- 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.
- At the end of the 2021-2022 academic year, 73 students completed the survey.
 - Ninety-five percent of participants were either highly satisfied or satisfied with the coaching program.
 - Ninety percent of the participants planned to return to campus the following fall semester. Of the seven who reported they would not be returning, five had graduated, one had other reasons for not returning. Only one student reported they were not returning due to poor grade point average.
 - The average grade point average of those who completed the survey was 2.86.
 - Fifty-six percent of participants reported they were matched with a mentor through the program. Thirty-one percent were offered a mentor and declined.
- In FY 2019, 383 students were awarded funding from the Fostering Futures Scholarship Fund.
- In FY 2020, 415 students were awarded funding from the Fostering Futures Scholarship Fund.
- In FY 2021, 708 students were awarded funding from the Fostering Futures Scholarship Fund.
- In FY 2022, 381 students were awarded funding from the Fostering Futures Scholarship Fund.

Planned Activities for 2024

- 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, 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 State, 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.
 - A data sharing agreement has been developed between MDHHS and the Department of State to match data between the two departments to see what youth in foster care have a state identification card and driver's license. Once data is returned from the Department of State, the Foster Care, Guardianship, and Adoption program office will send lists of youth who do not have identification cards or driver's licenses to the local county staff to see what barriers there are to youth accessing them and to encourage them to assist with this task.

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 Office of Workforce Development and Training (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.

- 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 on 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 and best practices.
- 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 with MDHHS staff.

Division X Chafee Policy Updates

One of the provisions of Division X of the Consolidated Appropriations Act stated that, effective Dec. 27, 2020, foster care cases should not have closed for youth with open cases who were 18 and older, and that 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. Michigan was unable to begin utilizing the allocated funds until fiscal year 2022 due to a delay in legislative authorization. Once authorization occurred, MDHHS supported youth through Sept. 30, 2022, and obligated funding where allowable.

Several communications were released to local offices and agencies 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. A total of 398 payments were made to 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.

COVID-19 Stimulus Funding For Foster Youth

- MDHHS provided 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.

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:

- Provides an opportunity for youth to learn leadership and advocacy skills.
- Provides an opportunity for youth to form partnerships with the community.
- Provides an opportunity for youth to review and recommend changes in policy and practice to better support youth and their families.
- Identify best practices to improve the child welfare system.

Projects the Youth Advisory Board was and will continue to be involved in include:

- Youth advise on Michigan's new CCWIS system.
- 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.

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 campus-based support programs for youth previously in foster care, Michigan Department of Treasury's Office of Postsecondary Financial Planning, which administers the Tuition Incentive Program, Fostering Futures Scholarship program, MYOI coordinators, and the Fostering Success Michigan organization. Samaritas ensures students receiving an ETV award are aware of other opportunities available that can support educational 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 has been conducted predominantly through virtual platforms.

During the COVID-19 pandemic, changes were temporarily made to the ETV program to ensure that youth had the financial support needed. 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 were awarded ETV funding were temporarily able to receive a higher award amount. Youth were eligible to receive up to a maximum of \$12,000, instead of \$5,000. Because Michigan did not receive legislative budget approval until September 30, 2021, 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 received the larger award amount through 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. All Michigan Youth Opportunities Initiative Coordinators received information about the increased funding. 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.

- In 2022, 92 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.
- In 2022, 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	365	116
2021-2022 School Year	334	120
2022-2023 School Year (July 1, 2022, to March 31, 2023)	286	101
2022-2023 School Year, estimated (July 1, 2022, to June 30, 2023)	336	130

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 the Safety section of the APSR, and in Michigan Child Abuse Prevention and Treatment Act (CAPTA) 2023 Annual Update.
- The following services funded through Title IV-B(1) are described in the Child and Family Services Continuum section of this report:
 - Crisis intervention – Family Preservation Services
 - Prevention and Family Support Services
 - Time-Limited Family Reunification Services
 - Foster Family and Relative Care Maintenance services

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 2022 included:

- Parenting education
- Parent aide
- Wraparound coordination
- Family Assistance Program
- 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

Family Reunification Services help 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 2022 include:

- Adoptive family counseling and post-adoption services
- Relative caregiver support services

- Wraparound coordination
- Foster and adoptive parent recruitment and support services

Michigan treats 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 2022

The percentages below reflect 2022 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: 35 percent
- Family Support: 34 percent
- Time-Limited Reunification: 26 percent
- Adoption Promotion and Support: 2 percent
- Administrative costs: 3 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 2022.

Title IV-B(2) Estimated Percentages for 2023

The Title IV-B(2) estimates for fiscal year 2023 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 2024.

JUVENILE JUSTICE PROGRAMS

In 2022, MDHHS Division of Juvenile Justice continued its administration of federal grants. The Division of Juvenile Justice 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
- Eleven 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 11 private contracted juvenile justice residential facilities include both secure and non-secure placements, and provide services including general residential, services for youth with problematic sexual behavior, mental health and behavioral stabilization, substance abuse rehabilitation, developmentally disabled and cognitively impaired programming, and services for those who are victims of human trafficking. Juvenile justice facilities under contract have been certified as Qualified Residential Treatment Programs (Q RTP) to comply with the FFPSA beginning April 1, 2021. In accordance with these requirements, all 11 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 ICJ Finance Committee and Racial Justice Ad Hoc Committee.

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. The Division of Continuous Quality Improvement provides ongoing technical assistance using the data available.

Goal: MDHHS will maintain 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 continue Q RTP reviews.

Status: Juvenile Justice Programs initiated a second round of Q RTP reviews on April 1, 2023. The implementation is being reviewed, and frequent stakeholder engagement is occurring to incorporate feedback into the processes, including the independent assessment process, the court approvals, payment rates, and new aftercare service provisions.

Planned Activities for 2024

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 monthly conference calls with juvenile justice supervisors with presentations from resource providers.
- 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.
- 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.
- Commencement of the Michigan Juvenile Justice Advisory Council (JJAC), a state-level youth advisory council which will create a lived experience advisory group to provide advocacy for juvenile justice youth as well as to inform providers and policy makers on

the youth perspective.

- In 2023, a Juvenile Justice Family Advisory Council will be developed, replicating the goals of the JJAC, from a family perspective.
- Juvenile Justice task force participation includes meetings, workgroups, and action planning for forthcoming recommendations.
- Ongoing interface with stakeholders that represent juvenile justice interests within Michigan.
- Implementation and oversight of an in-home care grant, providing \$500,000 to rural communities with the goal of reducing residential placements, by providing evidence-based services to juvenile justice youth.

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-and-three young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2022. 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 2022. As of March 20, 2023, there were 174 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: The Division of Juvenile Justice continues participation in discussions around the funding and support for a statewide data resource for delinquency services in Michigan. This work continues in 2023 through the recommendations provided by the Task Force on Juvenile Justice Reform.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In 2022, following a review of the 14 MiSACWIS case records of dissolved adoptions in the state, there were no known children who were previously adopted internationally.

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight of children adopted from other countries once they enter Michigan's custody due to a disrupted or dissolved adoption. Michigan tracks disrupted and dissolved adoptions through MiSACWIS.

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

Supporting the Families of Children Adopted from Other Countries

Private agencies that provide services for international adoptions are licensed as child-placing agencies and held to Michigan's licensing rules for adoption. 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 \$810,000 in Adoption and Legal Guardianship Incentive funds from FY 2019 that were expended in FY 2022 for the following initiatives:

- Additional curriculum creation and evaluation through Eastern Michigan University, which, in 2021 and 2022, developed and implemented 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.

Michigan received \$1,245,000 in Adoption and Legal Guardianship Incentive funds to be expended by Sept. 30, 2023. Michigan plans to expend 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

2022 - 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 has found that the services provided have been beneficial to the children and families served and will continue providing those services. Michigan will continue to examine the disparities in the adoption system, and as a result, more services may be explored and implemented.

Michigan is now completing an adoption equity assessment. It is anticipated that through this assessment, areas of system improvement will be identified, and a timetable for spending will be developed.

Michigan does not foresee challenges in accessing and spending future Adoption Savings funds.

KINSHIP NAVIGATOR PROGRAM FUNDING

The Kinship Navigator program is implemented through a grant with Michigan State University (MSU). In FY 2022, Michigan received \$416,438 from Title IV-B (2) Kinship Navigator Funds. The funds were fully expended. Michigan has a partnership with the MSU Kinship Care Resource Center (KCRC) to provide a Kinship Navigation program. In FY 2022, Michigan used the Kinship Navigator funds as well as Family First Transition Act funding to provide the following services:

- Participated in the Michigan Kinship Care Coalition and provided technical assistance to members.
- Participated in and helped co-chair the MDHHS Kinship Advisory Council.
- Program staff participated in national and state events and conversations aimed at improving outcomes for kinship families.
- Participated in outreach opportunities for the Family Advocacy Pilot in Genesee and Shiawassee counties.
- Continued coordination with statewide 211 through a contract to work on an Application Programming Interface, which identifies more than 20,000 resources via the current KCRC Help Center.
- Continued Kinship Navigator protocols, which include monthly distribution of letters as well as promotional items to new relative placements.
- Navigators staffed the toll-free call center Monday through Friday and conducted follow-up phone calls to all contacts.
- 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.
- 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.

- Presented about kinship family needs, barriers, and resources at events, conferences, and meetings for organizations.
- Engaged in service delivery activities with kinship caregivers through phone calls, emails, and social media.
- Finalized, approved, and printed a Kinship Legal Guide.
- Planned, coordinated, and delivered caregiver trainings.
- Contracted with Chapin Hall at the University of Chicago to help operationalize the program expansion and implementation with a goal of becoming an evidence-based program.
- Continued planning and implementation for Navigator and Family Advocate statewide expansion.
- Ongoing program development evaluation.

How kinship caregivers are made aware of kinship navigator programs and resources (e.g., through a kinship navigator hotline and/or resource website).

Kinship caregivers are made aware of the program through the KCRC hotline and resource website. Program information has been presented at dozens of events, conferences, and organizations during FY 2022. These include but are not limited to:

- MDHHS Prevention Summit
- Michigan Kinship Care Coalition
- Foster, Adoptive, and Kinship Care Advisory Committee
- Ingham County Great Start Collaborative
- Tri-County Office on Aging

The accomplishments achieved with use of the funds appropriated in FYs 2018 – 2022 to develop, enhance, expand, or evaluate kinship navigator programs in the state, including, if available, any estimate of families served in the previous year.

The Kinship Support Program began providing statewide navigation/referral services in 2019 using the Kinship Navigation funding. With the use of these funds in combination with Family First Transition Act funds, the following accomplishments have been achieved:

- The Kinship Support Program objectives focus on continued efforts to improve and expand the coordination of care for kinship families, recruitment and training of additional staff to support care management, and legal guidance efforts along with developing processes for the kinship navigator intervention.
- The Kinship Support Program entered into a data sharing agreement with 211 to share resources with kinship families. This allows any user to use the KCRC website to access over 20,000 resources without having to use multiple services.
- Kinship Navigators are experienced kinship caregivers who interact directly with caregivers calling the toll-free number or through referrals from MDHHS or private agencies.
 - Navigators identify referral sources, network with community partners, provide program promotion, and help to develop outreach strategies.

- Kinship Navigators provide ongoing input on program development, services, protocols, and the evaluation process.
- The MSU Kinship Support Program maintains ongoing contact and consultation with kinship support group leaders from across the state.
- The Kinship Advisory Council was launched in March of 2022. The council is led by MDHHS and is co-led by the KCRC. The Kinship Advisory Council includes both formal and informal kinship families as well as youth who were in kinship care. The council has five primary goals:
 - Establish a public awareness campaign to educate the public about kinship caregivers and the state's efforts to better serve kinship caregivers by increasing visibility of the Kinship Support Program.
 - Consult and collaborate with The Kinship Support Program on the design and administration of that program.
 - Identify gaps and barriers for kinship families.
 - Ensure equity is considered when making recommendations for systems changes.
 - Devise a plan of action for engaging with support groups and programs providing services to kinship families to obtain a better understanding of the issues facing kinship families.
- Michigan Kinship Care Coalition (MKCC) was launched in February 2019. The MKCC members, including MDHSS, Kinship Support Group Coordinators, kinship families, Area Agencies on Aging and others who will contribute to program development, services, and ongoing outreach to kinship families.
- On a monthly basis, the Kinship Support Program sends letters and calls new foster care relative caregivers to connect them with information and resources, including licensure options and the ability to work with a Foster Care Navigator.
- Utilizing a cloud-based system, the Kinship Support Program collects data and expands the resource database used by navigators to disseminate information to caregivers and service providers.
- The Kinship Support Program maintains a listing of local and regional kinship support group contacts and meeting information on the website and refers families to support group services available in their communities.
- Communication, technology, and information-sharing which includes:
 - A telephone hotline (800-535-1218 for kinship families to request assistance with resources or services.
 - A program brochure and promotional items to MDHHS referred families.
 - A Kinship Caregiver Legal Guide.
 - A public website (www.kinship.msu.edu) with information about the Kinship Support Program, other topics relevant to kinship families, kinship support groups, a list of community agencies and resources.
 - E-news updates to families and service providers.

- A social media marketing strategy that utilizes four social media accounts, Facebook, Instagram, Twitter, and LinkedIn.
- Participation in national and state events and conversations aimed at improving outcomes for kinship families.
- Coordination of Community Services:
 - Acting as a liaison for the kinship caregiver with other service providers to assist with the coordination of services.
 - Developing strong, collaborative, working relationships with public and private agencies that work with kinship caregivers.
 - Educating the community about the needs of kinship caregivers and available resources and services.
 - Collaboration with the Foster Care Navigators on licensing referrals and Chance at Childhood for legal assistance.
- Program Enhancements in development:
 - The ability to serve the estimated 54,000 kinship families throughout Michigan will require a network of service providers, MichiKIN Network, to join the KCRC in delivering services through the provision of information, support, and referral.
 - The toll-free KCRC phone line will be staffed by Kinship Navigators hosted by MichiKIN partners.
 - The statewide Standard Care model will be delivered by MichiKIN partners who the KCRC awards to hire kinship navigators.
 - The Case Management Pilot is evolving into the Enhanced Model of service with plans for an evaluability study to be conducted by the end of the 2023.
- Ongoing program evaluation.

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

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.

- 2021 requirement: 95 percent - Michigan achieved 95.7 percent.
- 2022 requirement: 95 percent - Michigan achieved 97.3 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.
- 2022: 95.8 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 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.

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.

- 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

Allocated Amount: \$506,302

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 2022

Note: Expenditure of federal supplemental funds allocated to Michigan is pending approval by the Michigan state legislature.

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.

Allocation Amount: \$15,621,987

Total Expenditures as of June 2023: \$5,419,140

- \$1,714,218 million was spent supporting a pilot of implementing the HOMEBUILDERS® program in seven counties. 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.
- \$264,364 was spent on evaluation activities for promising and supportive services identified in Michigan's Title IV-E Prevention Plan including Family Spirit, and SafeCare. Michigan began implementation of SafeCare in August 2022 and planning for Family Spirit implementation in 2023.
- \$2,428,664 was spent delivering Motivational Interviewing training to all child welfare staff and contracted family preservation providers. It is anticipated that all child welfare staff and contract family preservation providers will be trained in April 2024.
- \$489,155 was spent supporting the Michigan State University's Kinship Navigator Program. Chapin Hall is assisting with evaluation activities for the program to become evidence based.
- \$522,739 was spent towards cost allocation for staff supporting the development and implementation of the IV-E Prevention Plan.

Planned Activities:

Funds Remaining: \$10,202,847

- Approximately \$815,071 will be spent on ongoing 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 if 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.
- Approximately \$971,336 will be used for ongoing 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.
- Approximately \$2,910,845 will be used for the ongoing partnership with Michigan State University's Kinship Navigator Program. Chapin Hall is assisting with evaluation activities for the program to become evidence based.
- Approximately \$600,000 will be used to support Post Adoption Resource Centers to conduct a pilot to expand services to the candidate population utilizing Motivational Interviewing. The information gathered during the pilot will be used to inform a legislative ask to authorize additional funding for the program.
- Approximately \$295,240 will be used for the prevention pathway from Centralized Intake to 211. 211 is dedicating staff to conduct pilot related activities to allow a full assessment of impact of this pilot on children and families served.
- Approximately \$3,954,980 will be used for additional prevention service supports such as additional expansion of Family Resource Centers.
- Approximately \$362,318 will be used to contract with MIHP for change management services to assist with the culture shift to a prevention mindset.
- Approximately \$293,057 is allocated to support the technical changes required to revise the MiTEAM Fidelity Tool to support implementing and fidelity monitoring of Motivational Interviewing.

Characteristics of children and families served are included in the service descriptions above.

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.

2023 Update

- MDHHS provided eligible current and former youth who are 18 through 22 years of age with one-time \$1,500 financial payments. The number of youth receiving services was 1,258, totaling approximately \$1,887,000.
- MDHHS provided eligible current and former youth aged 23-26 years with two \$1,000 financial payments. The number of youth that received services was 473, totaling approximately \$946,000.
- 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. A total of 398 payments were made to youth, totaling approximately \$1,176,634.

Federal Grant: Division X - Additional ETV Program

Purpose: To provide additional support for foster youth 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 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 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, permanency, 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.

Federal Grant: Fiscal Recovery Funds

Purpose: To address the challenges of the COVID-19 pandemic on Michigan's foster parents, caregivers, independent living youth, and contracted Child Caring Institutions.


Allocation Amount: \$27,200,000

Planned Activities:

- Fiscal relief payments of \$8.2M across Michigan’s private child-caring institutions for abuse, neglect, and juvenile justice services to aid in addressing the negative economic impacts experienced as a result of the pandemic.
- Fiscal relief payments of \$19M across Michigan’s licensed foster parents, relatives, and youth living independently. Relief payments will address expenses incurred during the pandemic.

