



Children's Services Administration
Division of Continuous Quality Improvement

**Child and Family Services Plan
2020 – 2024
Final Report**

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 2024

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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:
[Contact MDHHS \(michigan.gov\)](#).

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, and 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
- QIC-EY: Quality Improvement Center on Engaging Youth in Finding Permanency
- 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 Case manager Visit Formula Grant.
- John H. Chafee Foster Care Program for Successful Transition to Adulthood.
- Education and Training Vouchers (ETV) Program.
- Title IV-E Prevention.

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

- Director of the Bureau of CSA 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 Division of Juvenile Justice.
- 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, Vision and Priorities

MDHHS Vision

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

MDHHS Mission

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

Child Welfare Vision

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

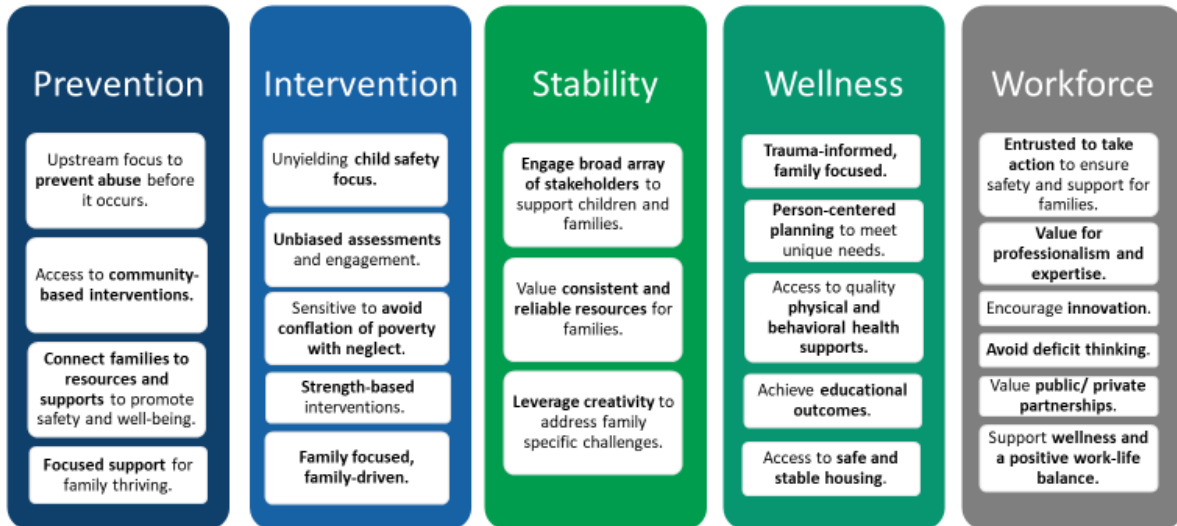
Priorities and Agenda

CSA is committed to ensuring equitable practices in child welfare and prioritizes keeping Michigan children safe with their families while providing the least intrusive service provision for timely reunification and permanency.



The Keep Kids Safe Action Agenda includes protocols and policies to improve the safety and well-being of Michigan children. Developed over the course of more than four years, the agenda relies on best practices in child welfare and commits the department to the nation's highest standards. The action agenda highlights the steps MDHHS has taken and will continue to take that can be separated into five categories – prevention, intervention, stability, wellness, and workforce. The pillars depicted below provide the framework that continues to guide our approach to serving children and families and in the creation of the 2025-2029 Children and Family Services Plan (CFSP).

Keep Kids Safe Action Agenda Pillars



INTRODUCTION

The 2020-2024 CFSP Final Report represents the last annual update toward accomplishing the goals and objectives in the 2020-2024 CFSP. In the summer of 2019, the groundwork commenced to transform Michigan's child welfare system to a child and family well-being system stemming from the following:

1. The results of the Child and Family Services Review (CFSR) Round 3 in 2018.
2. The development of a CFSR Performance Improvement Plan (PIP).
3. A shared vision throughout Michigan's child welfare system to create an overall prevention-oriented service system.

A four-day planning session comprised of 71 individuals including representatives from MDHHS, BSCs, private agencies, service providers, State Court Administrative Office (SCAO), county courts, parents, foster parents, and youth with lived experience was convened. The collaborative conducted a root cause analysis, created a shared child welfare vision, conducted a theory of change assessment, and developed goals and objectives.