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.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and
Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2024: October 1, 2023 through September 30, 2024					
1. Name of State or Indian Tribal Organization AND Department/Division: Michigan Dept. of Health and Human Services, DCQI			3. EIN:	1386000134C4	
			4. UEI:	C2AQVDYYUAS7	
2. Address: (insert mailing address for grant award notices in the two rows below)					
			5. Submission Type: (mark X next to option)		
235 S. Grand Ave., P.O. Box 30037, Lansing, MI 48909			- New	X	
a) Contact Name and Phone for Questions: Franchesca Vega 313-452-7105			- Reallotment		
b) Email address for grant award notices: vegaf@michigan.gov					
REQUEST FOR FUNDING for FY 2024: 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:				\$8,497,819	
a) Total administrative costs (not to exceed 10% of the CWS request)				\$21,543	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:			% of Total	\$8,009,717	
a) Family Preservation Services			20.0%	\$1,601,943	
b) Family Support Services			30.0%	\$2,402,916	
c) Family Reunification Services			20.0%	\$1,601,943	
d) Adoption Promotion and Support Services			20.0%	\$1,601,943	
e) Other Service Related Activities (e.g. planning)			0.0%	\$0	
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)			10.0%	\$800,872	
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.			100.0%	\$8,009,617	
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)				\$506,302	
a) Total administrative costs (not to exceed 10% of MCV request)				\$50,630	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)				\$2,674,622	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood: (Chafee) funds:				\$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:				\$1,114,506	
REALLOTMENT REQUEST(S) for FY 2023:					
Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.					
12. Identification of Surplus for Reallotment:					
a) Indicate the amount of the State's/Tribe's FY 2023 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 MDHHS Senior Deputy Director				Title	
Date 08/30/2023				Date	

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, DCQI For FY 2024: OCTOBER 1, 2023 TO SEPTEMBER 30, 2024

No entry required in the black shaded cells

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) Geographic Area To Be Served
1.) PROTECTIVE SERVICES	\$ 588,088			\$ 2,674,622				\$ -	393,910	69,235	Eligible Families and Children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 3,690	\$ 1,601,943		\$ -				\$ -	15,011	4,325	Eligible Families and Children	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 3,779,892	\$ 2,402,916		\$ -				\$ -	22,109	8,493	Eligible Families and Children	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 1,601,943		\$ -				\$ -	15,076	9,013	Eligible Families and Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,601,943						\$ -	4,987	3,395	Eligible Families and Children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 4,104,606						\$ 38,957,763	\$ 114,516,591	-	11,293	Eligible Children	Statewide
(b) GROUP/INST CARE	\$ -						\$ 15,821,837	\$ 166,145,246	-	982	Eligible Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 99,965,300	\$ 67,415,100	-	20,700	Eligible Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 3,457,400	\$ 8,041,100	-	1,180	Eligible Children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 4,171,796			\$ 834,359	4,393	-	Eligible Youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 1,114,506		\$ 222,901	336	-	Eligible Youth	Statewide
12.) ADMINISTRATIVE COSTS	\$ 21,543	\$ 800,872	\$ 50,630				\$ 80,646,651	\$ 88,397,205				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 300,755	\$ 1,309,441				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 91,975	\$ 5,645,445				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,340,991	\$ 4,294,301				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 455,672				\$ -	\$ -				
18.) TOTAL	\$ 8,497,819	\$ 8,009,617	\$ 506,302	\$ 2,674,622	\$ 4,171,796	\$ 1,114,506	\$ 241,582,672	\$ 456,821,689				
19.) TOTALS FROM PART I	\$8,497,819	\$8,009,617	\$506,302	\$2,674,622	\$4,171,796	\$1,114,506		21.) Population data required in columns I - L can be found: (mark X below the option)				
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			On this form	In the APSR Narrative		
(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 the amount on Part I.)									X			

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 2021 Grants: October 1, 2020 through September 30, 2022

No entry required in the black shaded cells					
1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 1386000134C4	
Michigan Dept. of Health and Human Services				4. UEI: C2AQVDYYUAS7	
5. Submission Type: (type New or Revision) New		235 S. Grand Ave., P.O. Box 30037, Lansing, MI 48909			
Description of Funds	(A) Actual Expenditures for FY 21 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	134,676	77,893	Eligible Families and Children	Statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 58,109				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 8,220,882	125,587	22,715	Eligible Families and Children	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				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 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)	\$ 255,125				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)	\$ 4,171,796	1,055	-	Eligible Youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 150,000				
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 652,391	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		
MDHHS Senior Deputy Director	08/30/2023				

State of Michigan**Comparison of FFY 2023 and FFY 2005 Title IV-B, Subpart 1 Expenditures**

Date: 05/17/23

Summary of Michigan Financial Status Report, forms 269 and 269-101, for Title IV-B Child Welfare Program, period ended September 30, 2005 (FFY 2005):

	2005 Federal Funds (1)	2005 Non- Federal Funds	2005 Total Federal & Non- Federal
(3) Administration & Other Services	\$7,567,068	\$10,993,304	\$18,560,372
Foster Care Board & Care (Maintenance)	\$2,169,185	\$62,810,809	\$64,979,994
Child Care	\$0	\$0	\$0
Adoption Assistance Payments	\$0	\$0	\$0
Totals	\$9,736,253	\$73,804,113	\$83,540,366

Michigan estimated expenditures for Title IV-B Child Welfare Program, period ended September 30, 2023 (2023):

	2024 Estimated Federal Funds (1)	2024 Estimated Non-Federal Funds	2024 Estimated Total Federal & Non-Federal
(3) Administration	\$21,543	\$88,397,205	\$88,418,748
Foster Care Board & Care (Maintenance)	\$4,018,787	\$114,516,591	\$118,535,378
Prevention & Family Support Services	\$3,779,892	\$0	\$3,779,892
Protective Services	\$588,088	\$0	\$588,088
Family Preservation-Crisis Intervention	\$3,689	\$0	\$3,689
Time-Limited Family Reunification	\$0	\$0	\$0
Child Care	\$0	\$0	\$0
Adoption Assistance Payments	\$0	\$0	\$0
Totals	\$8,411,999	\$202,913,796	\$211,325,795

(1) Total Title IV-B, Subpart 1 funds spent for foster care maintenance = \$4,018,787, child care = \$0, adoption assistance payments =

(2) Estimated FFY 2024 match amount from State spending on foster care maintenance payments (\$3,100,000) does not exceed the

(3) Prior to FFY 2008, ACF required distinctive tracking and reporting of foster care maintenance expenditures only. All other expenditures are in the second category. Beginning FFY 2008, expenditures are broken-down between administration and service areas. Estimated FFY 2024

ogram,

2005 Non-Federal Funds Used as Match (2)	2005 Amount State Exceeded Match Requirement
\$0	\$10,993,304
\$3,245,418	\$59,565,391
\$0	\$0
\$0	\$0
\$3,245,418	\$70,558,695

2023 (FFY

2024 Estimated Non-Federal Funds Used as 25% Match (2)	2024 Est. Amount State Exceeded Match Requirement
\$0	\$88,397,205
\$3,100,000	\$111,416,591
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$3,100,000	\$199,813,796

= \$0.

e FFY 2005 match amount (\$3,245,418).

itures, services and administrative, were reported in a 24 administrative costs do not exceed 10% of grant.

Payment Limitations - Title IVB, Subpart 2

Date: 05/17/2023

The State of Michigan provides the following chart as verification of compliance with the non-supplantation requirements in section 432(a)(7)(A) of the Act. FY2015 expenditures reflect amounts expended for the purposes of Title IV-B, subpart 2 (family preservation & family support services) funded by State, Local and Federal sources other than Title IV-B, Subpart 2.

	1992 Base Year Expenditures	FY2021 Expenditures
Federal	\$ 19,096,000	\$ 207,463,576
State / Local	\$ 25,089,700	\$ 218,104,982
Total	\$ 44,185,700	\$ 425,568,558



Children's Services Administration

Division of Continuous Quality Improvement

Child Abuse Prevention and Treatment Act State Plan

2023 Annual Update

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Michigan’s Child Abuse Prevention and Treatment Act Coordinator

Mary Lou Mahoney, Director, Prevention, Preservation, and Protection Division

Michigan Department of Health and Human Services

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CHILD ABUSE PREVENTION AND TREATMENT ACT 2023 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 2023 update. Michigan continues to coordinate Children's Protective Services (CPS) goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	2019	2020	2021	2022
Number of complaints received	170,650	155,859	159,743	174,235
Percent of complaints assigned for investigation	56%	46%	41%	39%
Percent of investigations resulting in confirmed abuse or neglect	22%	24%	24%	22%
Maltreatment in foster care	16.78	12.56	4.69	5.6
Recurrence of maltreatment	10.83	11.33	10.36	9.71

Data Sources:

CPS referrals, assignments, and confirmations: Data Management Unit, Monthly Fact Sheet

Maltreatment in Foster Care and Recurrence of Maltreatment: Data Management Unit, CFSR Monthly Scores

CAPTA STATE GRANT FUNDS

CAPTA state grant funds are used for activities and contracts to reduce child abuse and neglect and improve practice. CAPTA funds support:

- Registration fees for local office staff to attend annual child abuse and neglect conference
- 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
- Mandated reporter training materials

- Support for Medical Advisory Committee activities and trainings
- Development, implementation, and training for new Structured Decision Making (SDM) tools: intake, safety, and risk assessments
- Support for Team Decision Making (TDM) project
- Support for reducing fatalities and reoccurring child injuries

The department is utilizing American Rescue Plan (ARP) 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. Funds will also be used to build the Plan of Safe Care toolkit as part of the training implementation.

ARP funds are being used to support a contract to revise statewide mandated reporter training and related materials. This contract will include an overhaul of the current mandated reporter curriculum and training to address implicit bias, reduce disproportionality, and help ensure there is no conflation of poverty and neglect. New or enhanced mandated reporter curricula and virtually accessible training will be developed to ensure mandated reporters are aware of their requirements to report alleged child abuse and neglect while being aware of personal biases and how those may lead to disproportionality.

ARP funds have been provided to Children Trust Michigan to support the development and implementation of Family Resource Centers. This support will help ensure families have access to available, accessible, and culturally appropriate prevention services.

CHILD ABUSE AND NEGLECT LAWS

No substantive changes were made to Michigan law during the report period (July 1, 2022 – June 30, 2023) that will affect the state's continued eligibility for CAPTA State Grant Funds.

Updates were made to the Michigan Child Protection Law, Act 238 of 1975, (MCL 722.622 et seq.) in 2022 regarding central registry. The law was effective Nov. 1, 2022. Central registry cases now include those in which the department confirmed that a person responsible for the child's health or welfare committed serious abuse or neglect, sexual abuse or sexual exploitation of a child, or allowed a child to be exposed to or have contact with methamphetamine production.

These legislative changes imposed new requirements around notification of central registry placement and confirmed cases, access to central registry clearance results, and clearance requirements related to volunteer opportunities, employment, and placement. New requirements were set forth in relation to expungements. Additionally, reports of child abuse

by an individual 18 years of age or older who is involved in a youth program must be investigated by the department.

New legislation requires individuals convicted of certain crimes be placed on central registry. A court in Michigan entering an order of conviction for a violation of section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b, a conviction for a violation of chapter LXXVI of the Michigan penal code, 1931 PA 328, MCL 750.520a to 750.520o, involving a minor victim, a conviction for a violation of section 145c of the Michigan penal code, 1931 PA 328, MCL 750.145c, and any conviction involving the death of a child, must request that the conviction be classified as a central registry case by the department.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

Michigan has 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.

Development of Plans of Safe Care

In an investigation involving an infant born exposed to substances or having withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD), the caseworker must develop an infant

Plan of Safe Care that:

- Addresses the health and substance use treatment needs of the mother and infant and other affected family members.
- Ensures that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
- Takes steps to ensure services provided to the infant and family are monitored either through MDHHS involvement or another service provider.
- Addresses 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. The protocol was approved by CSA leadership in October 2022.
- A Plan of Safe Care Training Steering Committee was created in 2022 and continues to

advise in 2023.

- The Michigan Public Health Institute in collaboration with MDHHS and the National Center on Substance Abuse and Child Welfare began developing 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 in 2018 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 to address gaps in various systems related to substance use.

Monitoring Plans of Safe Care

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.

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 substance use undergo assessment for developmental delay and treatment.
- 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 Abuse in Child Welfare has assisted with the development of substance use training and training resources. MDHHS requested written feedback from local offices and agencies and created priorities that were implemented in 2022:

- In February 2022, the National Center on Substance Abuse in Child Welfare began offering guidance and resources to begin developing a Plan of Safe Care Protocol implementation and training plan.
- MDHHS will provide additional 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 2023.

Progress in 2023

- MDHHS has a contract with the Michigan Public Health Institute which will develop the training and the rollout plan for implementation. The institute began developing the

rollout plan and training in May 2022 and completion of the training development is planned for September 2023.

- MDHHS continues to develop access to resources and encourage collaboration and care coordination with relevant service providers and medical professionals.
- Michigan will continue to receive technical assistance from the National Center on Substance Abuse in Child Welfare.
- CSA is contributing along with other stakeholders in the 2023 Policy Academy - Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure.
- In February 2023, a marijuana policy workgroup began meeting to review current policy for revision considerations. The workgroup will continue to meet in 2023.

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

The Michigan law banning human trafficking took effect on August 24, 2006. The law was strengthened in 2011. These changes included enhanced restitution for human trafficking victims. Not only can victims ask for all costs suffered because of their bondage, such as medical costs, but they can also ask for a restitution order that recognizes the value of the years of their life lost due to the crime.

The human trafficking chapter of the Michigan Penal Code was further overhauled in 2014 as a result of a 21-bill legislative package. The package included safe harbor provisions, stronger tools to hold traffickers accountable, and created a standing Human Trafficking Commission within the Michigan Department of Attorney General and a Human Trafficking Health Advisory Board within MDHHS.

Any child who is sexually exploited for commercial purposes is now recognized as a victim of human trafficking, regardless of their ability to prove the existence of force, fraud, or coercion. By creating a presumption of coercion in sex-trafficking cases involving children, Michigan law shields these children from prosecution for committing commercial sex acts.

Preventing Sex Trafficking

In response to the growing problem of child trafficking, and in recognition of the vulnerability of foster youth being targeted, MDHHS created a protocol for child welfare professionals, court personnel, law enforcement officials, and schools. The protocol addresses the following goals:

- Provide a coordinated investigative approach while minimizing trauma to victims.
- Provide protection and specialized services to victims and family members.
- Provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking.
- 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 (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 the State Court Administrative Office (SCAO).

Progress in 2022 and 2023

- In December 2022, MDHHS hired a departmental analyst in CSA to serve as the statewide resource expert in the development, implementation, and oversight of policy and procedures to address human trafficking of children.
- The MDHHS Human Trafficking Health Advisory Board, in conjunction with the Division of Victims Services, oversaw the development of, and provided feedback on, a Human Trafficking Toolkit for Health Providers. The toolkit assists health care providers implement a more systematic response to identify and respond to human trafficking in the health care setting. Health care providers can use this toolkit as a guide for developing a protocol within their community and health care setting.
- The MDHHS Division of Victim Services targeted \$4 million in federal Victims of Crime Act (VOCA) funding for organizations that have demonstrated expertise in providing victim services and increase victim services for human trafficking survivors. These dollars will be used to enhance the services the programs are currently providing. Eight programs were the recipients of this round of VOCA funding.
- In the FY 2022 budget, \$500,000 of general funds were allocated to create and implement the Human Trafficking Victim Services Expansion Pilot. The pilot utilizes victim-centered and trauma informed approaches to build capacity in programs to begin human trafficking work and for programs that have worked with human trafficking survivors, but who have little or no expertise in applying for and managing federal or state dollars. This is a three-year project to provide training and technical assistance to support the development of human trafficking victim services and fund organizations that agree to develop services and accompanying policies and procedures for assisting human trafficking victims.

The Infant Safe Sleep Act

Enacted in 2014, the Infant Safe Sleep Act requires hospitals and other health professionals attending a birth to provide readily understandable information and educational and instructional materials regarding infant safe sleep practices at the time of birth. Hospitals are supported with access to a free online training and educational materials for nurses and others caring for infants. In FY 2022, 216,619 educational items were distributed by MDHHS and over 12,000 professionals were trained. MDHHS provides a website for ongoing education that includes a variety of resources and 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.

Through a contract with the Michigan Public Health Institute (MPHI), Infant Safe Sleep 101 training is provided virtually to MDHHS staff. This training is designed to raise awareness among child welfare staff regarding the importance of engaging parents and caregivers in following safe sleep guidelines. 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 FY 2022, 613 child welfare staff were trained in Safe Sleep 101.

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://mifrp.org/publications/>.

MDHHS is improving the quality of CPS investigations through initiatives including:

- The CPS Child Death Alert and Report 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 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.

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 2022-2023 were driven with the goal of better supporting families, providing worker relief, and making policy more streamlined by:

- Obsoleting policy items that were a better fit elsewhere or were already located in another section of policy.
- Removing policies to ensure the work being done by caseworkers is an efficient use of time and resources.

The following policies were updated to provide clarification or additional updates based on feedback from stakeholders:

PSM 711-4, CPS Legal Requirements and Definitions

- Definitions were updated to reflect statute changes on the types of cases that will be added to central registry. Central registry cases include confirmed serious abuse or neglect, confirmed sexual abuse, confirmed sexual exploitation, and confirmed methamphetamine production.
- The word complaint has been changed to referral.

PSM 711-5, Department Responsibilities and Operational Definitions

- Definition of sexual exploitation was added under child abuse.

PSM 712-3, Coordination with Prosecuting Attorney and Law Enforcement

- Severe physical injury means serious physical harm to a child, as defined in MCL 750.136b. Serious physical harm means any physical injury that seriously impairs the child's health or physical well-being, including brain damage, a skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, burn or scald, or severe cut.

PSM 712-6, CPS Intake - Special Cases

- Updates were made to the Intake Decision Table for CPS and CPS-MIC investigations in addition to adding teachers, teacher's aides, clergy, and individuals 18 years of age involved with a youth program to the group of individuals who should be referred to prosecuting attorney/law enforcement agencies.

PSM 713-01, CPS Investigation – General Instructions

- The process for the notice to be provided to an alleged perpetrator when a new CPS investigation begins, and the central registry inquiry reveals any member of the new CPS investigation is listed on the registry without a due process date (date of appropriate notice of their placement on central registry) has been added to this policy under New Investigations with Prior Central Registry (No due process date) Listing.
- A person who is the subject of a report or record which does not result in being placed on the central registry, but is categorized as a Category I, II, or III case may request the department amend an inaccurate report or record from the local office file.
- A central registry/confirmed case means the department classified a case as confirmed serious abuse or neglect, confirmed sexual abuse, confirmed sexual exploitation, and/or confirmed methamphetamine production. The perpetrators in these cases must be placed on central registry.

PSM 713-13, Central Registry and Confirmed Perpetrator Notification

- Changes were made that require confirmed cases of child abuse and/or neglect resulting in central registry placement to require notification to the identified perpetrator. Confirmed cases of child abuse and/or neglect that do not result in central registry placement also require notification to the identified perpetrator.
- The department must classify a confirmed case of the following as a central registry case:
 - Methamphetamine production
 - Serious abuse or neglect
 - Sexual abuse
 - Sexual exploitation
- A court entering an order of conviction for a violation involving a minor victim and any conviction involving the death of a child must request that the conviction be classified as a central registry case by the department.
- Notification to the perpetrator being placed on central registry must be completed and documented by using the DHS-847a, Perpetrator Notification letter in the electronic case management record. This notice must be sent by registered or certified mail, return receipt requested, and delivery restricted to the addressee within 30 calendar days after the classification of a confirmed central registry case. If the notification is returned “refused” or otherwise undeliverable, the envelope and receipt must be uploaded to the electronic case record.
- Notification to perpetrators of confirmed cases of abuse or neglect who are not required to be placed on central registry, must be completed within 30 calendar days after the classification of a confirmed case and documented using the DHS-847c, Notice of a Confirmed Case letter in the electronic case management record. This notice must be sent by first-class mail to the identified perpetrator.