Michigan articulated four overarching, long-term goals in the key areas of engagement, assessment and services, quality legal representation, and the workforce, forming the basis of its five-year strategic plan. These goals were established to support and enhance a prevention-oriented child welfare system, promote racial equity, and focus on family-centered and trauma-informed services for Michigan children and families. The final report demonstrates the state's continuing alignment of Michigan's CFSP and annual reports with the federal CFSR goals and outcomes.

Reporting on Child Welfare Outcomes

The final report provides a five-year performance assessment regarding the goals, program improvement, strategies, child and family outcomes, systemic factor functioning, and service provision improvement. Michigan's 2022 successful completion of the Child and Family Services Review Program Improvement Plan (CFSR PIP), data on the state's performance over time, and feedback from partners, tribal nations and children and families with lived experience are essential measures of Michigan's performance and are included in this report. This comprehensive, multi-dimensional, and ongoing effort to improve child and family outcomes and systemic factors, while front-loading service provision to create a robust service array continuum has yielded significant progress. The progress made over the duration of the strategic plan is contained in this final report.

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 CFSP 2020-2024 FINAL REPORT

Michigan has a well-established collaborative network which values and prioritizes engagement in the creation and evaluation of child welfare systemic processes. Input from internal and external partners in the development of the initial strategic plan, subsequent annual reporting, and this final report is interwoven and integral to MDHHS operations. This state, regional and local level network encompasses individuals with lived experience, focuses on DEI and is infused by the state's continuous quality improvement cycle.

Michigan has standing professional and citizen groups, committees and councils that informed the goals and objectives of MDHHS' five-year CFSP, annual reporting and final report; assessed agency strengths and areas needing improvement; and developed services responsive to the diverse needs of the state's populations and geographical regions. Michigan used the input, feedback and data provided by citizen groups, community partners, partners, tribes, children, and families, including individuals with lived experience, and the continuous quality improvement (CQI) cycle in this process. The CSA Bureaus of Administration, In-Home Services, and Out-of-Home Services that interact with these groups used the feedback and data in discussion, planning, and drafting respective sections of the CFSP final report. Ongoing input from these groups provide MDHHS with vital information in a feedback loop that spurs efforts to address identified issues and improve services to children and families.

MDHHS recognizes the importance of engaging individuals with lived experience in all aspects of the child welfare system and has created various councils composed of

members with diverse and expansive child welfare history who provide guidance and input. Some groups with lived experience include:

- The statewide Youth Advisory Board (YAB) 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 YAB serves multiple purposes:
 - Opportunity for youth to learn leadership and advocacy skills.
 - Form partnerships with community partners.
 - Create best practices to improve the child welfare system.
 - Review and recommend changes in policy and practice to better support youth and their families. The YAB is currently being reestablished with the assistance of two youth leaders.
- The Foster, Adoptive and Kinship (FAK) Parent Collaborative Council consists of representatives from various parent support and advocacy organizations. Collectively, the FAK Parent Collaborative Council is comprised of people who understand the challenges of caring for children experiencing foster care and adoption and helps caregivers navigate those challenges. In addition to interfacing with foster, adoptive, and kinship parents in their daily work, many of the leaders and staff within the organizations that make up the FAK Parent Collaborative Council are former or current foster, adoptive, and kinship parents themselves.
- The CSA Youth Advisory Board consists of young people from across the state representing various races and ethnicities, ages, and gender expressions 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 (GTPAC) is comprised of, and is chaired by, parents with lived experience in Children's Protective Services (CPS), foster care, or family preservation services. The council provides lived expertise to internal and external child welfare agencies by participating and providing insight on child welfare policies, various program advisories, and project initiatives.
- The Kinship Advisory Council brings together relative caregivers with firsthand experience in navigating the complexities of both formal and nonchild welfare involved kinship placements, alongside adults who were raised in kinship care. Additionally, the council includes community leaders and professionals from various fields, all committed to advancing the cause of kinship care.
- The Michigan Juvenile Justice Advisory Council (JJAC) and the Juvenile Justice Family Advisory Council merged under JJAC. The JJAC includes former juvenile youth who are at least 18 years old who participate in reviews of JJ policy, programs, and practice. The JJAC participates in consultations with current and youth with former experience in the juvenile justice system and their families. The JJAC ensures lived experience is incorporated into potential improvements to the JJ system.
- In 2024, the council will, in coordination with other lived experience groups, create a JJ protocol to provide staff and community partners with an understanding of these programs.