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. Caseworkers may hand draw genograms or may download the GenoPro Tool from the Software Center. Resources for completion of genograms are also available through the Child Welfare Training Institute guides, including standard symbols for genograms and a genogram instruction 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 (USP), including the results of the safety and risk reassessments and the reassessment of the Family Assessment of Needs and Strengths (FANS) and Child Assessment of Needs and Strengths (CANS). 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.
- Category language updates that include when a Category II and III case must be reviewed for escalation. Central registry placement only occurs for individuals determined to be the perpetrators of serious abuse or neglect, confirmed sexual abuse, confirmed sexual exploitation, and/or confirmed methamphetamine production.
- A note was added that indicates if the identified perpetrator of the child abuse or neglect is determined to be a caregiver, contact standards for a caregiver must be followed.

PSM 714-2, Supportive Services

- Prevention services are provided on a continuum to ensure the safety of children in the home and improve the family's well-being. Prevention services may be offered in various circumstances as determined by a child's eligibility as a candidate for foster care.

PSM 714-4, Ongoing Services Updated Services Plan and Case Closure

- Children who are eligible as a candidate for foster care and have been approved to receive prevention services under the Family First Prevention Services Act will also have a prevention plan in the USP. Prevention plans will automatically generate into the USP

when one youth participant is identified and there is a prevention plan and program begin date which coincides with the USP period.

PSM 714-5 Maltreatment in Care

- A licensed/registered provider or an owner/operator, employee or a volunteer of a child caring institution, facility, or camp is no longer required to be placed on central registry if the victim is not their biological or adopted child. Central registry placement only occurs for individuals determined to be perpetrators of serious abuse or neglect, confirmed sexual abuse, confirmed sexual exploitation, and/or confirmed methamphetamine production.
- Individuals who are determined to be perpetrators of child abuse or neglect but for whom the maltreatment type finding does not meet central registry requirements, must be properly notified through the use of the DHS 847c, Notice of a Confirmed Case.
- The word complaint will be changed throughout all policies to the word referral to reflect a more strength-based approach.

PSM 715-3, Initiating Court Intervention and Court Hearings

- Severe physical injury means serious physical harm to a child, as defined in MCL 750.136b. Serious physical harm means any physical injury that seriously impairs the child's health or physical well-being, including brain damage, a skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, burn or scald, or severe cut.
- *Sexual Abuse*: A confirmed case that involves sexual penetration, sexual contact, attempted sexual penetration, or assault with intent to penetrate as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a.
- *Petition Requirements - Section 8d(1)(e) (MCL 722.628d(1)(e))*.
Child abuse in the third degree is not included as an offense that requires a mandatory petition; however, this does not prevent MDHHS from filing a petition and/or obtaining another opinion from the local prosecutor.
- The caseworker must communicate to the child about wanting to attend or speak in court. The caseworker must relay this information to the Lawyer-Guardian Ad Litem or Guardian Ad Litem to afford the child an opportunity to have their voice heard.

PSM 717-2, Amendment or Expunction

- An individual who is placed on central registry may request amendment of an inaccurate report or record from the central registry and local office file. MCL 722.627j
- An individual who is the subject of a report or record made under the Child Protection Law may request the department amend an inaccurate report or record within 180 calendar days from the date of service on the DHS-847c, Notice of a Confirmed Case, MCL 722.628.

- If the local office completes a review and the determination is not to amend or expunge, the local office will forward the DHS-847a, Notice of Placement on Central Registry, or DHS 1200c, Confirmed Case Amendment Action request along with the reasoning for the denial and any supporting information to the Expungement Unit within two business days.
- If the local office supports amendment/expunction, CPS must create an amendment to the corresponding DHS-154, Investigation Report, and correct any inaccurate information in the electronic case record. The decision to amend/expunge must be made by a children's services supervisor. The individual must be notified via the DHS 1200c, Confirmed Case Amendment Action or the DHHS-1200, Child/Abuse Neglect - Central Registry Expunction Action.
- If a written request is submitted within 60 calendar days after the 180 calendar days from the date of service on the DHS-847c, Notice of a Confirmed Case, or DHS-847a, Notice of Placement on Central Registry, with good cause, a review and request for hearing must occur. Examples of good cause include hospitalization or incarceration of the perpetrator.
- Not more than once every 10 years after an individual has been listed on the central registry, the individual may request a hearing requesting removal from the central registry. Except for confirmed sexual abuse, confirmed sexual exploitation, and placement on central registry as a result of a criminal conviction, the department must hold a hearing to determine whether the information should be maintained on the central registry. If an individual does not receive an expungement, the department must maintain the information in the central registry until it receives reliable information that the perpetrator of the child abuse or child neglect is deceased.

PSM 717-3, Administrative Hearing Procedures

- A person who is the subject of a report or record made under the Child Protection Law and placed on central registry may request amendment or expunction. The local office must forward the DHS-847a, Notice of Placement on Central Registry, or the DHS-1200c, Confirmed Case Amendment Action, signed by the petitioner, within two business days of receipt to the Expungement Unit.
- Upon receipt of a written request for amendment/expunction of a case record or report, the expungement analyst must review the electronic case record within two business days of assignment to determine if additional documents need to be requested from the local office to complete the administrative review request.

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.

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 workgroups

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 can 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.

In coordination with Evident Change, the Structured Decision-Making (SDM) Intake Assessment was finalized in 2022. The customization and implementation of the tool is slated for 2023. The tool is designed to guide Centralized Intake staff through various considerations to produce a decision about whether a referral should be assigned for investigation by CPS, screened out to prevention, or screened out with no additional action required. The department is pursuing a prevention pathway from Centralized Intake as part of this work to connect families with much needed prevention services and support.

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 in 2022 to allow MDHHS to confirm that an employee, potential employee, volunteer, or potential volunteer of an agency in which the person will have access to children is on the child abuse and neglect central registry.

- In 2022, the CPS program office reviewed and responded to over 5,400 out-of-state 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 additional services and support. 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 using a multi-disciplinary approach. The Governor's Task Force provided extended training to counties, including MDHHS, law enforcement, prosecutors, and other stakeholders.
 - The Prosecuting Attorneys Association of Michigan continues to provide training to increase collaboration between prosecutors, CPS, and law enforcement on multi-disciplinary team investigations. The department, in collaboration with the Governor's Task Force on Child Abuse and Neglect, has contracted with the Prosecuting Attorneys Association of Michigan to provide training on the Model Child Abuse Protocol.
 - In 2021, the department worked with the Prosecuting Attorneys Association of Michigan to gather local child abuse protocols to ensure collaboration between prosecutors, CPS, and law enforcement. Of the 83 counties, 66 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.
 - In 2022, The Governor's Task Force on Child Abuse and Neglect Protocol Subcommittee began revision of the Forensic Interviewing Protocol. It was sent for stakeholder broad review in February 2023 and is now in final review.
- **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 late 2022, the CSA In-Home Services Bureau hired a departmental analyst to focus on human trafficking and other key components of a multidisciplinary approach to address child abuse and neglect. The new analyst has convened a diverse group of internal and external stakeholders and Tribal governments to revise the current version of the protocol in 2023. This workgroup will also inform recommendations for policy, practice, and training enhancements to align with the

revised version of the protocol and inform any other needs related to human trafficking.

- **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 protocol was finalized and approved in August 2022. Publishing and distribution will occur once the training plan is developed.

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 continues to require additional supervisory oversight and pre-removal family team meetings for all investigations involving children who may be placed outside of the family home. CPS specialists are required to consult with their supervisors prior to seeking court intervention.
- In 2022, the In-Home Services Bureau partnered with Michigan 211, Harvard University Government Performance Lab and others, to research and pilot a prevention pathway from Centralized Intake.
- The In-Home Services Bureau has also partnered with Children Trust Michigan to develop and implement more robust prevention services moving forward, with the goal of keeping children safe with their families in the community.
- In 2022, a MiTEAM Advisory Committee was convened to assess the need for revisions and enhancements to the department's MiTEAM practice model to ensure the MiTEAM principles continue to be imbedded in everyday practice. This includes various subgroups dedicated to specific areas of the model, including:
 - MiTEAM Manual Review and Updates
 - MiTEAM Training Review/Development for New Staff
 - MiTEAM Training and Ongoing Support for Supervisors/Leaders
 - Ongoing Training Opportunities and Planning for Staff
 - MiTEAM Integration for Policies, Contracts, Grants, and Proposals

These subgroups meet regularly to form recommendations related to their specific area, with the following goals:

- Ensure MiTEAM training for new child welfare staff, leaders, and stakeholders is updated, and remains a relevant part of initial and ongoing training.
- Ensure leaders are well-equipped to support best practices through utilization of the MiTEAM practice model.
- Ensure regular opportunities are available for staff, leaders, and stakeholders to improve case practice through enhanced use of MiTEAM principles.
- Incorporate opportunities to embed MiTEAM into existing policies, contracts, grants, and proposals.

- The Guy Thompson Parent Advisory Council (GTPAC) was created in 2018. The council is comprised of 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 2022, the GTPAC attended a parent leadership training series, presented at the Prevention Summit, and continued leading quarterly meetings. Council members have participated in the following projects and advisories to provide a lived experience perspective:
 - Safety and risk assessment workgroups
 - MiFamily Stronger Together initiatives
 - Prevention Summit development
 - Plans of Safe Care training and toolkit
 - Overdose Fatality Review State Advisory group
 - Family Resource Center Advisory Panel
 - Children Trust Michigan Direct Service Grant reviews
 - Supporting Family Engagement with Child Welfare Prevention Services, focus group
 - Child welfare policy reviews
 - CSA Diversity, Equity, and Inclusion development plan
 - MDHHS Child Welfare Training Advisory Council
 - Centralized Intake Prevention Pathway/211 initiative
 - Forensic Interview Protocol review
 - Family Preservation Services' service model, MIFlex Core2Gen workgroup
 - Wayne State University graduate student's Preservice Institute Training development
 - Assisted in the development of the Plan of Safe Care statewide online training planned for 2023
- In 2022, MDHHS continued work within the Trusted Advisors/Lived Experience Collective by holding stakeholder listening circles, meetings in which people with lived experience with the child welfare system share stories and experiences to help CSA enhance the work to support children, youth, and their families. These listening circles will continue through 2023.

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.
- Suicide prevention initiatives:
 - The CSA suicide prevention initiative is nationally recognized and is in its third round of funding via the Garret Lee Smith (GLS) federal grant. In 2022, CSA, along

with the MDHHS Injury and Violence Prevention Section, and the University of Michigan Depression Center, hosted four suicide prevention workshops designed for foster care and child-caring institution staff.

- CSA also certified/recertified 12 SafeTALK trainers who lost their certification during the COVID pandemic. These child welfare staff volunteer to conduct suicide awareness trainings for child welfare staff in their region.
- CSA developed an online class for students in the Child Welfare Certificate program that will be used for CSA Pre-Service Institute. The training addresses suicide prevention with youth experiencing trauma, and those affected by the child welfare system.
- 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 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. The CRT continues working with BSCs on individualized improvement plans. The CRT read over 4,500 investigations in FY 2022. Of the 18 material findings from the first audit, CRT data shows that CSA is now above 90 percent compliance for at least 14 of them.
 - While the CRT has found acceptable or improving compliance standards in many areas, six areas of opportunity for improvement continue to 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, as well as spotlight areas for improvement.
- 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 2022 and 2023

Through a contract with the Governor's Task Force on Child Abuse and Neglect, the State Court Administrative Office provides multi-disciplinary trainings reflective of national and state trends to child welfare professionals that enables them to advocate for the best interests of children and families through competent performance of duties.

- The 5 Chairs Series, Parts 1, 2, and 3
- Child Sexual Abuse Investigation Training Webinar Series
 - Module 1: Offender Focused Approach to Child Sexual Abuse
 - Module 2: Understanding Trauma in Child Sexual Abuse
 - Module 3: Safety Planning
 - Module 4: Conducting the Investigation: Starting the Investigation/Investigating the Case
 - Module 5: Interviewing Outcry Witnesses in Child Maltreatment Investigations
 - Module 6: Medical Evaluations for Child Sexual Abuse: How, When, Where, and Why?
 - Module 7: Legal Procedure in Child Sexual Abuse Cases
 - Module 8: Building Resiliency for Multi-Disciplinary Teams
- Child Sexual Abuse Investigation Two-Day Continuum Conference
- Moving Families from Surviving to Thriving
- Child Neglect and Physical Abuse: A Day Half-Full
- Working Together as Partners of Excellence for Better Identification and Prevention of Human Trafficking

Front-End Redesign

The 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. Currently, specific areas of focus include:

- 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. Training will be implemented in alignment with implementation of the new intake assessment.
- 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. The tool was built using the revised

maltreatment types. The intake assessment went through inter-rater reliability testing and is being implemented in 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 prevention indicators. The pilot for this program began in July 2022 in Kalamazoo and Calhoun counties.
 - The pilot includes a partnership with Michigan 211 who reaches out to families directly following a screened-out referral with one or more prevention indicators.
- 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.
 - The first draft of the safety assessment has been developed. This project is currently moving into the inter-rater reliability testing phase. The next phases of the project will include local office testing, finalization of the tool, IT development and automation, training, and implementation.
 - The customization of the new risk assessment is in the beginning phase, to include risk steering committee and tribal advisory meetings.
- Analysis and overhaul of mandated reporter training curriculum and materials with a focus on addressing implicit bias and disproportionality.

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 2022, new supervisor training included training opportunities for interpreting the data reports.
- The Supervisory Control Protocol (SCP) was developed and implemented statewide 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 findings 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 local office feedback to improve the effectiveness and efficiency of the application to support widespread user adoption and utilization.
- 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. 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
- Coordination of annual safety trainings by the Office of Workforce Development and Training with the Michigan State Police.
- In 2021, the Michigan Child Welfare Professional's Safety Protocol was finalized and distributed. This protocol will be updated in 2023 to include guidance around the use of self-defense spray by caseworkers.

- A legislative report is compiled quarterly and identifies the number of investigators who are concerned for their personal safety. A statewide survey is completed anonymously by staff to identify how concerned they are for their physical safety and what would or did help them feel safe.
- In FY 2022, 1,624 workers across the state participated in a quarterly survey regarding their physical safety. Results of the survey are sent to regional leadership.
- In 2022, Safety Planning training was provided to over 500 attendees at the Governor's Task Force Summit in Detroit.

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 elite 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 person meetings will be reintegrated in 2023.
- 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. The standards for the certificate have not changed; however, CSA partnered with the University Consortium in 2022 to update the curriculum, and schools were required to reapply for their endorsement using the new, modified standards. MDHHS has 13 applications approved or pending and expects to receive additional applications. CSA worked with stakeholders to develop a Title IV-E stipend incentive for students earning the certificate. After earning the certificate, graduates will dedicate one or two years, depending on their degree, to the child welfare field and will receive a stipend through Title IV-E funds. The stipend program will be piloted in 2023.
- In 2023, 1,714 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 School 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 2022

- The Governor’s Task Force on Child Abuse and Neglect provided training and resources in 2022 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.
- The 26th annual Governor’s Task Force on Child Abuse and Neglect Summit was held Dec. 1-2, 2022 in Detroit. The theme of the summit was ‘Centering Hope’ and featured four plenary presentations that included wellness strategies. There were also 12 breakout sessions addressing implicit bias, child sexual abuse, family centered care, young fathers of color with system involvement, “sextortion,” forensic interviewing, creative strategies for engaging youth in success, Indian Child Welfare Act, and resiliency. This event had over 388 registered participants.

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 local offices and agencies, 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 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 disproportionality.

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 2022

The In-Home Services Bureau enhanced mandated reporter training through the following strategies:

- Coordination with a mandated reporter workgroup that reviews and updates current mandated reporter training curriculum to ensure it aligns with policy, law, best practices, and new initiatives. This included the incorporation of considerations related to implicit bias and disproportionality.
- Coordination with the training office to offer regular mandated reporter train-the-trainer sessions locally and across the state.

A contact phone number is provided to mandated reporters who have questions about their role or concerns about a referral they submitted. Centralized Intake staff help with:

- Distribution of the Mandated Reporter's Resource Guide
- Guidance and training regarding mandated reporting as requested
- Maintaining a statewide mandated reporter training initiative that ensures that trainers are available in every county MDHHS office throughout the state

Planned Activities for 2024

A contractor was selected to provide an analysis of current mandated reporter training, laws, policies, practices, and relevant Michigan data to develop a new or enhance the existing mandated reporter curriculum and training that addresses implicit bias, disproportionality, and aligns with nationally recognized best practices. Key objectives for the project include:

- The contractor must ensure the needs of children and families are accurately reported, provide education and coaching to mandated reporters, and educate them on potential bias. The training and materials must define implicit bias, identify the impact of implicit bias on children and families, and show how implicit bias may lead to disproportionality. The training and materials must also adhere to MDHHS' diversity, equity, and inclusion values, comply with Americans with Disabilities Act requirements, and use adult learning style techniques.
- To inform the curriculum, an analysis of current mandated reporter training materials, laws, and policies is needed, as well as a baseline analysis of relevant Michigan data. The baseline analysis will inform an evaluation plan that will ensure objectives around addressing implicit bias and reducing disproportionality are met, and that referrals are consistent with statutory requirements for reporting.
- Training development must be informed by statute, data, nationally recognized best practices, Tribal governments, and diverse stakeholder groups. To ensure the curriculum remains current, updates may be needed following initial implementation to ensure it continues to meet the needs of Michigan children and families, mandated reporters, and other stakeholders.

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 creates training initiatives and facilitates discussions on issues related to medical child abuse and neglect. 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

Planned Activities for 2024

- The Medical Advisory Committee developed training to assist workers in assessing abuse and neglect. A webinar was created in 2022 for staff to access through the agency's learning management system.
- CSA continues to collaborate with the Children's Special Health Care Services and CMH service providers and related partners to identify and address gaps in services and communication related to children with complex health and developmental/behavioral health needs.

Early On

The Child Abuse Prevention and Treatment Act (CAPTA) requires states participating in Part C-funded early intervention to refer for early intervention services any child under the age of 3 who is involved in a substantiated Category I or II case of child abuse or neglect or is identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure. 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 2022, the Early On consultant received 10,713 Early On referrals from MDHHS and PAFC staff for review. Of those referrals, 9,232 (86 percent) met policy requirements and were transferred to Early On. Of these:

- Sixty-nine percent (6,372) were substance exposed newborns or accidental ingestions of substances by children under age 3.
- Eighty-six percent (7,968) were infants less than 12 months of age.

Planned Activities for 2024

In 2023 and 2024, 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 of MDHHS child welfare staff regarding the MDHHS Early On referral process and services Early On provides as well as ways to identify possible developmental delays in children.
- Collaboration with the prevention services initiative to spread awareness of Early On and access to this resource for families.
- Continued Early On referral data reporting to local office directors as well as BSC directors to enhance understanding and compliance with CAPTA requirements.
- Collaboration with the CCWIS team to develop and enhance the Early On referral process within the new program.
- Collaboration with Early On agency partners and 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 family well-being system, rooted in prevention, family preservation, and equity. 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, Children Trust Michigan 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. Children Trust Michigan provides primary and secondary prevention programming through the provision of financial, technical support and resources to 100+ community-based abuse prevention programs. In 2022 and 2023, CTF gathered

information through surveying, small and large group discussions 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 established a workgroup to develop a toolkit for multi-disciplinary teams that came as a 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. Phase 2 included reviewing and analyzing the data.

In 2022, the panel worked through Phase 3, creation. The committee suggests recommendations for education, training, and use of ACEs in a manner that is child-centered, trauma-informed, forensic, and equitable. As part of the work done this year, the panel is working with Children's Advocacy Centers of Michigan (CACMI) to develop a learning center landing page that will be housed on the CACMI website. The development of a multidisciplinary web-based learning center will assist professional communities to work under a trauma-informed lens while ensuring equitable access to important information. The learning center will have a multi-disciplinary, culturally sensitive focus with resources for medical providers/clinicians, educators, parents/caregivers, youth, and survivors.

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. 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 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 2024

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 referrals 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.
- 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, which served 20,603 families in FY 2022.

CAPTA Section 106(a) 14. Developing and implementing procedures for collaboration among CPS, domestic violence services, and other agencies.

Domestic violence is present in many 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 continue to be available as requested.

The goal for CPS is that in every investigation, domestic violence should be evaluated. Based on policy expectations, staff should 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. Staff 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 perpetrator's patterns and risk to the family.

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 \(michigan.gov\)](https://reports.evaluationsandstudies.michigan.gov)

Michigan Child Death State Advisory Committee

The committee reviews findings and data from local Child Death Review Teams and conducts 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 2021, the OFA received 319 alerts. 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. In 2022, the OFA received 351 child death alerts. The OFA enhanced their Safe System Review program in 2022, reviewing 50 cases. As additional staff are trained, that number will be expanded. An annual report with systemic recommendations is forthcoming. The OFA collaborates with numerous stakeholders including the Citizen Review Panel for Child Deaths. CSA is in its third round of funding via the Garret Lee Smith (GLS) federal grant. In 2022, CSA, along with the MDHHS Injury and Violence Prevention Section, and the University of Michigan Depression Center, hosted four suicide prevention workshops designed for foster care and child-caring institution staff. Attendees completed a virtual suicide awareness training and debriefed with child welfare CSA staff. The CSA also certified/recertified 12 SafeTALK trainers who lost their certification during the COVID pandemic. These child welfare staff volunteer to conduct suicide awareness trainings for child welfare staff in their region. The CSA also developed an online class for students in the child welfare certificate program and will be used for CSA Pre-Service Institute (PSI). The training addresses suicide prevention with youth experiencing trauma, and those affected by the child welfare system.

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 department is in its fourth and final year of the grant. The CSA is providing guidance and data for a Family Resource Center project with Children Trust Michigan and is developing a series of micro-trainings available to all child welfare staff on various aspects of safety and safety planning. The trainings will be available by July 2023.

Child Death Protocol

In 2022 the Governor's Task Force Training Committee in collaboration with the Protocol Committee began review of the Child Death Protocol following a multi-phase approach; to identify the current gaps and needs. In 2023, the training and protocol subcommittee is continuing its work on the updating of the Child Fatality Investigation Protocol, with a shift to Phase 2, protocol development.

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 address domestic violence in child welfare cases. Specialists statewide are trained in utilization of the Safe and Together model and the skills it provides are incorporated into Michigan's case practice model, MiTEAM.
- Statewide Safety by Design training for specialists 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 collaborated with Evident Change regarding the revalidation process of the safety and risk assessment tools to improve CSA's response, service delivery and child and family outcomes. Updates to the SDM intake, safety, and risk assessments remain ongoing. The SDM intake 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. Safety and risk assessment tools are used by specialists to assess child safety and to help determine the likelihood of future system involvement. The development of new tools will help ensure equity, consistency, and accuracy in decision-making and service provision. The SDM intake assessment is currently in the IT development and automation phase. The safety assessment is entering the inter-rater reliability testing phase and the risk assessment is entering the initial stages of

steering committee review and recommendations. The implementation timeline of new structured support tools will be guided by the transition from MiSACWIS to CCWIS.

CHILDREN'S PROTECTIVE SERVICES WORKFORCE

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

In 2023, 1,714 CPS positions were allocated. The following CPS staffing ratios remain the standard for MDHHS:

- CPS cases per ongoing specialist: 17 to 1, for CPS Categories I, II and III
- CPS cases per investigation specialist: 12 to 1
- CPS specialist to supervisor: 5 to 1

CPS specialists 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 on-the-job training. During this time, the new hire spends four weeks in a classroom setting and five weeks training in the local office. 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 local office 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 community 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 2024 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-and-three young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2022. 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 2022. As of March 20, 2023, there were 174 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: The Division of Juvenile Justice continues participation in discussions around the funding and support for a statewide data resource for delinquency services in Michigan. This work continues in 2023 through the recommendations provided by the Task Force on Juvenile Justice Reform.

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.

Primary prevention partners ensure that every county in Michigan has a prevention voice by collaborating with community partners to provide high quality programming based upon defined local needs. These primary prevention partners coordinate and collaborate with local community agencies to increase their impact through needs assessments, interagency initiatives, parent involvement, and asset building.

Primary prevention activities are directed at the general population and attempt to stop abuse or neglect before it occurs and prevent the need for involvement with child welfare. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child abuse or neglect. Universal approaches to primary prevention might include:

- Public service announcements that encourage positive parenting.
- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting.
- Family support and family strengthening programs that enhance the ability of families to access existing services, and resources to support positive interactions among family members.
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.

Secondary prevention partners are awarded grants through a competitive bid process and provide a variety of direct services based on the need in their community. These secondary prevention programs are intended to strengthen families and to prevent child abuse and neglect. Services are provided to families that have risk factors for child maltreatment but do not have an active MDHHS Children's Protective Services (CPS) case.

Secondary prevention activities are to prevent abuse or neglect before it occurs and prevent the need for initial or deeper involvement with child welfare. Populations include those that have one or more risk factors associated with abuse or neglect, such as low-income families, caregiver substance use, domestic violence, young parental age, parental mental health

concerns, parental or child special needs, and MDHHS Structured Decision Making Risk Assessment identifies a future risk of harm. Programs may target services to caregivers or families that have a high incidence of any or all these risk factors. Approaches to secondary prevention programs might include:

- Education programs for parents or substance use treatment programs targeted to caregivers with young children.
- Support groups that help at-risk caregivers deal with their everyday stresses and meet the challenges and responsibilities of parenting.
- Home visiting programs that provide support and assistance.
- In-home Family Support Services and Family Assistance programs.

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.

APSR 2024 Attachment E

County Group	FY23
Alpena-Montmorency	8
Alcona-Iosco	7
Alger-Marquette-Schoolcraft	15
Antrim-Charlevoix-Emmet	18
Baraga-Houghton-Keweenaw	6
Cheboygan-Presque Isle	9
Chippewa-Luce-Mackinac	11
Crawford-Otsego-Oscoda	11
Delta-Dickinson-Menominee	16
Benzie-Manistee	9
Missaukee-Wexford	19
Gd Traverse-Kalkaska-Leelanau	21
Ogemaw-Roscommon	10
Gogebic-Iron-Ontonagon	6
BSC-1 Total	166
Arenac-Bay	24
Gladwin-Midland	21
Clinton-Eaton	23
Saginaw	36
Gratiot-Shiawassee	22
St. Clair-Sanilac	34
Clare-Isabella	19
Huron-Lapeer-Tuscola	24
Ingham	56
BSC-2 Total	259
Mecosta-Osceola	17
Mason-Oceana	12
Muskegon	50
Lake-Newaygo	17
Allegan-Barry	41
Berrien	30
Calhoun	34
Kalamazoo	52
Ottawa	31
Van Buren	17
Cass- St. Joseph	21
Ionia-Montcalm	33
BSC-3 Total	355
Jackson	40
Branch-Hillsdale	22
Livingston	20
Washtenaw	29
Lenawee-Monroe	37
BSC-4 Total	148
Genesee	82

APSR 2024 Attachment E

Kent	103
Macomb	69
Oakland	102
Wayne	269
BSC-5 Total	625
Statewide Total	1553
Centralized Intake - Services Specialist	161

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, 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, a human services-related counseling major, or interdisciplinary studies in social science.

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, 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, a human services-related counseling major, or interdisciplinary studies in social science.

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

JZ

12/13/2020

**Citizen Review Panel for Prevention
(Children Trust Michigan)
2022**

Recommendation #1: The Citizen Review Panel for Prevention (CRPP) recommends that Children Trust Michigan (CTM) continues to strengthen primary prevention efforts and expand secondary prevention collaborations through the expansion of Family Resource Centers (FRCs). In partnership, these FRCs will meet the needs of each community they serve while adhering to the standards of the MI Family Resource Center Network.

Recommendation #2: CRPP recognizes the need to increase the capacity of Strengthening Families trainers across the state; therefore, CRPP recommends holding several Strengthening Families ‘Train the Trainers’ trainings throughout 2023.

Recommendation #3: CRPP recommends that CTM continues its partnership with the Children’s Services Administration (CSA), via Senior Deputy Director Demetrius Starling, to continue to strengthen fatherhood programs throughout the state.

Summary of activities for Recommendation #1:

- In the first year, CTM will establish the Michigan FRC Network which includes the 6 pilot sites;
- FRC’s will each have Parent Leadership components and CTM will have a Parent Partner Coordinator;
- Partner with CSA to expand pilot sites in future years and facilitate a strong evaluation of the pilot.

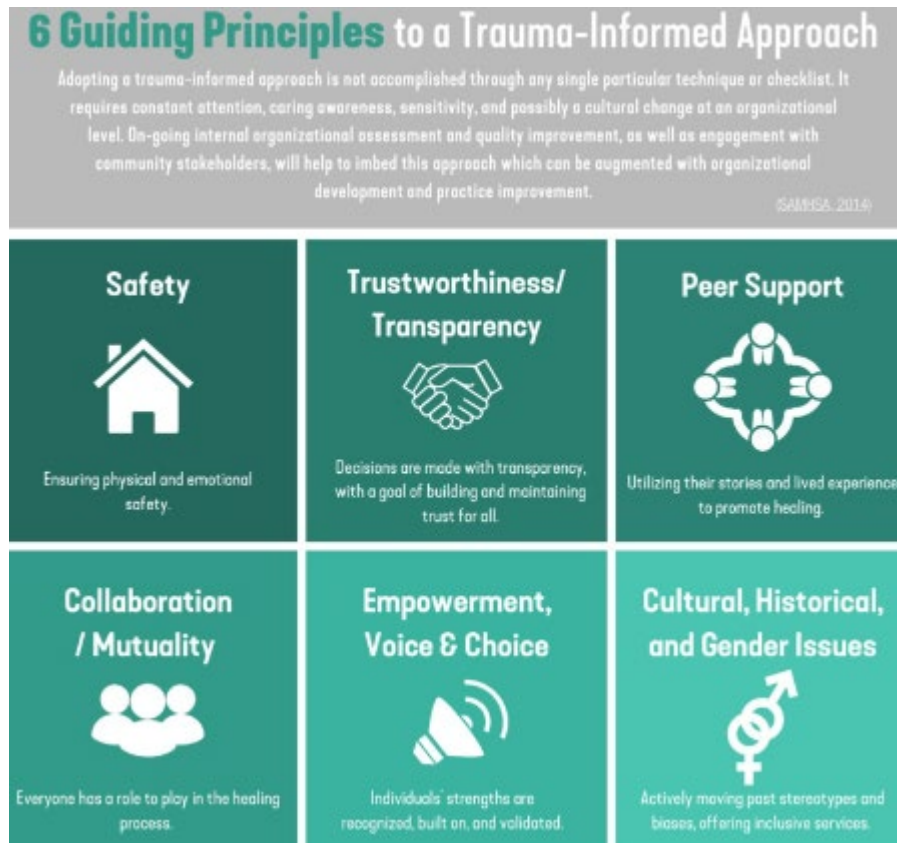
Summary of activities for Recommendation #2:

- Quarterly events will be scheduled to provide trainings that will reach all prevention program partners in CTM’s network;
- Increase number of CTM’s Strengthening Families train the trainers in the network to build capacity.

Summary of activities for Recommendation #3:

- CTM will gather data via the Impact Survey regarding priorities for the Prevention Partner programming.
- CTM will determine the priority of fatherhood programming in CTM’s partners.
- CTM secondary prevention grants are focused on fatherhood initiatives for 2024-2026.

Citizen Review Panel for Children's Protective Services, Foster Care and Adoption



Purpose:

The United States Congress mandates that states receiving federal Child Abuse Prevention and Treatment Act (CAPTA) funding develop and utilize a minimum of three Citizen Review Panels (CRP) to assess and develop recommendations for the improvement of a state's child protection system. In Michigan, three panels were established to look at issues related to prevention, children receiving care in the system, and child fatalities. The panels were established with membership from three existing citizen advisory committees: the Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect (GTFCAN), and the State Child Death Review Team.

The purposes of this Citizen Review Panel (Panel) process included giving stakeholders an opportunity to voice their observations and concerns, to gain information and knowledge about the functioning of the child welfare system with special attention to trauma issues, and to compose a number of recommendations for systemic improvement based on the information learned from this community and consumer feedback.

Panel Members include:

1. *Alane Laws-Barker*, MD, MBA – Chairperson; GTF Statewide Task Force member; Sparrow Health System – Ingham County Health Department – Lead OB-GYN
2. *Ursula Ahart* - Executive Director - Federation of Youth Services
3. *Alex Brace*, MA LPC – GTF Statewide Task Force Member; Small Talk Children’s Advocacy Center Executive Director, Crisis Counselor
4. *Amanda Davis-Scott MS, MA, LPC-S, CAADC*- Child Advocacy Centers of Michigan, Clinical Director
5. *Nicole DeWitt*, MM – Michigan Public Health Institute – Program Specialist for the Child Death Review Program
6. *Amanda Dubey-Zerka*, LMSW –Wise Willow Counseling and Consulting (Co-Owner), Mental Health Therapist, MI ACE Initiative Master Trainer
7. *Veronica Flores*, MSW, Prevention, Preservation & Protection Division Dept. Analyst, GTF Coordinator
8. *Kyleen Gee* - Child Abuse Council of Muskegon County, Director, GTF Statewide Task Force Member
9. *Jackie Igafo-Te’o* – GTF Statewide Task Force Member, Michigan Alliance for Families Data Manager/Accessibility Coordinator
10. *Steven King* LMSW, LLMFT- Child Advocacy Centers of Michigan, Operations Manager
11. *Anne Leiby-McMahon*, BS- Community Outreach Program Specialist, Michigan State University, College of Human Medicine
12. *Mattie Scott-Phillips*, MD – Grand Blanc OB-GYN Founder and CEO
13. *Amelia Siders, Ph.D., LP* - Western Regional Children’s Advocacy Center
14. *Kimberly Steed-Page*, MSW - Director, MSU Student Parent Resource Center
15. *Portia Watkins*, EdD – New Student Orientation at Michigan State University Director; Foster and Adoptive parent.
16. *Cheryl Williams-Hecksel* - Evidence Based Trauma Treatment Certificate Coordinator

Activities:

The Panel has a standing meeting every third Thursday of the month which occurs electronically. 2022 -2023 dates include 1/20/22, 2/17/2022, 3/17/2022, 4/21/2022, 5/19/2022, 8/18/2022, 9/15/2022, 10/20/2022, 11/17/2022, 12/15/2022, 1/19/2023, and 2/16/2023, 3/16/2023.

Panel members attended virtual trainings including, but not limited to: the GTFCAN 26th 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, 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:

2021 The committee embarked on a project to learn about the community's knowledge of 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? Our targeted survey audience included:

- Medical field
- Educational Systems
- Any child-serving organization
- Law enforcement
- CPS
- Prosecutors
- Parents

Goals:

- Identify the gaps - 2021 ACEs Survey
- Create pathways to reach as many people in our targeted audience as possible.
- Develop recommendations
 - Trainings
 - Resources
 - Implementation
 - Policy

ACEs project 2022-2023:

Phase 1: (Completed) 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. For more information about the survey see CRP Annual Report 2022.

Phase 2: (Completed) Committee reviewed and analyzed the survey data.

Phase 3: (In progress) Creation! The committee suggested 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. Understanding trauma and how it impacts children and families is critical to their health and wellbeing.

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% of respondents reported “none” or “some” familiarity with ACEs. Although more than 94% of these professionals indicated ACEs were 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% noted that ACEs positively impacted the way they work with children/youth and their family/caregivers. Some of the benefits identified by respondents seem fundamental to child/youth-oriented work. Nearly 90% 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% 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:

It is important that child welfare workers receive trauma informed training that incorporates a trauma informed lens. Based on our findings we recommend the Michigan Department of Health and Human Services (MDHHS) promote Trauma Informed trainings during National Trauma Awareness month in May by sending communication to the department, highlighting training opportunities, potentially including those listed below:

Michigan ACE Initiative:

- [Home - Michigan ACE Initiative : Michigan ACE Initiative \(miace.org\)](https://miace.org)
- Encourage participation in the May 24, 2023 ACE conference

Michigan State University - School of Social Work Child Welfare Training:

- <https://socialwork.msu.edu/continuing-ed/child-welfare-training.html>

Michigan Department of Health and Human Services Child Welfare Trainings:

- [Trauma & Toxic Stress \(michigan.gov\)](https://michigan.gov)
- Learning Management System:
 - Trauma Informed Child Welfare Practice
 - Trauma Checklist
 - Enhanced MiTEAM Virtual Learning Site – Trauma Module is available as a CBT

Everything listed below would qualify toward the 32-hour requirement:

Instructor Led Training:

- Community Resiliency Model
- It's a Win: Managing Stress and Guarding Against Compassion Fatigue
- Minding the Self: Self-compassion and Well-being
- Historical Trauma in the African American Community
- Secondary Trauma Mitigation: Witnessing Trauma in the Workplace
- Understanding Their Trauma and How to Mitigate the Impact of Removal and Placement in Children's Services
- The Traumatic Impact of Child Abuse and Neglect and How Social Workers Can Intervene
- Trauma-informed Practices: We're All in This Together
- Mindfulness for Child Welfare Workers

Live Webinars:

- Changing Expectations: Managing Grief and Loss
- Making Trauma Informed Placement Decisions

On Demand Webinars:

- On Demand Webinars (from the University in-service catalog – see pages 24-28 for reference)
 -

communities to work under a trauma-informed lens. The benefit of such a resource would ensure equitable access to this important information. The learning center should have a disciplinary, culturally sensitive focus with resources for medical providers/clinicians, educators, parents/caregivers, youth, and survivors.