- Parent Partners are peer mentors who provides support and guidance to parents whose children are in foster care. They are all parents who have been successfully reunited with children after their own child welfare cases. The program is currently available in five counties: Genesee, Macomb, Oakland, Washtenaw, and Wayne. The program also works with families with an open MDHHS CPS case (Category I, II, or III), where children may remain in the home. This is done through the guidance and mentorship of other parents who have successfully reunited with their own children.
- The Prevention and Family Preservation Lived Experience Advisory Committee provides feedback and lived expertise in development and maintenance of prevention and family preservation programs. The committee members share lived experiences in child welfare and advise on what works and what could be done better to keep children safely at home or expedite reunification from out-of-home care. Committee members include parents and former youth who have participated in prevention and family preservation services or have been involved in the foster care system.
- The Trusted Advisors with Lived Experience Collective consists of birth parents, kin providers, and youth/alumni-of-care who are at least 18 years old and have previous CPS or foster care involvement. Trusted advisors are available to assist with tasks within CSA in which lived experience expertise is needed. Engagement circles are held quarterly to engage with individuals who may be interested in serving as trusted advisors.

In addition to these councils, Michigan has relied on ad hoc groups such as the Improving Safety and Care in Michigan Child Caring Institutions (CCIs) Steering Committee and the bipartisan Michigan House of Representatives Adoption and Foster Care Task Force. The steering committee developed CCI administrative rules for the elimination of seclusion and restraint, developed policy aligned with best practice, and implemented active contract monitoring. The task force crafted recommendations after soliciting input from individuals with lived experience as to the best way to successfully complete 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 case manager retention, and enhance systemic legal representation. The detailed Adoption Task Force Report and Recommendations (PDF) can be viewed online at: [Adoption TaskForce Report 11 09 21.pdf \(dtj5wlj7ond0z.cloudfront.net\)](https://dtj5wlj7ond0z.cloudfront.net).

MDHHS also obtains ongoing collaborative feedback and guidance regarding its goals, objectives, and strategies from groups such as:

- The Child Welfare Improvement Task Force addresses racial disparity in Michigan's child welfare system.
- The MDHHS DEI Council is a group of public and private leaders who meet monthly to develop strategies to implement the DEI plan throughout the agency.

- The Michigan Race Equity Coalition is a group of child welfare leaders, including judicial, state, and local officials who examine and implements strategies to address the root causes of the overrepresentation of children of color in the child welfare system.
- 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 community partners 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 discusses 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 child placing agencies (CPA) 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 Child Advocate (OCA) 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 (FCRB), housed within the SCAO, consists of citizen volunteers who independently review foster care cases and make recommendations to the court overseeing the case.
- The 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 community partners 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.
- Fostering Success Michigan was established with the goal of increasing access to, and success in, 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 the 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 (JJDPA) and advises the governor on JJ matters occurring within the state.

Involvement in CFSP 2020-2024 Development

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

CFSR Round 3 PIP and Round 4 Preparation

Michigan's CFSR Round 3 PIP was approved by the Children's Bureau (CB) and signed on April 18, 2019. Baselines for each of the items identified for improvement in the PIP were established beginning with PIP implementation and 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 September 7, 2022.

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 communities who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. In 2020, Governor Whitmer signed Executive Directive 2020-9, recognizing racism as a public health crisis and initiated steps to address it within state government. Under the executive directive, MDHHS was charged with making health equity a major goal as well as requiring implicit bias training for all state employees.

During the duration of the CFSP, MDHHS has taken a systematic approach to embed fairness in its decision-making processes, address inequities in policies and programs presenting barriers to equal opportunity and create an informed workforce. This approach is directed at the state, regional, local and community levels premised on awareness, knowledge, and capacity.

MDHHS is ensuring workforce awareness regarding the impact of social inequities, communities at greater risk for experiencing inequities, and effective strategies for promoting equity by requiring that the workforce receive ongoing DEI training and training in related subject areas as a strategy for reducing disparities. (Additional staff and provider training specific to CSA is discussed in the Staff and Provider Training Section).

The Office of Race, Equity, Diversity, and Inclusion

In addition, MDHHS created the office of Racial Equity, Diversity, and Inclusion (REDI) in 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. Over the five-year period, REDI focused on building MDHHS capacity through:

- Facilitating discussions with program areas on advancing equity.
- Technical assistance with work units on reviewing policy 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.
- Technical assistance to the BSC 5 DEI manager.
- Formation and support of Employee Resource Groups.
- Improvement of hiring practices to be more equitable and reduce opportunities for bias.
- Development of a hiring toolkit and requiring members of interview panels to complete interview bias training.
- Presentation at the DEI Leadership Conference to strengthen the involvement of leaders at all levels, build equity, and mitigate bias in management tasks.
- Creation of an Equity and Inclusion Coin to recognize staff members for their commitment in implementing equity practices in their daily work.

The Michigan Child Welfare Improvement Task Force (MCWITF) was established in fall 2020 by MDHHS to address the overrepresentation of children of color in the Michigan child welfare system, and 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 for implementation. The task force engages with youth and families with lived experience, academic experts, providers, and child welfare staff. In fulfilling its obligations, it utilizes a suite of tools such as:

- Case, policy, and budget reviews.
- Public hearings and interviews.
- Research review and data analysis.

During the five-year period, MCWITF issued a final report with recommendations and created CCI, Kinship Care and Funding action plans to:

- 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.

To review a full copy of the MCWITF recommendations: [Michigan Child Welfare Improvement Task Force – Improving Michigan's Children's Services \(michigancwtf.org\)](https://michigancwtf.org).

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 Creating/Celebrating Equity (ERACCE). MDHHS acknowledges and works to remediate historical trauma impacting communities of color caused by institutional racism through:

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

In 2022 and 2023, 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 overrepresentation 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 the Forensic Interviewing 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 onset of the child welfare system.
- Recruiting CSA ARTT members for the next three-year term.
- Continue trainings and presentations to public and private leaders across the state.
- Hosting additional child welfare conferences specific to anti-racism similar to the conference conducted in November 2023.
- Engaging tribal partners to cultivate an anti-racist child welfare system.

Jackson and Kent County 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, as their county directors have been founding members of the CSA-ARTT since 2019.
- In early 2022, Jackson and Kent Counties created their Planning and Design Task Forces (PDTFs), comprised of a core body of MDHHS and community partners.
- 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 of child abuse and/or neglect to MDHHS. To ensure decision-making is equitable and consistent at the initial stages of contact, CSA partnered with Evident Change and Ideas 42 to develop structured decision-making tools for Michigan's Centralized Intake and case managers. Safety and

risk assessment tools are used by case managers to assess child safety and determine the likelihood of future system involvement. The development of these new tools 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.

In 2023, Centralized Intake joined the CSA Race Data Project, a pilot project comprised of staff in specified areas whose aim is to improve accuracy in data collection pertaining to the racial identity of individuals served by CSA. As part of the project, Centralized Intake is asking for racial makeup of mandated reporters who call Centralized Intake to make a report of child abuse and/or neglect in the piloted area. Trends will be reviewed upon completion of the pilot in 2024.

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.
- BSC 5 hired a Sexual Orientation Gender Identity Equality (SOGIE) Advocate.
- A CSA Human Resources 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.
- The governor signed Executive Order 2023-5 creating a statewide LGBTQ+ Commission tasked with improving the health, safety, and overall well-being of Michigan's LGBTQ+ community.

MICHIGAN'S PLAN TO IMPROVE CHILD WELFARE SERVICES

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, designed to support the health of the Native American family and building strong and healthy parents.
 - Motivational Interviewing, a therapeutic technique used to serve adolescents and adults with substance abuse and mental health challenges and increase motivation for change.
 - SafeCare, an in-home parent education program focusing on children ages 0 to 5.
- An increasing number of counties utilize child welfare specialists as prevention staff. As of February, 56 counties either have caseload-carrying prevention specialists or are in the process of setting up a prevention program. Forty-seven of those counties accept prevention referrals directly from Centralized Intake.

Decrease Child Removal

- Michigan established pilot projects in Wayne and Van Buren counties in the summer of 2021 to provide legal representation for children and parents involved in the child welfare systems. 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 (PPOs), 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. 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 Fiscal Year (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 and FY 2024, 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.
- During the five-year period, many counties observed a reduction in their rate of entry into foster care. Several factors that may have contributed 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% from 2019.
 - In January 2021, there were 11,630 children in Michigan's foster care system, a reduction of nearly 14% from 2019.
 - In January 2022, there were 10,633 children in Michigan's foster care system, a reduction of 21% from 2019.
 - In January 2023, there were 10,036 children in Michigan's foster care system, a reduction of 26% from 2019.
 - In January 2024, there were 9,956 children in Michigan's foster care system, a reduction of 27% 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 community partners 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 2023, 407 children entered residential treatment with a parent.
- In 2022, the MiTEAM Fidelity Tool was redesigned via input from current users. 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 revised MiTEAM Fidelity Tool included questions to support implementation of Motivational Interviewing.
- 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 case managers. The switchboard served as a bridge to the MITEAM Fidelity application while the application was updated to provide managers and staff