CRP Committee Recommendation #2:

The committee recommends that MDHHS collaborate with CRP in reviewing, providing feedback and distributing information as it relates to the newly developed learning center, housed on the CACMI.org website.

Protecting children is everyone's responsibility. It takes effort and a caring eye. Preparedness and training will come in handy if action needs to be taken to protect your own child or grandchild or children in your community.

This Learning Center is for Medical/Clinical, Educators, Parents/Caregivers, Survivors, and those currently impacted by abuse and neglect. This Learning Center provides an overview of child sexual abuse, focusing on education, awareness, and action. The information here has a special emphasis on trauma informed care and cultural competency.

You can view the test site at cacmi.org/test/ (this is not a finished link please do not share).

Once reviewed, and supported, we request assistance with wide circulation via email blast and/or communication issuance to stakeholders and targeted audiences.

Key ACE's Survey Finding 3:

Recently panel members have been concerned about the recurrent theme that mandated reporters have difficulty understanding how and whom they need to report. Many know that they are a mandated reporter but do not understand what that entails. The committee wants to ensure all mandated reporters are properly informed of the requirements.

CRP Committee Recommendation #3:

The Committee recommends that the [Mandated Reporter Training Guide \(michigan.gov\)](https://www.michigan.gov/mandated-reporter-training-guide) be updated annually. Once reviewed, ensure the revised document is sent to stakeholders and outdated versions are removed from the MDHHS site.

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 2023 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. 2023 dates include: 1/19/2023, 2/16/2023, 3/16/2023, 4/20/2023, 5/18/2023, 6/15/2023, 7/20/2023, 8/17/2023, 9/21/2023, 10/19/2023, 11/16/2023, and 12/21/2023.

Additional meetings convened 2/24/2023, 3/01/2023, 3/07/2023.

Conclusion:

The recommendations presented in this report are the product of expert opinions that are based on actual survey findings and thoughtful multidisciplinary discussions. The panel is suggesting recommendations to MDHHS and stakeholders as engaging stakeholders promotes partnerships and greatly enhances the work being done. Collaboration with the Michigan ACEs Initiative, Governor's Task Force, and CACMI could be the pathway to address these recommendations, reduce cost and generate funding. Panel members are willing to work with MDHHS administration in the implementation of these recommendations.

Our panel is committed to respecting cultural competency in all recommendations and are hopeful for consideration and implementation in FY23. We look forward to the Department's response to this report.



Michigan Citizen Review Panel on Child Fatalities

2022 Annual Report & Recommendations

MARCH 2023

Report created by the Center for Child and
Family Health (CCFH) at the Michigan
Public Health Institute (MPHI)



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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). MPH I 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

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 Program Advisor, Center for Child and Family Health, MPHI

Joe Kozakiewicz

Director, Michigan State University College of Law, Chance at Childhood Clinic

Seth Persky

Manager, Office of the Family Advocate, MDHHS

Joye Sharp

Community Health Consultant, Center for Child and Family Health, MPHI

Debra Simms

Child Abuse and Neglect Pediatrician, Center for Child Protection, Helen DeVos Children's Hospital

Stephan Smith

Departmental Analyst, Children's Protective Services & Redesign, MDHHS

Kelly Wagner

Director, Child Welfare Services, State Court Administrative Office

Allecia Wilson, Chair

Director, Autopsy and Forensic Services, Department of Pathology, Michigan Medicine, University of Michigan

Overview of This Year's Work

Topics of Focus

The CRP on Child Fatalities, referred to as “the panel” from here forward, continued to operate virtually in 2022. The panel met on November 18, 2022, and again on March 3, 2023. In 2021, the panel determined it would focus on assessing the processes used to coordinate panel activities, support and engage existing panel members, and identify new members. The panel believed these focused efforts were important and necessary to continue in 2022.

In addition, the MDHHS response to the panel's 2021 Annual Report & Recommendations were shared with the panel in June 2022. At the November 18, 2022 meeting, the panel discussed the responses and implications for future panel direction.

Finally, technical assistance (TA) providers from the Department of Justice initiative on Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization, Child Safety Forward (CSF) project attended the March 3, 2023 panel meeting. TA providers had attended the last in-person panel meeting in January 2020 and were familiar with panel operations. They attended this meeting as part of the contractual site visit for the CSF Michigan project, which MDHHS and MPH coordinate. During this meeting, TA members observed the case review process. Additionally, the panel and TA members were invited to review and provide feedback on a draft definition for near fatalities for MDHHS.

Panel Membership

Panel members' participation is voluntary, and many review the case files on their personal time to be able to provide their full expertise at the meeting. Each member's service and expertise is valued and greatly appreciated by MPHI and MDHHS.

Current panel members discussed the makeup of the panel and agreed that due to recent member transitions, further outreach and solicitation is needed to diversify the panel and gain representation from additional professions. Specifically, the panel discussed the need to recruit the following membership:

- Tribal and rural representation, especially the need to have representation from Michigan's Upper Peninsula.
- The possibility of including individuals with lived experience was discussed once again and panel members echoed previous concerns related to participation of individuals without connection to a professional organization for issues of confidentiality. Discussion included the community action team (CAT) model used in Fetal and Infant Mortality Review. A sub-committee of the panel could be established for the purpose of incorporating the voice of those with lived experience into the process. Panel members expressed the importance of engaging those with lived experience and the positive outcomes and impacts that other panels and organizations have seen at multiple levels through doing so (individual, program/initiative, and agency level). The panel would like to move forward with planning for the development of a CRP CAT.

Case Selection

MDHHS worked collaboratively with MPHI to establish limited access to the Michigan State Automated Child Welfare Information System (MiSACWIS), a recommendation from the panel in 2021. The purpose of providing limited access to MiSACWIS was to reduce barriers associated with cursory case reviews and assist with determining if a case should be brought to the panel for in-depth review. Limited access to MiSACWIS was granted in August 2022 and MDHHS provided training on the system to the panel coordinator and panel support staff at MPHI.

Limited access to MiSACWIS did assist with cursory case review and selection, but the burden on MDHHS staff and the panel coordinator to request, organize, and prepare full case files from local child protection offices for the panel remained. This process was further delayed this year due to staff turnover at the procedural level at MDHHS, resulting in discussions between MPHI and MDHHS around how to ensure the case request process moves forward in a way that adheres to MDHHS policy. Ultimately, this timeline led to a reduced number of cases that were reviewed by the CRP on Child Fatalities in 2022.

The Children Trust Michigan (formerly Children's Trust Fund) Family Resource Center (FRC) initiative was presented to panel members, who support the FRC goal of improving outcomes for children by strengthening and supporting families and the communities in which they live. Panel members recognize the role that FRCs can play in stabilizing families before a crisis reaches a level requiring child welfare involvement.

To support the Children Trust Michigan FRC initiative with the goal of providing meaningful data, the panel decided to focus on reviewing case

files fitting the panel's criteria from within the geographical service area of the six pilot FRC sites. The panel decided to reframe the focus of case reviews to be centered on larger systems operations, like identifying gaps in service availability and communication between systems and providers.

Connecting Michigan to National Efforts

The 21st Annual National Citizen Review Panel Conference was hosted by the State of California from May 23, 2022 – May 25, 2022. The coordinator of the panel served on the planning committee with the host state for this conference. During the conference, the coordinator of the panel created a National Citizen Review Panel Advisory Facebook page and promoted and documented the conference through social media.

Case Review Findings

Each panel member receives full (non-abstracted), redacted case files prior to meeting to allow members to prepare for the in-depth panel discussion. Autopsy reports, children's protective services (CPS) and foster care investigations, medical, court, and law enforcement records are among those included in case files. On average, panel members report spending two to four hours reviewing each case prior to a panel meeting.

Findings and recommendations are made based on case reviews. The goal of the in-depth review process is not to take action on any specific case, but rather to develop recommendations based on identified patterns or trends.

The following findings are based on the panel review of one infant death due to unsafe sleep practices.

1. Safe sleep education was well documented by workers during prior CPS investigations. However, the consistency in safe sleep messaging provided and information covered is unknown to the panel.
2. Prior CPS investigations detail thorough engagement with the mother, however, there was a lack of assessment or engagement with other household members and support systems. Of note, the father of the infant, who lived in the home, was not engaged in a meaningful way.
3. The CPS investigator(s) failed to identify and address the root cause(s) of the issues the family was experiencing. Without identifying and addressing root causes, often tied to systemic inequity, direct care staff such as CPS investigators face challenges in developing informed safety plans in partnership with the family, which would allow for risk reduction efforts and promote safety within the home.

Recommendations

Highlighted below are recommendations made to address the most significant findings that the panel felt MDHHS should prioritize. Rationales are included in order to illuminate why the panel chose these specific recommendations for MDHHS focus.

Recommendations based on case review

1. There should be consistent safe sleep messaging between MDHHS, community supports, and hospitals. Additionally, relatable and easily digestible safe sleep messaging is needed for the general public.

Rationale: Panel members recognize that there have been extraordinary efforts in Michigan to address sudden unexplained infant deaths (SUIDs) due to unsafe sleep practices over the last several years, but recognized a gap in the consistency of messaging among providers. In line with the July 2022 American Academy of Pediatrics (AAP) [Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment](https://bit.ly/3M0QVFP) (URL: <https://bit.ly/3M0QVFP>), the panel urges MDHHS to research and take into consideration these issues when determining the safe sleep messaging: social determinants of health, health care delivery system inequalities, the impact of structural racism and implicit bias as related to health care access, education, and outcomes that contribute to health disparities. This will improve understanding of how to best address these disparities in a socio-culturally appropriate manner as they relate to safe sleep practices.

The panel urges MDHHS to promote culturally sensitive and relatable messaging to the general public and advises that it not be heavily data

focused. Further staff training on family engagement should be considered to shift the conversation from fear-based to a more holistic approach that aims to address the root causes of family challenges. Harm reduction strategies should be prioritized so investigators can meet the parents where they are and effectively safety plan around specific areas of concern. The panel suggests those involved with delivering safer sleep messaging explore the creation of short, animated videos related to safe sleep practices that are multi-lingual.

2. Engaging and involving fathers and other paternal family members is a crucial component of family engagement. While policy dictates that engaging all parents is necessary, the child welfare system tends to overburden maternal caregivers. The panel urges MDHHS to follow this policy more closely as supported by the literature in the rationale below.

Rationale: Focusing on creating greater opportunities to partner with fathers and other paternal family members throughout CPS involvement will assist with building and maintaining their connections with their children. Literature supports this finding: “the presence of an involved, non-violent father serves a protective function, at times enhancing mothers’ ability to parent (Belsky, Youngblade, & Pensky, 1989; Lee et al., 2009). Involvement by a supportive father reduces the likelihood that mothers will use harsh punitive parenting with a child (Crockenberg, 1987; Guterman et al., 2009) or develop mental health issues (Black et al., 2002) that place children at risk for maltreatment.”¹

1. Gordon, D., Oliveros, A., Hawes, S., Iwamoto, D., Rayford, B. (2012). Engaging fathers in child protection services: A review of factors and strategies across ecological systems. *Child youth services review*, 34(8): 1399-1417. <https://doi.org/10.1016/j.childyouth.2012.03.021>

-
3. A proactive approach to addressing vicarious trauma and burnout among first responders and investigators involved with child fatality cases is needed to reduce negative impacts.

Rationale: Panel members acknowledge that these highly sensitive fatality cases affect the individuals involved differently. The panel is aware of the MDHHS [Traumatic Incident Stress Management \(TISM\) Program](https://bit.ly/40z1vI9) (URL: <https://bit.ly/40z1vI9>) and asks MDHHS to consider taking proactive steps to ensure that first responders and investigators are connected to TISM after experiencing a traumatic incident, rather than relying on supervisors or individual workers to contact the program. The panel recommends that TISM automatically reach out to any first responder or worker involved with or assigned to a fatality case. This approach will allow TISM services to validate and support the response and recovery process, as well as provide resources and referral options as needed.

General recommendations (not case-specific)

4. In partnership with the panel, continue to review and reevaluate the process for CRP case selection and file sharing.

Rationale: Historic operations for identifying, requesting, abstracting, and organizing full case files for CRP review has placed a large administrative burden on MDHHS staff, local child protection offices, and the panel coordinator. Exploring more effective processes and procedures will increase panel efficiency. The utilization of random sampling measures should be considered, in order to reduce case selection bias while providing meaningful cases for panel review and recommendation development.

-
5. MDHHS is required to report on various data points throughout the child welfare continuum as part of National Child Abuse and Neglect Data System (NCANDS) reporting. This includes a special focus on improving data on the number of near fatalities to children. While MiSACWIS has the ability to capture this data, there is currently no definition for “near fatality” in Michigan and guidance has not been provided to staff about how or when to use this data point. MDHHS has drafted a definition of near fatality and has requested that the panel review it and provide feedback.

Draft definition from MDHHS:

The term "near fatality" means an act of confirmed child abuse or child neglect that, as certified by a physician, places the child in serious or critical condition AND the child would likely have died without medical intervention.

- *Medical intervention is treatment that involves one or more of the following:*
 - *Cardiopulmonary resuscitation (CPR), such as chest compressions, rescue breathing, removal of something blocking the airway, or insertion of a tube for breathing.*
 - *Medications to stabilize cardiac (heart) or respiratory (breathing) status, blood pressure, or critical electrolytes.*
 - *Surgery to preserve brain function, to prevent blood loss, or to prevent infection (for example, as the result of abdominal trauma).*
- *A child who has experienced a near fatality is typically admitted to an intensive care unit, which includes the following:*
 - *Neonatal intensive care units.*
 - *Pediatric intensive care units.*
 - *Trauma units.*

Feedback: Below summarizes the panel discussion on the draft definition of near fatality.

1. The physicians on the panel recommended that medications to stabilize ongoing seizures be added to the following section of the definition: *“Medications to stabilize cardiac (heart) or respiratory (breathing) status, blood pressure, or critical electrolytes.”*
2. It is important for MDHHS to consider where and how this definition will be used, including any data resulting from the implementation of this definition (to support funding efforts, inform local initiatives such as FRCs, shared with other entities, etc.). MDHHS may wish to consider sharing this information with outside sources as applicable, for the purposes of strengthening prevention strategies.

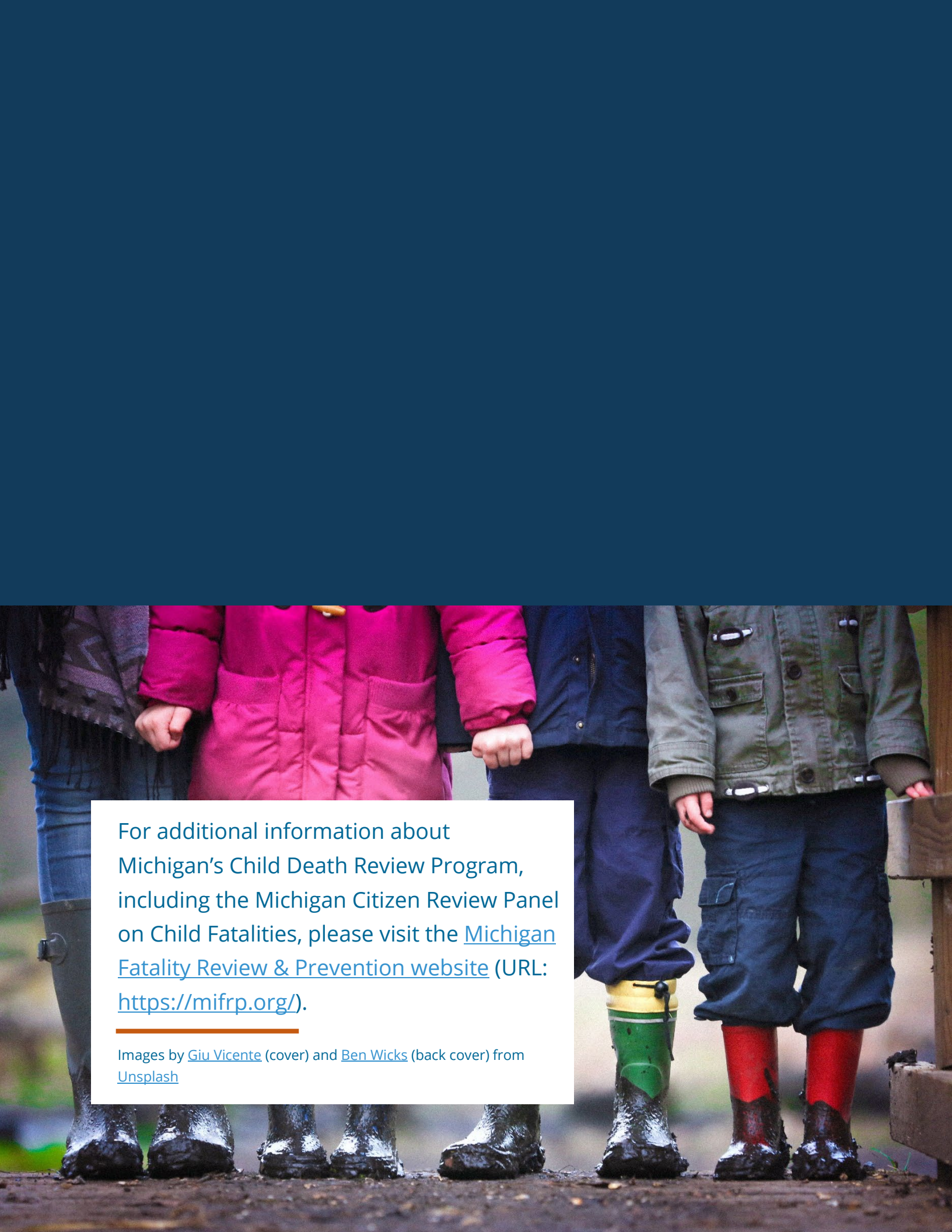
Planned Activities 2023

In the upcoming year, the panel will review the deaths of children that occurred in the 2022 calendar year. In addition:

- The panel will review MDHHS's response to the recommendations contained in this report once received.
- MPHI and the panel coordinator will continue conversations with MDHHS related to MiSACWIS access and the process for CRP case selection and file sharing.
- The panel will convene to assess the available information and determine best practices in selecting cases for review and streamlining the case review process.
- The panel will continue to explore the creation of a CRP CAT.
- 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.
- 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.
- The panel coordinator will continue to support the coordination of and attend the NCRP conference, which will be hosted virtually by the State of Minnesota in 2024.
- Additional activities may be identified throughout the coming year.