information to support ongoing case manager growth and development in the MiTEAM competencies of teaming, engagement, assessment, and mentoring. Once the application update was complete, the switchboard was decommissioned. 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 (FTM).
- 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 Wayne County district. In 2021 and 2022, TDMs were expanded and currently include 30 counties including all three Wayne County districts. In 2022, TDM facilitators facilitated over 7,200 TDMs and in 2023, TDM facilitators presided over 7,229 TDMs.

- Michigan continues to increase the percentage of children placed with relatives:
 - In January 2019, the rate of placement with relatives was 34.7%.
 - In January 2020, the rate of placement with relatives was 36.5%.
 - In January 2021, the rate of placement with relatives was 39.6%, an increase of nearly 5% from 2019.
 - In January 2022, the rate of placement with relatives was 40.8%, an increase of 6% from 2019.
 - In January 2023, the rate of placement with relatives was 43%, an increase of 8% from 2019.
 - In March 2024, the rate of placement with relatives was 47.5%, an increase of nearly 13% 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, the North Central Wayne district office and Oakland County 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 the North Central Wayne district and Oakland County, 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 one and two 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 a University Partnership collaborative to draft a best practice guide for effective child welfare mentoring and onboarding.
 - Producing a CSA Turnover Dashboard indicating turnover rates 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.
 - A CSA Culture and 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 enhanced the MiTEAM practice model through the implementation of Motivational Interviewing. The goals of implementing the model are to improve engagement and participation of children, youth, and families; 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 as well as 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 February 2024, child welfare and associated private foster care agency staff have completed training. Post-Adoption Resource Center (PARC) staff have also completed training. Training is currently being offered to family preservation service providers.
- In 2020, MDHHS released a Secondary Traumatic Stress and Culture/Climate toolkit which provides management strategies to effectively address secondary traumatic stress with their staff, 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 has required efforts by many systems in partnership with child welfare. Examples of coordinated efforts that are underway include:

- Working in partnership with the Governor’s Task Force on Child Abuse and Neglect to develop a cross-systems protocol for expanding the use of Plans of Safe Care. The protocol was completed in 2021.
- 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.
- Coordination with Children Trust Michigan to partner with the Family Resource Center network to support families in their communities.
- Continued work with Chapin Hill to build a robust CQI process regarding prevention services.

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 improved family functioning that will assist in ensuring the safety and well-being of children.

Throughout the duration of the CFSP, MDHHS aimed to 1) reduce the number of children experiencing abuse and neglect and 2) reduce the number of children in foster care. Achieving these goals required targeted strategies to reduce placement and increase the rate of timely reunification. Key elements of the MDHHS plan for continued improvement in 2024 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 an evidence-based risk assessment for youth with experience in the juvenile justice system to prevent the need for placement in residential care.

Data Informed CQI

- MDHHS continues to improve its ability to provide accurate, relevant data to inform state, county, and agencies of improvement efforts. Tools and reviews that were created or enhanced during the five-year period include:
 - CPS Qualitative Review to assess current case practice and guide next steps of case practice development.

- Division of Child Welfare Licensing (DCWL) Special Investigation and Restraint Review. The review was completed by DCQI, and the findings were presented to CSA leadership for determination of action.
- 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.
- Maltreatment in Care Calculator, used to track counties' incidents of MIC over time.
- 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). The QIC continues to host 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.

Efforts will continue to engage MDHHS staff, community partners, and other key community partners in the development and utilization of new tools and services to address family needs prior to them coming to the attention of the department. When circumstances 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.

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 and are 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 physical and 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 the following elements:

- Enhanced MiTEAM practice model training and support.
- Trauma screening, assessment, and treatment protocols.
- Placement Exception Request (PER) process.
- Regional Placement Unit (RPU).
- 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 (BBI) 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 which 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, case managers 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 (versus 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 is 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, the Children's Bureau approved the MDHHS five-year prevention plan with an effective date of October 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 included:

- 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 has continued implementing FFPSA approved evidence-based programs (EBPs):

- Motivational Interviewing - Since implementation in October 2021, MDHHS has trained 3,812 child welfare staff.
- Healthy Families America – From January 1, 2023, through December 1, 2023, FFPSA funding supported Healthy Families America expansion in seven locations, an increase since the last annual update. MDHHS referred 118 families, 74 of whom enrolled in the program.
- Parents as Teachers - From January 1, 2023, through December 21, 2023, FFPSA funding supported four Parents As Teachers expansion sites, adding two sites since the last update. MDHHS referred 113 families; 66 enrolled in the program.
- Nurse Family Partnership – From January 1, 2023, through December 21, 2023, the Nurse Family Partnership expansion was maintained, and the blended funding allowed additional referral sources. In 2023, there were 11 enrollments, with several of these families utilizing FFPSA funding.
- 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 are brainstorming ways to keep the programs 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 the University of Michigan to conduct an evaluation of services identified as supported and promising. The University of Michigan is currently working with the department and service providers on evaluation activities for SafeCare and Family Spirit.

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 case managers 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 case manager 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 case manager 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 titled, “Plan of Safe Care – A Guide to Help Substance-Affected Families Keep Baby Safe.”
- In confirmed investigations 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 years suspected of, or having confirmed substance exposure, and/or developmental delay must be referred to the Early On program.
- 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 cases, and works collaboratively with various community partners at all levels regarding substance use.
- MDHHS works collaboratively with community partners through a variety of workgroups throughout the state related to substance use.
- In 2021, the Governor’s Task Force on Child Abuse and Neglect began to develop 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 is available to all child welfare staff, medical professionals, and service providers. The protocol was approved by CSA leadership in October 2022. The Plan of Safe Care Protocol has been finalized and is expected to be implemented in 2024 in partnership with internal and external community partners and with the guidance of national experts.
- A Plan of Safe Care Training Steering Committee was created in 2022 and continues to advise in 2024.
- In February 2023, a marijuana policy workgroup began meeting to review current policy for revision considerations and a prevention pathway.
- The Michigan Public Health Institute (MPHI) in collaboration with MDHHS and the National Center on Substance Abuse and Child Welfare began developing training in 2022 for child welfare case managers 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 a 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 expanded 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 (SCP), which is required to be completed by the CPS supervisor on every CPS investigation, asks the following question 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 the DCQI and CSA's Policy, Legislation, and DEI unit, assesses case review finding 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 supported by the department. Medicaid funds a portion of the time of the collaborative leader and the Division of Maternal and Infant Health funds a contract nurse at 10 hours per week to assist. The hospitals that are part of the collaborative are those that have a Neonatal Intensive Care Unit (NICU) 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 an Eat, Sleep, and Console model.

In partnership with the initiative, the 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 requested 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 case management. Training is available on entering health information into MiSACWIS, 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 assisted with the development of substance use training and training resources. MDHHS requested written feedback and suggestions from direct service staff and, as a result, created priorities to be developed and implemented:

- 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 managers will be available in 2024.

Progress Update

- MDHHS has a contract with MPHI which will develop the training and roll out plan for implementation. MPHI began developing the roll out plan and training in May 2022 and completion of the training development is planned for September 2024.
- 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 participated 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 remains a contributing member, along with other community partners, making continued progress and collaboration.

- CSA is exploring a Plan of Safe Care notification pathway for those infants' born substance exposed as a result of medically assisted treatment.

COLLABORATION WITH THE COURT SYSTEM

MDHHS collaborated extensively with courts through the Court Improvement Program (CIP) administered by SCAO's Child Welfare Services Division. This included active participation in Michigan's CFSR and Title IV-E Reviews, Round 3 of Michigan's CFSR, held in 2018, and the CIP and other community partners 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 CIP also brought in three consultants to provide direct training and consultation 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 case managers 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, and, in 2023, hosted ten multidisciplinary child welfare trainings with over 2,631 in attendance. Additional collaborative efforts in 2023 and 2024 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 dashboard went live in 2023 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 Native American Children.** The Permanency Outcomes for Native American Children page shows information on children in foster care statewide who are members of, or are 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 Native American 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 case manager performance on children's timely dental exams, children's timely medical exams, case manager visits with children, case manager 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.

In 2024, SCAO will upgrade the dashboard to have more frequent updates (monthly rather than bi-annual for most reports).