Conclusion

Through the coordinating entity MPHI, panel members are willing to work with MDHHS administration in the implementation of the recommendations presented in this report, which represent input from a multi-disciplinary panel of experts. Case records informed thoughtful in-depth review discussions and the development of recommendations. The panel asks that MDHHS review and consider these recommendations for implementation. Over the years, similar recommendations have been made, which highlights their importance and the ongoing need for assessment and improvement. Continued positive collaboration between the CRP for Child Fatalities and MDHHS is anticipated. The panel looks forward to MDHHS's response to this report.

A photograph of the lower half of four children standing in a row on a muddy surface. They are wearing various styles of raincoats and rubber boots. From left to right: a grey jacket and black boots, a bright pink jacket and black boots, a dark blue jacket and black boots, and a green jacket with red socks and black boots. The background is a solid dark blue.

For additional information about Michigan's Child Death Review Program, including the Michigan Citizen Review Panel on Child Fatalities, please visit the [Michigan Fatality Review & Prevention website](https://mifrp.org/) (URL: <https://mifrp.org/>).

Images by [Giu Vicente](#) (cover) and [Ben Wicks](#) (back cover) from [Unsplash](#)

Michigan Citizen Review Panels 2022 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: Children Trust Michigan (formally Children's Trust Fund), the Governor's Task Force (GTF) 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 (MDHHS) must provide a written response to the findings and recommendations of the three panels.

Below are the recommendations of each of the panels and MDHHS' responses.

Citizen Review Panel for Prevention (Children Trust Michigan)

Recommendation #1: The Citizen Review Panel for Prevention (CRPP) recommends that Children Trust Michigan (CTM) continues to strengthen primary prevention efforts and expand secondary prevention collaborations through the expansion of Family Resource Centers (FRCs). In partnership, these FRCs will meet the needs of each community they serve while adhering to the standards of the MI Family Resource Center Network.

MDHHS Response: The Michigan Department of Health and Human Services (MDHHS) agrees with this recommendation and will partner with CTM in supporting this goal.

Recommendation #2: CRPP recognizes the need to increase the capacity of Strengthening Families trainers across the state; therefore, CRPP recommends holding several Strengthening Families 'Train the Trainers' trainings throughout 2023.

MDHHS Response: MDHHS agrees that prevention professionals across Michigan need to increase their level of expertise within each county. CTM's training and education manager will work with Child Trust Fund (CTF) Alliance to coordinate a training schedule and then share it with prevention partners across the state.

Recommendation #3: CRPP recommends that CTM continues its partnership with the Children's Services Administration (CSA), via Senior Deputy Director Demetrius Starling, to continue to strengthen fatherhood programs throughout the state.

MDHHS Response: MDHHS agrees. MDHHS, along with a variety of external partners across Michigan, is committed to focusing on fatherhood initiatives and being an integral partner in a strong network of fatherhood organizations. If needed, CTM will be supported in leading the convening of leaders from the many fatherhood program providers to determine what training, support and collaboration is needed to strengthen their presence in all 83 counties. MDHHS believes in the importance of fathers in their child's life so they can reach their full potential.

Citizen Review Panel for Children's Protective Services, Foster Care and Adoption

Recommendation #1: It is important that child welfare specialists receive trauma informed training that incorporates a trauma informed lens. Based on our findings, we recommend the Michigan Department of Health and Human Services (MDHHS) promote Trauma Informed trainings during National Trauma Awareness month in May by sending communication to the department, highlighting training opportunities, potentially including those listed below:

Michigan ACE Initiative:

- [Home - Michigan ACE Initiative : Michigan ACE Initiative \(miace.org\)](https://miace.org)
- Encourage participation in the May 24, 2023, ACE conference

Michigan State University - School of Social Work Child Welfare Training:

- <https://socialwork.msu.edu/continuing-ed/child-welfare-training.html>

MDHHS Child Welfare Trainings:

- [Trauma & Toxic Stress \(michigan.gov\)](https://michigan.gov)
- Learning Management System:
 - Trauma Informed Child Welfare Practice
 - Trauma Checklist
 - Enhanced MiTEAM Virtual Learning Site – Trauma Module is available as a CBT

Everything listed below would qualify toward the 32-hour requirement:

Instructor Led Training:

- Community Resiliency Model
- It's a Win: Managing Stress and Guarding Against Compassion Fatigue
- Minding the Self: Self-compassion and Well-being
- Historical Trauma in the African American Community
- Secondary Trauma Mitigation: Witnessing Trauma in the Workplace
- Understanding Their Trauma and How to Mitigate the Impact of Removal and Placement in Children's Services
- The Traumatic Impact of Child Abuse and Neglect and How Social Workers Can Intervene
- Trauma-informed Practices: We're All in This Together
- Mindfulness for Child Welfare Workers

Live Webinars:

- Changing Expectations: Managing Grief and Loss
- Making Trauma Informed Placement Decisions

On Demand Webinars:

- On Demand Webinars (from the University in-service catalog – see pages 24-28 for reference)
 - [Child Welfare In Service Training 2022-2023 \(michigan.gov\)](https://michigan.gov)
- Below is the link for access:
 - [Online Child Welfare Courses | School of Social Work | Michigan State University \(msu.edu\)](https://msu.edu)

MDHHS Response: MDHHS agrees with this recommendation and will share the training opportunities above via a communication issuance during National Trauma Awareness month in May. MDHHS will also highlight these opportunities during any May leadership and/or all-staff meetings.

Recommendation #2: The committee recommends that MDHHS collaborate with CRP in reviewing, providing feedback and distributing information as it relates to the newly developed learning center, housed on the CACMI.org website.

Protecting children is everyone's responsibility. It takes effort and a caring eye. Preparedness and training will come in handy if action needs to be taken to protect your own child or grandchild or children in your community.

This Learning Center is for Medical/Clinical, Educators, Parents/Caregivers, Survivors, and those currently impacted by abuse and neglect. This Learning Center provides an overview of child sexual abuse, focusing on education, awareness, and action. The information here has a special emphasis on trauma informed care and cultural competency. You can view the test site at cacmi.org/test/ (this is not a finished link please do not share).

Once reviewed, and supported, we request assistance with wide circulation via email blast and/or communication issuance to stakeholders and targeted audiences.

MDHHS Response: MDHHS agrees. MDHHS emphasizes the importance of education for various individuals and agencies dedicated to keeping children safe and is committed to partnering with the CRP to review, offer suggestions, and distribute information from the learning center upon request.

Recommendation #3: The Committee recommends that the [Mandated Reporter Training Guide \(michigan.gov\)](https://michigan.gov) be updated annually. Once reviewed, ensure the revised document is sent to stakeholders and outdated versions are removed from the MDHHS site.

MDHHS Response: MDHHS agrees with this recommendation. MDHHS is currently working with the Bureau of Grants and Purchasing to execute a contract focused on mandated reporting training specifically. As part of this contract, the referenced guide will be reviewed, and an assessment will be made about utility and content moving forward.

Citizen Review Panel for Child Fatalities

Recommendation #1: There should be consistent safe sleep messaging between MDHHS, community supports, and hospitals. Additionally, relatable and easily digestible safe sleep messaging is needed for the general public.

MDHHS Response: MDHHS agrees and is committed to continuing conversations with the Michigan Public Health Institute (MPHI) and others related to safe sleep messaging. In partnership with MPHI and other key partners, MDHHS will explore opportunities to improve messaging among community supports, hospitals, and other stakeholders, and identify ways to enhance support for families with infant children. Outreach to various individuals and agencies to gather information about new, unique approaches to address opportunities related to unsafe sleep has commenced and will continue.

Recommendation #2: Engaging and involving fathers and other paternal family members is a crucial component of family engagement. While policy dictates that engaging all parents is necessary, the child welfare system tends to overburden maternal caregivers. The panel urges MDHHS to follow this policy more closely as supported by the literature in the rationale below.

MDHHS Response: MDHHS agrees. MDHHS emphasizes the importance of engaging and involving fathers and other paternal family members in all child welfare related matters. MDHHS, along with a variety of external partners across Michigan, is committed to focusing on fatherhood initiatives and being an integral partner in a strong network of fatherhood organizations. MDHHS is committed to supporting Children Trust Michigan in leading the convening of leaders from the many fatherhood program providers to determine what training, support and collaboration is needed to strengthen their presence in all 83 counties, if needed. MDHHS believes in the importance of fathers in their child's life so they can reach their full potential.

Recommendation #3: A proactive approach to addressing vicarious trauma and burnout among first responders and investigators involved with child fatality cases is needed to reduce negative impacts.

MDHHS Response: MDHHS agrees and recognizes how important a proactive approach is to address vicarious trauma and burnout experienced by staff involved with child fatality cases and/or other critical incidents to reduce the negative impact. MDHHS has partnered with the department's [Employee Service Program](#) (ESP) to inform staff statewide of the resources available, and to highlight the importance of connecting with services for support. ESP continues to connect with regional leaders and central office leadership on an ongoing basis to share upcoming educational opportunities and other critical resources. For example, in March 2023, the following was shared with regional directors for distribution to staff:

State of Michigan employees who work in local DHHS county offices often report difficulty finding work-life balance, utilizing their support networks, and being exposed to

secondary traumatic stress. To assist with these concerns, ESP is offering a 4-session lunch-time series called **Supporting DHHS County Offices-An Educational Series**.

The sessions are designed to provide information, mutual support, and resources. The topics covered will include:

April 19, 12:00-1:00 pm Session 1. Building your Support Network

May 3, 12:00-1:00 pm Session 2. Work-Life Balance

May 17, 2:00-1:00 pm Session 3. Recognizing and Addressing Secondary Traumatic Stress

May 31, 12:00-1:00 pm Session 4. The Importance of Self-Care

Additionally, many local offices have developed Critical Incident Response Teams to support staff locally and to help mitigate concerns related to vicarious trauma and burnout.

The Children's Services Administration's In-Home Services Bureau specifically will continue conversations with the Michigan Child Death State Advisory Team around how to support child welfare staff and other professionals impacted by vicarious trauma and burnout to help reduce the negative impact.

Recommendation #4: In partnership with the panel, continue to review and reevaluate the process for CRP case selection and file sharing.

MDHHS Response: MDHHS agrees and is committed to reviewing and reevaluating the process for CRP case selection and file sharing to ensure the process is efficient and effective for both the CRP and MDHHS. Conversations are currently underway and will continue as needed.

Recommendation #5: MDHHS is required to report on various data points throughout the child welfare continuum as part of National Child Abuse and Neglect Data System (NCANDS) reporting. This includes a special focus on improving data on the number of near fatalities to children. While MiSACWIS has the ability to capture this data, there is currently no definition for "near fatality" in Michigan and guidance has not been provided to staff about how or when to use this data point. MDHHS has drafted a definition of near fatality and has requested that the panel review it and provide feedback.

MDHHS Response: MDHHS agrees. Following the development of a draft definition for 'near fatality' in Michigan, MDHHS learned of an existing CAPTA definition for 'near fatality' that is far less prescriptive, and more inclusive of 'near fatality' cases as intended. Concern with the department's proposed definition was expressed due to the prescriptive nature, so consideration has been given to move ahead with the current CAPTA definition: *Near fatality means an act that, as certified by a physician, places the child in serious or critical condition. 42 USC 5106a(b)(4)(A).* Upon a final decision,

MDHHS will strategize how to operationalize this definition within policy and practice to ensure near fatality cases are captured as intended and data is available for National Child Abuse and Neglect Data System (NCANDS) reporting.

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March 2022

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MDHHS Native American Affairs Collaborator Survey 2023

53

Responses

07:14

Average time to complete

Active

Status

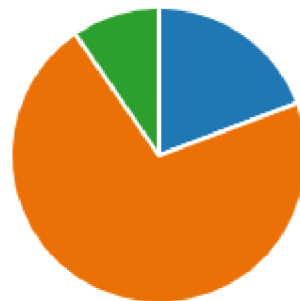
1. What is your professional role in child welfare?

● Tribal Representative	6
● BSC Director	3
● County Director	17
● Private Agency Director	18
● Other	8



2. How effective are the policies and practices that your staff have implemented when handling foster care cases involving Indian children?

● Very effective	10
● Effective	37
● Somewhat ineffective	5
● Not effective	0



3. Examples of effective policies/practices are welcome:

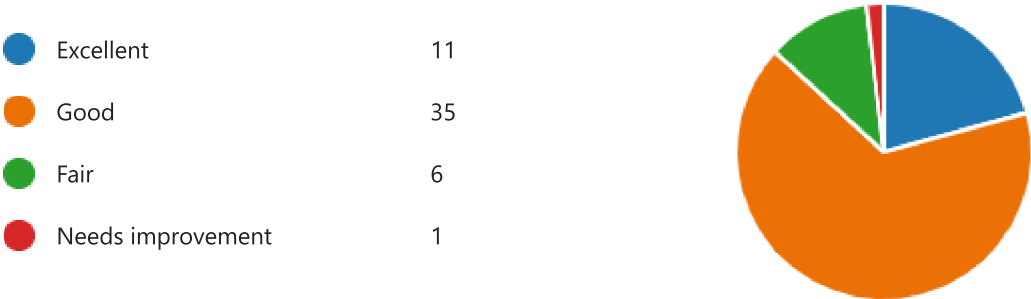
25

Responses

Latest Responses

"Monthly meeting to review all tribal CPS and FC cases with tri...

4. How would you rate your agency/office's effectiveness in serving Indian children and their families who encounter the child welfare system?



5. Examples of effectively serving Indian children are welcome:

24

Responses

Latest Responses

6. Please rate your working relationships among tribal representatives?



7. Examples of strong relationships or those that are most important are welcome:

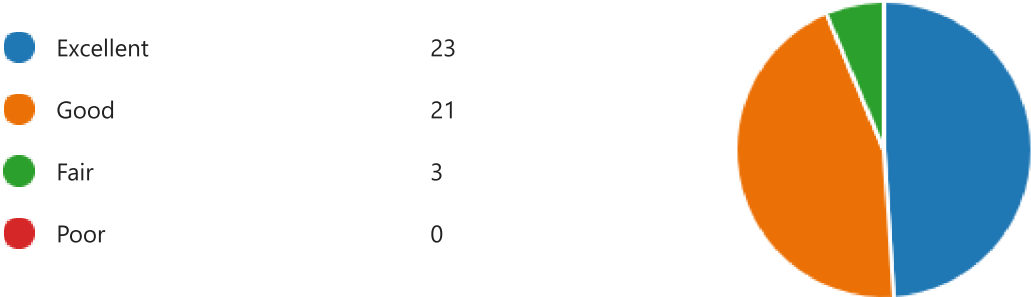
24

Responses

Latest Responses

"Very good working relationship with the Tribal Social Work Te...

8. Please rate your working relationship with local MDHHS.



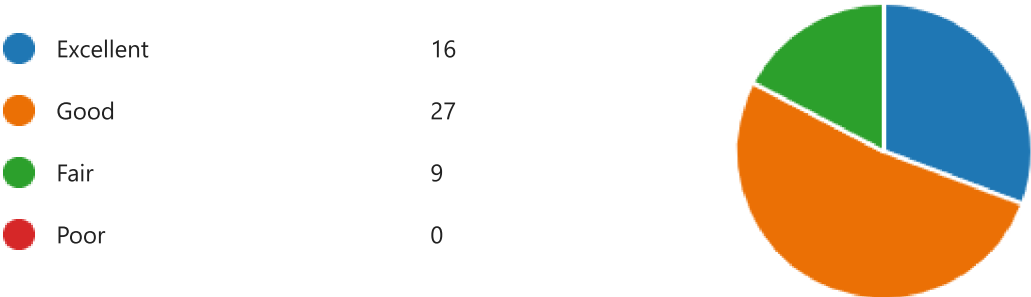
9. Examples of strong relationships or those that are most important are welcome:

16

Responses

Latest Responses

10. Please rate your working relationships with private agency staff.



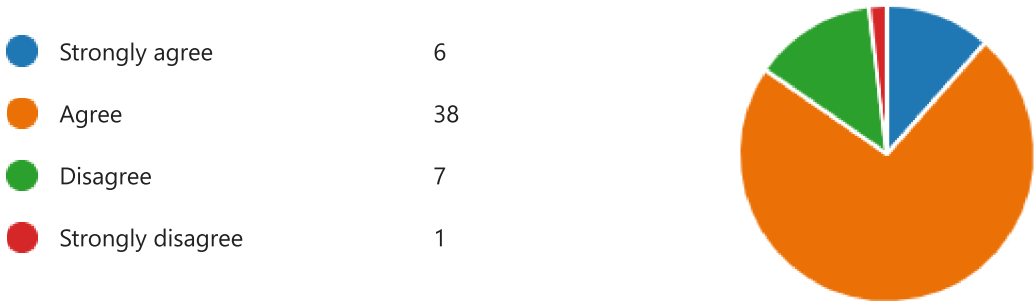
11. Examples of strong relationships or those that are most important are welcome:

13

Responses

Latest Responses

12. In 2022, MDHHS state-level operations improved or sustained effective collaboration between tribal representatives, local MDHHS, and private agency staff.



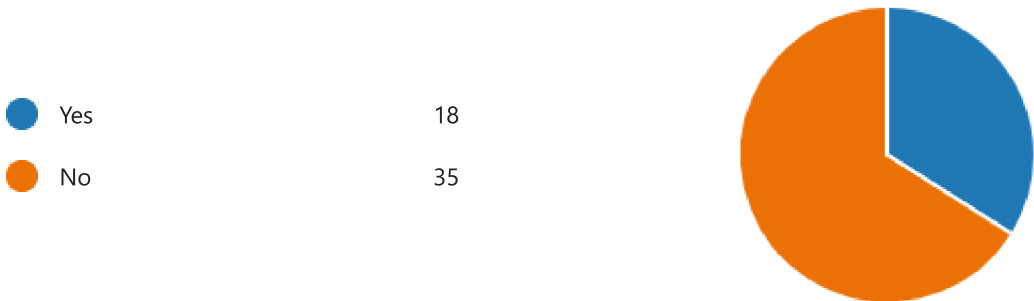
13. Examples of effective collaboration or suggestions for improvement are welcome:

12

Responses

Latest Responses

14. Have you reviewed the MDHHS Annual Progress and Services Report (APSR) 2023 - Tribal Consultation submitted in 2022 pertaining to calendar year 2021?



15. Do you have any comments regarding the APSR 2023 - Tribal Consultation submission?

12
Responses

Latest Responses

16. Have you reviewed the 2024 APSR - Tribal Consultation suggested changes?



17. Do you have any questions or suggestions pertaining to the 2024 APSR - Tribal Consultation suggested changes?

10
Responses

Latest Responses



Native American Affairs
Tribal Service Area Matrix
(Legend Reference)



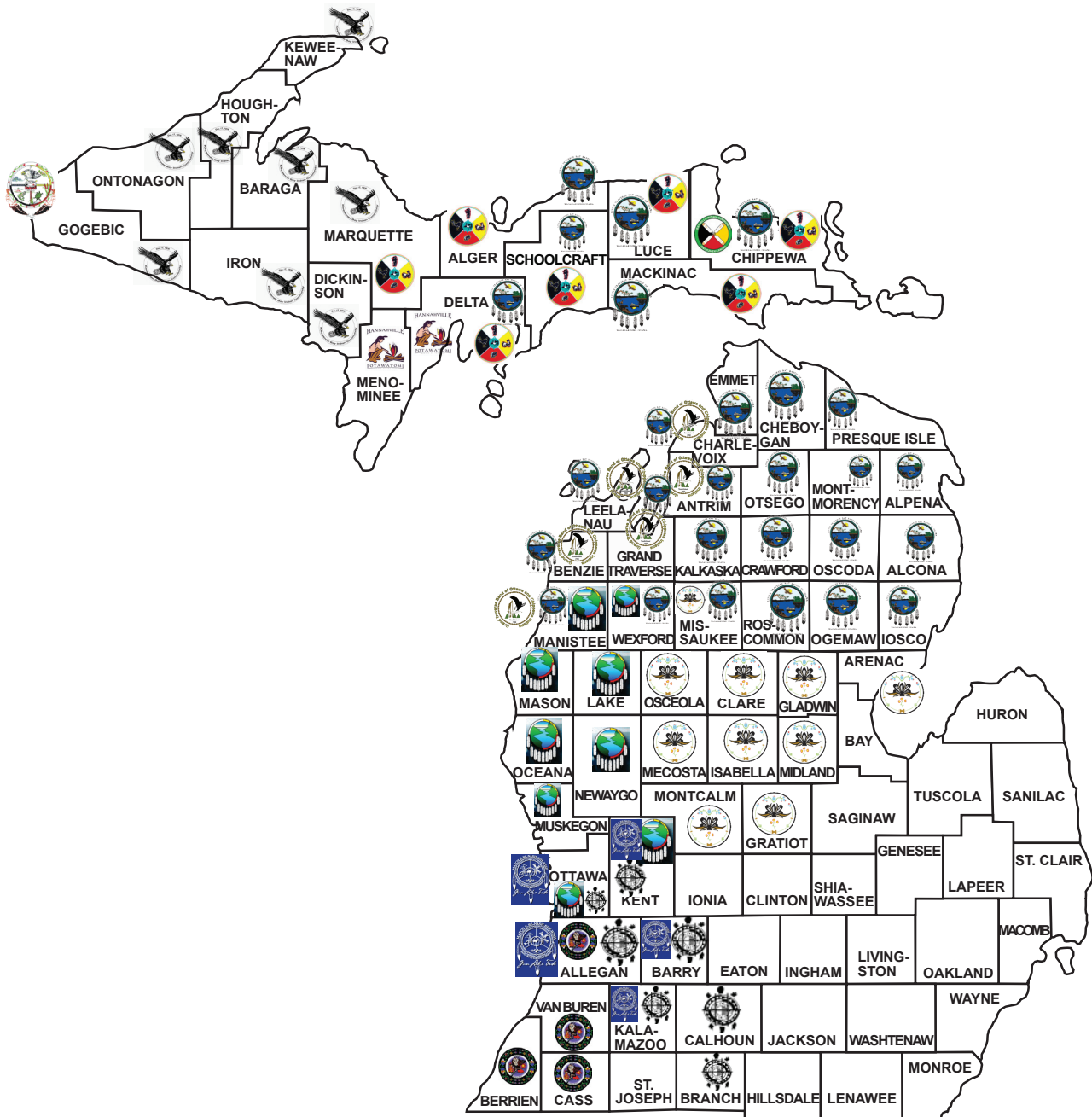
Counties Included in Tribes' Service Delivery Area

-  = Bay Mills Indian Community (Chippewa) -
906-248-3204
Chippewa
-  = Grand Traverse Band of Ottawa & Chippewas Indians (Leelanau) -
231-534-7681
Antrim, Benzie, Charlevoix, Grand Traverse, Leelanau, Manistee
-  = Gun Lake Band/Match-E-Be-Nash-She-Wish Band of Pottawatomi (Allegan) -
269-397-1760
Allegan, Barry, Kalamazoo, Kent, Ottawa
-  = Hannahville Indian Community (Menominee) -
906-723-2510
Delta, Menominee
-  = Huron Potawatomi/Nottawaseppi Huron Band of Potawatomi (Calhoun) -
269-729-4422 ext. 1
Allegan, Barry, Branch, Calhoun, Kalamazoo, Kent, Ottawa
-  = Keweenaw Bay Indian Community (Baraga) -
906-353-4201 or 353-4212
Baraga, Gogebic, Ontonagon
-  = Lac Vieux Desert Band of Lake Superior Chippewa Indians (Gogebic) -
906-358-4940
Gogebic
-  = Little River Band of Ottawa Indians (Manistee) -
231-398-2242
Kent, Lake, Manistee, Mason, Muskegon, Newaygo, Oceana, Ottawa, Wexford
-  = Little Traverse Bay Bands of Odawa Indians (Emmet) -
231-242-1400
Alcona, Alger, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Grand Traverse, Iosco, Kalkaska, Leelanau, Luce, Mackinac, Manistee, Missaukee, Montmorency, Ogemaw, Otsego, Presque Isle, Roscommon, Schoolcraft, Wexford
-  = Pokagon Band of Potawatomi Indians (Cass) -
269-782-8998
In Michigan, Allegan, Berrien, Cass, Van Buren and in Indiana; Elkhart, Kosciusko, LaPorte, Marshall, St. Joseph, Starke
-  = Saginaw Chippewa Indian Tribe (Isabella) -
989-775-4901
Arenac, Isabella, Missaukee, Clare, Midland, Mecosta, Osceola, Gladwin, Montcalm, Gratiot
-  = Sault Ste. Marie Tribe of Chippewa Indians (Chippewa) -
800-726-0093
Alger, Chippewa, Delta, Luce, Mackinac, Marquette, Schoolcraft

County listed as "Location of Tribe" is in parenthesis.



**Native American Affairs
Tribal Service Area Matrix
(Map Reference)
Counties Included in Tribes' Service Delivery Area**



The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

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 10,000 children in foster care and relies on public and private child-placing agencies to find temporary and permanent homes for these children.

Michigan has 80 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 2023. 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, including the integration of information about homes needed for sibling groups of 3+ and sibling groups of 4+.

Counties and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities, and key foster/adoptive/kinship parents is necessary to determine overall recruitment needs, goals, and actions steps.

Additionally, all agencies were provided an opportunity to participate in training created to enhance foster family recruitment and retention efforts. Training was provided that included the following topics:

- Targeted Recruitment
 - Foster home recruitment of tribal homes.
 - Foster home recruitment in the LGBTQ community.
 - Foster home recruitment in different religious communities.
 - Targeted recruitment by zip code, school district, or neighborhood.
 - Recruitment of homes for adolescents and sibling groups.
 - Foster home recruitment for children with special needs.
 - Customer service and satisfaction during recruitment.
 - 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 2022, 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 2022, 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 1,149 new foster home licenses, a decrease of 347 from 2021.
- Of new licenses, 855 accept unrelated placements, a decrease of 270 from 2021.
- On Oct. 1, 2021, there were 5,461 licensed foster homes. On Sept. 30, 2022, 3,741 of those licensed foster parents remained licensed, which is a 69 percent retention rate, and a three percent retention rate decrease from FY 2021.
- The number of homes that closed was 1,780, an increase of 124 from 2021.
- 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
- Demands of Fostering/Stress

The chart below details the trend of licensure and closed homes in urban counties:

County	New Licenses			Closed Homes		
	FY 2020	FY 2021	FY 2022	FY 2020	FY 2021	FY 2022
Genesee	67	45	49	71	65	66
Kent	126	116	72	122	130	144
Macomb	77	88	60	101	83	85
Oakland	136	103	104	145	122	117
Wayne	183	178	145	202	157	205
Total	589	530	430	641	557	616

The chart below details the type of homes (relative and non-relative) newly licensed in urban counties in 2022:

County	Relative	Non-relative	Total
Genesee	16	33	49
Kent	13	59	72
Macomb	10	50	60
Oakland	24	80	104
Wayne	40	105	145
Total	103	327	430

Statewide and Regional Recruitment Progress in 2022

- Regional Resource Teams were implemented in 2018 and continued to provide services in FY 2022. 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 the beginning of FY 2022 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 found alternate strategies to continue foster home recruitment. The strategy found most effective during the pandemic was hosting online informational sessions. These sessions were regionally advertised on social media and through other online platforms. 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.
 - The six Regional Resource Teams were tasked with developing targeted events to recruit families for sibling groups. Some examples of strategies implemented

include:

- Utilizing interviews with foster families who have had success with sibling placements on local social media groups.
 - Coffee chats at local coffee shops that focused on the need for homes for sibling groups.
 - Providing specialized training to existing foster families that are considering expanding their license to care for sibling groups.
 - Online Q and A sessions for the public via Facebook live that were marketed to families in the region.
- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
 - The 2022 Heart Gallery Opening was held in person on Sept. 10, 2022 and featured 72 children who were photographed by 25 photographers from around the state.
 - The Michigan Adoption Resource Exchange (MARE) hosted Heart Gallery events statewide.
 - MDHHS held its ninth 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) worked with Faith Communities Coalitions (FCC) on Foster Care, located in the metro Detroit area. In 2022, Pastor Adam Bell, who is a foster and adoptive parent himself, worked with Assemblies of God churches as chaplain regarding foster care. FCC coordinates with an organization that provides dozens of First Night bags for children in foster care.
 - Christy's Legacy of Hope and FCC provided gifts for children entering care during the holiday season.
 - Many partners of the CFBI continue to meet virtually to discuss ways to meet the needs of children and families affected by foster care. FCC hosted their monthly meetings during evening hours via Zoom.
 - The CFBI Advisory Council chair hosted four community and faith-based trainings for congregations wanting to start foster/adoptive care ministries within their churches. The trainings were open to the public for all denominations, organizations, businesses, and groups to attend.
 - In April 2022, a partnership was created with Ann Arbor Assembly of God (A3OG) and Washtenaw County Department of Health and Human Services (DHHS) to train and equip three churches in the county to *Be Part of the Solution in Your Community*. Thirty-eight people attended the training and then participated the next day in a Family Fun Day. A3OG held two respite days and provided Christmas gifts for each child who attended the respite day in November.
 - New Hope Church in Three Rivers held a Family Fun Day in June in partnership with St. Joseph County DHHS and followed up with a respite day in November with interactive crafts, games and Christmas presents for children who attended.

Both Davison Assembly of God (AG) in Genesee County and The Shores Church in Macomb County participated in training days and Family Fun Days. Davison AG themed their June event, *Summer Splash*, to welcome the warmer weather. The Shores Church held a Family Fun Day in August and added backpacks and school supplies.

- In July, Bridgewood Church, a CFBI partner in Oakland County, participated in a charity softball game to raise awareness and financial resources for House of Providence (HOP), whose motto is, “Until every child has a home.” About 250 people attended this event.
- A small group of faith leaders from Indiana, Ohio, and Michigan met in Lima, Ohio to discuss the feasibility of hosting a tri-state conference on foster care and adoption in 2024. Conversation focused on: 1) ways to increase participation of community and faith leaders, 2) identifying entry points into foster care and adoption that would align with the faith and/or community partners’ interests and strengths, and 3) creation of best practice models to clarify what being part of the solution looks like while simultaneously creating forward movement.
- CFBI partnered with *5 Hour Synergy*, an event sponsored by Brighton Assembly of God and the Michigan Ministry Network in Livingston County where 450 pastors and faith leaders gathered to hear from New York Times best-selling author Mark Batterson. During this event, an opportunity was provided for leaders to share an overview of the new CarePortal initiative with organization representatives and to explore ways they could partner with CarePortal to meet the needs of children in care and children at risk for placement in foster care. Four additional trainings will be held during 2023.
- 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 2022, adding questions that prompt counties to focus on eliminating barriers to licensure and requiring that counties implement a minimum of two targeted recruitment events or activities each for sibling homes and teen homes. The layout of the recruitment section of the plan was also revised to organize activities and events monthly, helping counties to visualize whether their efforts are being implemented consistently.
- The method for determining the number of foster homes needed was changed to eliminate subjective decisions on whether existing foster homes would be viable during the next fiscal year. Actual foster home usage within the last year was considered instead. This change created a standard, more objective way to determine viability and need for additional foster homes.

Using Foster and Adoptive Parents for Recruitment Progress in 2022

- 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 2022, approximately 1,584 new family inquiries were received through the Foster Care Navigator program.
- The Foster Care Navigator program is 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 2022

- MDHHS continued to provide post-adoption services statewide in 2022 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. Since 2016, post-adoption services have 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 2022, the Match Support Program continued to serve over 31 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 2022, waiting family forums continued to be held virtually and in person. Virtual opportunities continued to show an increase in attendance due to availability to a larger geographical area.
- Efforts have been made toward addressing competing party delays, caused when more than one family interested in adopting the same child, 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 2022

- 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.
- In June 2022, Michigan entered a service plan with Adopt US Kids, focusing on strengthening recruitment and retention practices and planning processes. A primary goal of the service plan is to develop and implement strategies to reduce racial disproportionality between youth in care and caregivers, including means to enhance capacity for recruiting families from the communities children in foster care are from.
- 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.
- The Bureau of Out-of-Home Services participated in the Ally Task Force to Support LGBTQ families. The primary goal of the ALLY Task Force is to make recommendations and take actions to support the success of LGBTQ+ caregivers in their efforts/desires to foster and/or adopt children from Michigan's child welfare system.

Planned Activities for 2024

- 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 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.
- In collaboration with Adopt US Kids, MDHHS will develop a foster parent retention framework and begin implementing strategies to improve attitudes and culture relative to working with foster families.
- MDHHS will continue to partner with the University of Chicago to develop tools for improving placement matches that meet the needs of children in care.

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 2024

- 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 and 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 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 continue to require trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- MDHHS will monitor the impact of the recent change in dental policy to comport with American Dental Association standards recommending that dental examinations start at 1-year-old.
- MDHHS will continue to consider 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 activities to support the dissemination of youth health information documentation during care transitions.
- MDHHS will continue to update and expand the www.michigan.gov/childwelfare

website.

- MDHHS will collect and analyze data from the enhanced treatment foster care pilot to consider possible expansion to other sites.
- MDHHS will host an exhibit table at physician group annual conferences with information about health needs and policy for children in foster care.
- MDHHS will complete quarterly case reviews for a sample of children receiving psychotropic medications to ascertain whether prescription of psychotropic drugs to foster children is being monitored within policy requirements. MDHHS will ensure the results of these reviews are communicated to the county of jurisdiction to improve overall practice and provision of services in this area.
- MDHHS will monitor the impact of COVID 19 and provide guidance to local offices.
- MDHHS continues to participate in the Centers for Medicare and Medicaid Services Affinity Group to achieve benchmark goals for timely medical and dental examinations and to improve tracking of mental health screening to support access to mental health services.
- MDHHS CSA will participate in strategic planning and implementation via MI Kids Now to improve mental health services and access.

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 twice yearly thereafter, unless one was completed in the three 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 and Opioid 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.
- MDHHS established a process improvement team that meets monthly to recommend and review staff training, policy amendments and protocols.
- MDHHS established a focus group in a county to conduct a root cause analysis of informed consent non-compliance and to pilot activities to increase compliance.
- MDHHS updated policy language guiding local office staff to collaborate with the foster care psychotropic medication oversight unit to correctly identify the circumstances when medications are used for medical conditions rather than for mental health conditions.
- MDHHS developed a protocol to identify claims for opioid medications and enter these into MISACWIS and to provide outreach to local office staff to ensure awareness and inclusion in documentation and case planning.

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 (Q RTP).

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, with the exception of children in child-caring institutions (CCI), juvenile detention or jails, or are eligible for tribal health care, 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 aids local offices 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.
- 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.
- Barriers to care continuity and coordination are addressed through ongoing communication between local child welfare teams and health care providers using tools developed during Fostering Health Partnerships Learning Collaborative events.

Supporting Youth in Maintaining Care During Transition to Adulthood

- MDHHS offers Foster Care Transitional Medicaid to former foster youth from any state ages 21 to 26 and revised information systems to continue Medicaid coverage for current beneficiaries until the age of 26.
- Foster care specialists discuss Foster Care Transitional Medicaid with youth at the 90-day discharge planning meeting. A publication is given to youth that discusses medical insurance and the [Michigan.gov/Foster Youth](https://www.michigan.gov/FosterYouth) website has information about Foster Care

Transitional Medicaid eligibility.

- 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.
- 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 local office child welfare personnel in assisting transition-age youth to apply for Supplemental Security Income (SSI) when indicated.
- The MDHHS Child Welfare Medical and Behavioral Health Unit continues to coordinate with the Bureau of Children's Coordinated Health, Policy, and Supports 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.
- Participation 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. HLOs, 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 on a regular basis to support best practices in achieving health outcomes including:

- Caseworker and supervisor training for the use of CareConnect360, entering health information in MISACWIS, and engaging children and families in children's health care services is available in the learning management system. New training is developed and provided based on a review of data, e.g., the Monthly Management Report, describing compliance with medical and dental appointment standards, outreach to local office staff and feedback from system partners.
- Training for new HLOs.
- HLO 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 EPSDT guidelines that include a requirement for behavioral/social/emotional screening, CSA is working with internal (MDHHS Behavioral and Physical Health and Aging Services Administration) and external Michigan Chapter of the American Academy of Pediatrics partners to ensure that these new 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 trauma 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. CSA and the Division of Mental Health Services to Children and Families provided training to designated lead persons from county MDHHS offices and Community Mental Health programs in summer 2019 to prepare for the statewide expansion. The Child Welfare Behavioral Health Analyst and the Partnership Analyst from the Bureau of Children's Coordinated Health, Policy and Supports 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 uses 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 local offices and providers 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 local office child welfare staff.
- 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. Claims for new medications for children are entered into MISACWIS. When informed by local office staff, the Foster Care Psychotropic Medication Oversight Unit end dates medications in MISACWIS that are no longer prescribed and makes dosage changes.

Informed Consent Reconciliation and Outreach

The Foster Care Psychotropic Medication Oversight Unit receives informed consent documents from the local office staff and uploads the consent document into MISACWIS. The unit also cross-references consent documentation to Medicaid prescription claims and conducts outreach to the local office staff when there are medication claims without accompanying consent documentation. The unit provides monthly reports to each BSC to assist local offices with tracking successful completion of informed consent for psychotropic medications.