Performance on Child and Family Well-Being Measures

- Between January 2016 and December 2023, performance varied statewide in each of the five measures. The most significant gains were in worker-child visits, which improved from 79% to 97% compliance with MDHHS policy in December 2023. This was a 2% increase from December 2022.
- Statewide performance did not see significant improvement in the remaining categories, possibly due to the effects from the COVID-19 pandemic.

The Juvenile Data Dashboard can be viewed online at [Michigan Juvenile Data Dashboard | University of Michigan Child & Adolescent Data Lab \(ssw-datalab.org\)](https://ssw-datalab.org/).

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. Four Regional Title IV-E Refresher Trainings were held in March to prepare the courts and agencies for the 2025 Federal Title IV-E Onsite Review, with the period under review beginning on April 1. Approximately 500 attendees participated, including judges and court staff, attorneys, tribes, and child welfare funding specialists. This year's training added an overview of the FFPSA required court approval for placement of a child into a Qualified

Residential Treatment Program (QRTP), highlighting the importance of heightened judicial oversight when a child is placed into a QRTP setting and continued court review when a child remains in that placement long-term.

- Forty-six courts in Michigan are now receiving title IV-E funding through the Child and Parent Legal Representation (CPLR) grant established in 2020. 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. SCAO and MDHHS have collaborated to host numerous trainings and provide grant information to all courts.
- In 2024, SCAO administered a live training program focused on leveraging federal Title IV-E funds through the CPLR grant to enhance legal representation in child protective proceedings. Attendees heard from courts and practitioners that have adopted new and innovative strategies to improve outcomes and exchanged best practices to drive positive change. Topics included interdisciplinary advocacy and pre-petition programs in Michigan, effective attorney contract provisions, and an attorney mentorship program under development. These grants will continue in FY 2025 and SCAO will continue to partner on the grant with MDHHS.

CIP Statewide Task Force – Engaging Individuals with Lived Experience

The CIP Statewide Task Force includes multi-disciplinary community partners who consult on and inform CIP activities and priorities. In 2022, two new members were added to the task force to represent lived expertise: a former foster youth (“youth champion”) and a parent partner. The members with lived expertise provide critical input to both the task force as well as the subcommittees. Moreover, the CIP has an independent contract with a youth with lived expertise, also known as the “CIP Youth Champion.” The individual works directly on the CIP Youth Advocacy Project (YAP) with youth in Tuscola County, and also provides information and consultation to courts throughout the state on strategies to improve youth engagement and increase youth voice in the court room.

Improving Timeliness of Hearings and Permanency Outcomes

SCAO, in collaboration with MDHHS, continues to support the Quality Legal Representation (QLR) 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 fees 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 FTMs and trainings.
 - In FY 2023, the pilot helped 67 families (149 children) obtain assistance in areas such as custody, divorce, driver's license restoration, child support, educational advocacy, social work assistance, and more.
 - In 2024, Van Buren County presented on the pilot program during SCAO's CPLR grant in-person training. Additionally, the court continues to meet quarterly with the Capacity Building Center for Courts and MDHHS to continuously review progress.
- 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 provide 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 the South Central district was involved in the pilot).
- In 2023, the firms collectively helped 164 families (584 children) to obtain assistance in obtaining court orders, resolving housing issues, social work assistance, and more.
- In 2024, both contract firms and court representatives presented on the pilot program during SCAO's CPLR in-person training. Additionally, the court continues to meet quarterly with the Capacity Building Center for Courts and MDHHS to continuously review progress.
- In 2022, the CIP developed the YAP which assigns a former foster youth with lived experience, also known as a "Youth Champion," to work with youth currently in foster care to help equip them with the skills necessary to effectively advocate for themselves both in and out of the courtroom. The YAP is being piloted in Tuscola County by the Honorable Nancy Thane, the Tuscola County Department of Health, and Human Services (DHHS), CIP Youth Champion Brittney Barros, and the attorneys assigned to child protective proceedings. The federal Quality Improvement Center on Engaging Youth (QIC-EY) subsequently selected Michigan as one of seven national pilot sites to provide expert consultation and evaluation of youth engagement strategies. The CIP YAP was chosen as the QIC-EY program intervention model for Michigan, which will expand YAP into three new pilot counties: Oakland, Muskegon, and Mecosta/Osceola. In April, three new youth champions began working with youth in those counties to enhance self-advocacy skills and engage meaningfully in court and case planning.