Psychotropic Medication Physician Review Process

The Foster Care Psychotropic Medication Oversight Unit staff use Medicaid prescription claims to determine whether triggering criteria are met and arrange and track the review process. Pre-review queries are run at least monthly to identify cases where the recommended medication regimen meets established review criteria for a secondary physician review. MDHHS contracts with board-certified child and adolescent psychiatrists to conduct reviews. Physician reviews occur based on the presence of specific medication regimens. Physician reviewer actions depend on the presence or absence of medical concerns based on the medication regimen.

and/or specific health characteristics and may include:

- No further action when no significant medical concerns are noted.
- Written outreach to the prescribing physician outlining the concerns raised during the review when concerns are present but not serious.
- Verbal outreach to the prescribing clinician when concerns are potentially serious. The unit staff uploads the physician review documentation into MiSACWIS.

Psychotropic Oversight Policy and Procedures

MDHHS develops policy and practice under general principles derived from a review of professional standards of care and child welfare practices in several other states:

- A psychiatric diagnosis based on the current Diagnostic and Statistical Manual should be made before prescribing psychotropic medications.
- Clearly defined symptoms and treatment goals should be identified and documented in the medical record when beginning treatment with a psychotropic medication.
- When recommending psychotropic medication, clinicians should consider potential side effects, including those that are uncommon but potentially severe and evaluate the benefit-to-risk ratio of pharmacotherapy.
- Except in the case of emergency, informed consent must be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent includes discussion of diagnosis, expected benefits and risks of treatment, common side effects, need for laboratory monitoring, the risk for adverse events and treatment alternatives.
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented in the medical record.
- Monotherapy regimens for a given disorder or specific target symptoms should be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, functioning and potential side effects.
- The potential for emergent suicidality should be carefully evaluated and monitored in the context of the child's mental health condition.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist should occur if the child's clinical status has not improved within a period appropriate for the child's clinical status and the medication regimen.
- Before adding additional psychotropic medications, the child should be assessed for medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance use disorder 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 reviewer 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 as needed 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 Child Welfare Medical and Behavioral Health Resources website to provide additional guidance to providers based on developments in knowledge and standards of care.

Family First Prevention Services Act

Ensuring Appropriateness of Placement in Qualified Residential Treatment

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

- A means to support and hold providers accountable for providing and documenting accurate and comprehensive diagnostic assessments that include diagnosis, functional capacity and recommendations based on the best available evidence.
- Specific guidelines defining the child and family characteristics that would require intervention within a residential setting.
- Capacity and accountability within the MiTEAM case management process to follow the clinical pathways for each child.
- Implementation of the independent assessment process and monthly meetings with the contractor; foster care, juvenile justice, and child welfare medical and behavioral health program offices; Regional Placement unit and Juvenile Justice Assignment unit.

- 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 conducted by an independent agency based on the Comprehensive Child and Adolescent Needs and Strengths (CANS) tool and clinical algorithm
- Residential Collaboration and Technical Assistance Unit
- Partnership with Building Bridges Initiative to provide training to QRTP and child welfare staff
- Development of the Office of Child Safety and Program Compliance within CSA

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 Qualified Residential Treatment Program settings rather than in foster family homes because of inappropriate diagnoses, Michigan developed the following policies and procedures.

- Requirements for careful and thorough documentation of the child's diagnosis, appointments, and medications in the MISACWIS health screens because this provides critical information that health care providers need when engaging in assessment and treatment of children in foster care. The MISACWIS diagnosis screen was updated to include the resolution date of diagnoses that will print on the medical passport.
- When a medical passport is given to new treatment providers, especially those in behavioral health, the information on the passport must be up-to-date.

- Concentration is focused on the careful transfer of health information when children move between hospitals and residential settings and from residential-to-residential settings.
- Prior to placement of a child in a 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.
- As of Feb. 1, 2021, an independent assessment is to be conducted by a qualified individual to determine whether Qualified Residential Treatment Program (vs. community-based) level of care is needed to meet the mental/behavioral needs of a child.

Ensuring periodic assessment of ongoing need for Qualified Residential Treatment Program services and supports:

- MDHHS contracts with residential providers require that a licensed clinician with a minimum of a master's level degree conduct a bio-psycho-social assessment of a child using evidence-based tools within 30 calendar days following placement.
- The bio-psycho-social assessment ensures placement is based on documented need for the treatment provided in the program and used to develop a treatment plan based on a review of past information with current assessments specific to the child's needs.
- Additionally, policies regarding placement requirements and restrictions are being updated, so that children are placed in the least restrictive settings and avoid placements in child-caring institutions.

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 Coordinated Health Policy and Support
- Bureau of Children's Coordinated Health Policy and Support
- Provider Support and Community Partnerships Section
- Bureau of Community-Based Services
- 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 2023

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 2022.

No counties or agencies experienced a disaster in 2022 that required mobilization of the Child Welfare Disaster Plan.

Disaster Plan 2023 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 Compliance Unit 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 the Private Agency Compliance Unit, respectively.

BSCs and Private Agency Compliance Unit 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, and Centralized Intake reviewed Michigan's Child Welfare Disaster Plan in 2022, and it was determined that the following changes to the plan were needed:

- Page 3, under "Guidance for Face-to-Face Contacts During an Emergency Due to Public Health Concerns, "field" was changed to "local office and agency teams."

- Throughout the document, “caseworker” was changed to “services specialist.”
- Page 5: Under State and Regional Communication and Coordination Protocol, fifth bullet, “director or designee” was added following “Centralized Intake”.
- Page 7: Under Foster Parents Responsibilities Developing and Emergency Plan, first bullet, the Centralized Intake telephone number was added: (855) 444-3911.
- Page 9: Under Preservation of Essential Records, number 4, first sentence the following was added: “electronic case management system (MiSACWIS/CCWIS)”.
- Language about the use of the Centralized Intake for communication was clarified and the following changes were made:
 - Page 4: Under Local Office Emergency Procedures, first bullet, the following sentence was deleted, as it was deemed an unnecessary step: The local office or agency will notify Centralized Intake of the name and contact information for the alternate office on a yearly basis.
 - Page 6: Under Local Office Communication and Coordination Protocol, second bullet, the following sentence was deleted, as it was deemed an unnecessary step: “If communication channels are compromised, the Centralized Intake telephone lines may be used to share instructions.” The sentence was replaced by “If communication channels are compromised, all staff in the affected area should contact their immediate supervisor to confirm their safety and location.”

Provide information on how the state’s current Disaster Plan addresses disparities for marginalized groups, including people of diverse racial and ethnic backgrounds.

The Michigan Child Welfare Disaster Plan 2023 does not specifically address disparities for marginalized groups at this time. DCQI has reached out to the MDHHS Office of Race Equity, Diversity, and Inclusion (REDI) for assistance in determining how to address disparities in the disaster plan. The process includes:

- Researching available information on how emergency or disaster plans address the needs of marginalized groups and individuals.
- Obtaining the perspective of people in marginalized groups to determine needs to be addressed in the event of an emergency that affects the child welfare system.
- Collaborating with REDI and other related groups to determine changes needed to the disaster plan and implementing changes in the 2024 Michigan Child Welfare Disaster Plan.

Michigan's Child Welfare Disaster Plan 2023

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 local office and agency teams 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, services specialists 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 services specialists 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.
- 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 reviewed on an annual basis and revised as necessary to ensure all required elements are included. Finalized local plans are submitted to their respective BSCs and to the Children's Services Administration Private Agency Compliance Unit.

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 director or designee 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, all staff in the affected area should contact their immediate supervisor to confirm their safety and location.
- 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, (855) 444-3911, 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 services specialists during emergencies.** Foster parents and MDHHS services specialists 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 services specialist or another designated worker will contact the foster parent to ascertain the whereabouts, condition and needs of the child and family.
- The local office must provide information on where to seek shelter, food and other resources and coordinate services with the MDHHS emergency management coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child-placing agencies (R 400.12412 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

- If current CPS staff is displaced or unable to provide CPS investigative or ongoing services, alternate counties designated in local MDHHS disaster plans shall be prepared to provide CPS investigation and ongoing services to new child welfare cases and to children under state care or supervision displaced or adversely affected by a disaster.
- The toll-free Centralized Intake number will remain the primary means of initiating CPS investigations for new child welfare cases.

3. Remain in communication with services specialists and other essential child welfare personnel who are displaced because of a disaster.

- In an emergency, services specialists 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, services specialists and caregivers will contact the alternate local office. In offices covering multiple counties, they will call the designated county.
- Services specialists 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 electronic case management system (MiSACWIS/CCWIS) 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 (REDI) continue efforts to align its work with Children's Services Administration (CSA) priorities of permanency, safety, and well-being with a focus on ensuring equitable practices in child welfare.

The connection between OWDT/REDI and CSA ensures the following activities continue:

- Training is designed and developed through a race equity lens.
- 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).

Most child welfare staff and provider training continue to be presented in virtual formats. Training staff continue to adapt and improve engagement and transfer of learning using technology and adult learning principals. Google Classroom is being piloted for use in ongoing training modules. OWDT is purchasing equipment for one training facility to support hybrid learning. If successful, hybrid technology will be purchased for a second facility. Hybrid training allows the trainer to easily and effectively train a class simultaneously in person and online.

The learning management system continues to work for both MDHHS and private agency staff. The system allows for registration for instructor-led training, direct completion of computer-based training and documentation of all training an individual completes. The dedicated learning management system team of administrators quickly responds to issues. Child welfare staff are identified in the learning management system by their role in MISACWIS, assuring program-relevant training is available to them. The learning management system tracks training completions for child welfare staff, and allows training completed locally to be added, approved by the supervisor, and included on the individual's transcript. The system also allows for supervisors to assign specific training to their staff. This system integration makes it easy to collect data about training requirements. OWDT will continue working with the CCWIS team to assure a smooth transition.

New to the plan this year is Motivational Interviewing, an evidence-based practice that MDHHS has incorporated into the agency's FFPSA Title IV-E Prevention Plan. MDHHS is training all child welfare staff and family preservation providers in Motivational Interviewing. The trainings will equip child welfare staff and service providers with improved communication skills, allowing for a greater ability to partner with families in developing their unique service and prevention

plans, crafting strategies to meet their needs, identifying realistic personalized goals, and achieving those goals. Training is occurring in phases and began in October 2021.

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 specialists complete a nine-week Pre-Service Institute (PSI) within 112 days of hire. Social Service Assistants attend the same training, but do not maintain a caseload. Specialists 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 week one of program specific training, there is a new worker orientation provided to the trainee and supervisor. During classroom training, trainees receive program-specific training in CPS, foster care, or adoption, as well as child welfare topics that build skills to help trainees support families through use of the MiTEAM practice model. Trainees also receive legal, medical, domestic violence, and cultural awareness training during the Pre-Service Institute.

Structured on-the-job activities and computer-based training support the transfer of learning from classroom to application of skills in the community. Specialists are assigned a mentor and supervisor who, in conjunction with the OWDT trainer, complete a new hire evaluation summary of the specialist's job performance. This, along with two competency-based exams, identifies the new specialist 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 specialist after PSI. All specialists 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). This Institute includes specialized instruction applicable to all child welfare supervisors as well as program-specific content in adoption, foster care, child welfare licensing, and CPS. MDHHS supervisors also receive leadership and MDHHS management training. Private agency supervisors get this additional training in their local office. The supervisors demonstrate understanding of the content through completion of a competency-based exam in their program-specific area. Supervisors continue their development after NSI through completion of a minimum of 16 hours of training and development each calendar year.

Initial Training for Specialists

A comprehensive PSI redesign is in progress in collaboration with OWDT, CSA, Wayne State University, and private partners. The redesign is anticipating pilot material for the redesign in spring of 2023. The redesign is expected to be completed in 2024. During the interim, OWDT continues to implement 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 a hybrid model. There is an in-person training option that consist of the five

weeks of on-the-job training and four weeks of instructor-led training, two of which are delivered in-person, then two weeks will be online with the remainder of training offered virtually. For participants opting for the virtual format via Microsoft Teams, this option consists of five weeks of on-the-job training and four weeks of instructor-led training offered virtually. 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 may include working with a mentor. The supervisor signs the training activity logs verifying that the activities were completed. Specialists 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 continues to be offered during the BSC in-service weeks. Learning labs allow child welfare specialists 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, trainees 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 specialists 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 specialist is completed in partnership with the supervisor and trainer. These evaluations are 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 specialist 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 implementation of the statewide mentoring pilot program.
- Continue to participate in the assessment workgroup dedicated to enhancing risk assessments for CPS.
- Continue to provide Anti Bias Child Welfare training.
- Continue cross-training child welfare trainers.
- Collaborate with university partners, private agencies, CSA, MDHHS local office representatives, and other stakeholders.
- Offer Pre-Service training to Services Specialist Assistants.
- Continue the 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.
- Continue 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 experiences. Additionally, recipients of the certificate program will attend a shortened version of the initial training. The Child Welfare Certificate from an endorsed university shows that the participant has received a valuable foundation of knowledge and experiences.

During 2022, OWDT received 12 applications for the certificate program. Central Michigan University and Western Michigan University are two new applicants for the program.

Plan for Improvement

- In 2023, 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 specialist.
- The new Child Welfare Certificate competencies have been 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 child welfare certificate endorsement program has 63 competencies that are designed to prepare child welfare workers to work with families.

- The University Consortium hired a Title IV-E Consultant to explore expanding Title IV-E.

Program-Specific Transfer Training for Specialists

Specialists who completed 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. Six or seven days are spent in a classroom depending on the program, and on-the-job learning activities are also completed along with one day of MiSACWIS training.

Plan for Improvement

OWDT continues to offer learning labs for program-specific transfer training: Safety Planning, Advanced Safety Planning, Safety and Risk Assessments, Consent and Subsidy, Critical Thinking, CPS Ongoing, and Report Writing. OWDT will review evaluations to drive improvements to training. OWDT will continue to pilot in-service trainings utilizing Google Classroom.

Initial Training for Supervisors

New supervisors who monitor 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 about available 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 local office 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 assess the impact of initial and ongoing training on the quality of services provided to youth and families.
- REDI will continue to request feedback from supervisors and their managers through surveys at three and 12 months after training completion to evaluate learning over time.

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 specialists must be completed within six months.

Child Welfare Training Monitoring

Training requirements are monitored using the learning management system described above.

The primary training audience is public and private child welfare specialists, 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
- Services Specialist Assistants

Services specialist assistants are required to attend the nine-week initial training only.

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 and MiSACWIS caseload counts.

Ongoing Training Overview

Ongoing training is offered across the state to address current child welfare topics, build leadership skills, and provide foster parent training. Specific 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 specialists 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 for building leadership capacity at all levels of staff and employees.
- MiSACWIS training and program-specific refresher training for supervisors will continue to be offered during BSC in-service trainings.
- Leadership development courses will be added to the BSC in-service trainings beginning in 2023.
- 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 Training Advisory Council will continue to guide and provide recommendations for improvement.
- The MDHHS child welfare workforce will continue to 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 and REDI collaborate with CSA, staff, and the Training Advisory Council 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 local offices.
- 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 and REDI have training request processes for local offices and work areas 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 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. From this partnership, the Anti Bias Child Welfare Training was piloted and will continue being implemented with continuous quality improvement. OWDT and REDI have a race equity team that participates in ongoing dialogue and analyses of systemic racism. This team developed a second three-year plan to support OWDT/REDI becoming an anti-racist, multicultural organization by valuing one another through diversity, equity, and inclusion. OWDT/REDI has an internal diversity, equity, and inclusion team that will develop a diversity, equity, and inclusion plan to support OWDT/REDI with inclusive practices. OWDT/REDI will continue to actively participate in the MDHHS Diversity, Equity, and Inclusion Council 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. OWDT/REDI will fully implement the Race Equity Review Tool that is currently being piloted.

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 assists them

in becoming well-rounded in all child welfare programs. OWDT continues to collaborate with the Family Development program to modernize the Families First program of Michigan curriculum.

The Family Preservation Program is currently under a redesign as of 2023. MiFlex is a developing, hybrid family preservation service model that will replace the current, fragmented, central office administered family preservation service array by 2027. MiFlex will have broader eligibility and flexibility to serve families as their needs change including prevention, preservation, and reunification. Families participating in MiFlex will work with one team and one service provider to address abuse or neglect concerns instead of referrals to multiple programs and/or service providers as their needs change. Other advantages of MiFlex include:

- Face-to-face contact time and length of participation will be determined by accomplishing goals, specialist/supervisor evaluation, and assessment.
- Implementation of the 2Gen service philosophy will help ensure a strong family voice with more equitable and holistic services centered around the individual strengths and needs of parents and children.
- The mental health services gap experienced by many families will be narrowed by incorporating evidence-based virtual therapy services.
- Tapping multiple funding sources will allow MiFlex to reach more families.
- Continuing the use of Protective Factors Framework and Protective Factors Survey will help specialists and families develop relevant and effective goals.
- An easier, streamlined referral process where Prevention, CPS and foster care specialists will only need to make one referral to one program without having to determine eligibility based on intensity of need.

*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 has collaborated with the 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 monitor the training program, including making changes in response to policy and practice changes.
- Certify curriculum trainers in each BSC.
- Monitor the statewide program implementation.
- Train the trainers throughout the state.

Leadership Development

In collaboration with CSA, OWDT and local offices, the REDI Leadership Development Division develops 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 coaching 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 leadership podcast, The Leadership Connection, will continue to record and release episodes and 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 workshop Understanding and Analyzing Systemic Racism within six months of hire. Annually, MDHHS staff complete training on systemic racism, health equity, and other topics related to diversity and inclusion. Learning opportunities 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 both a race equity and a diversity, equity, and inclusion team to take strategic action to create an anti-racist, inclusive organization. The offices have unified strategic goals for race equity. The teams have implemented a tool to conduct analysis, design, development, implementation, and evaluation through a race equity lens. The teams provide resources such as glossaries, information about language justice, peer support and learning opportunities for OWDT/REDI staff.

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 training 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 are offered to OWDT staff, such as Virtual Training and Facilitation, Blended Learning, Kirkpatrick Training Evaluation, Articulate Storyline, and Virtual Instructional Design.

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. Examples include:
 - University Consortium
 - MiSACWIS/Comprehensive Child Welfare Information System
 - CPS Advisory Council

- MDHHS Legal Affairs
 - MiTEAM Advisory Council
- 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 will support certification for staff to train the Franklin Covey course Unconscious Bias: Understanding Bias to Unleash Potential, the Association for Talent Development Consulting, and the Gallup Organization as coaches in the CliftonStrengths Assessment.
- OWDT will continue offering certification for training development and delivery.