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

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. All 12 tribal courts filed for reciprocity in recognition of tribal court orders.

- 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 community partners. 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 meetings to provide updates and discuss ICWA and MIFPA compliance concerns.
- SCAO has held 24 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 lunchtime webinars on the topics of Cultural Competency, the Heart of ICWA, Notice Requirements, Indian Child Removal Standards, and a Case Law Update.
- 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 the department's Native American Affairs office to improve review of cases of Native American children by the FCRB 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 case meetings.
- 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.

- 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 Native American family. The committee also 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.
- In 2023, the CIP Tribal Court Relations (TCR) Committee collaborated with the Michigan Probate and Juvenile Register's Association (MPJRA) to provide targeted training to court clerks and registers about the importance of ICWA/MIFPA compliance, especial notice, and identification. The TCR chair presented a 90-minute session at the MPJRA annual conference to 75 court clerks and registers. Each participant received a copy of the CIP created and funded ICWA/MIFPA Court Resource Guide. The committee also proposed changes to guardianship court forms that were enacted to improve timely permanency for Native American children entering a guardianship.

FCRB

The SCAO Child Welfare Services Division administers the statewide FCRB 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 FCRB provides independent review of cases in the state foster care system. The board also hears appeals by foster parents who believe children are being unnecessarily removed from their care.

The FCRB 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 FCRB performance on reviews of individual cases.
- Aggregate FCRB 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 FCRB annual report is distributed to all Michigan courts to share systemic issues or trends the board identifies when reviewing cases. The information is also shared with the media and legislators upon request. Michigan law requires the FCRB to identify system-wide barriers that impede the timely achievement of permanency for children and make related recommendations to address these problems. The 2023 FCRB annual report presented the following top three systemic issues and recommendations:

1. Parents not complying with services offered.
2. Frequent changes in child's placement.
3. Child has unmet behavioral and/or emotional needs.

The FCRB is continuing to update and develop new data reports to allow caseload data to assist with identifying program priorities and efforts more directly. Foster parent appeal caseload data trends, including primary reasons for agency placement changes, were analyzed, and shared with various groups including MDHHS leadership in 2023.

The FCRB continues to review cases listed with the Michigan Adoption Resource Exchange (MARE) in which there were identified barriers in the recruitment of an adoptive family or in finalization of a planned adoption. 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 2023, local FCRBs met over the course of 138 days to review 261 foster care cases involving 549 children. Cases are reviewed every six months. Recommendations made in cases reviewed include the following:

- Recommendations related to child safety: 63.
- Recommendations related to permanency: 345.
- Recommendations related to well-being: 1,260.

The boards also heard 85 statewide foster parent appeals in 2023. FCRB decisions in 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 29 cases (34%).
- The board supported the agency's decision to move the child in 56 cases (66%).

Collaborative Training Opportunities

The SCAO Child Welfare Services Division provides multidisciplinary training programs for child welfare community partners through the CIP as well as via contract with the Governor's Task Force on Child Abuse and Neglect. In 2023, additional trainings provided by Child Welfare Services Division included:

- **Child Exploitation Online: Emerging Trends and Issues, January 10, 2023.** This training reviewed online child sexual exploitation with specific focus on the varying types of crimes, the methods and motives of offenders, potential avenues for intervention and prevention of these crimes, and the consequences of online sexual victimization for children and minors.
- **Testifying in Court: Child Protective Proceedings, January 24, 2023.** This training concentrated on the skills necessary to testify effectively and persuasively in court. The training covered preparation for direct examination and cross examination.
- **The 10 Commandments of Parent Representation for All Child Welfare Professionals, February 7, 2023.** This training was designed to provide practical tips from a judicial perspective on how to establish a relationship with the parent, effectively communicate with the parent, interact with the court and agencies, and understand the importance of advocacy at all phases of parent representation.

- **A Thousand Years of Wisdom: Alternative Treatment Options to Address Stress and Trauma, March 14, 2023.** This presentation discussed mindfulness, including a specific option being offered for free to all schools in Michigan as well as residential treatment centers for youth in placement.
- **Child and Parent Legal Representation Grant: Changes for Fiscal Year 2024, May 25, 2023.** This training provided an overview of the changes to the FY 2024 Child and Parent Legal Representation (CPLR) Grant, including a reduction in reporting requirements to reduce the administrative burden on courts.
- **Advanced Petition Writing: Telling Your Experience, July 7, 2023.** This training focused on what makes an effective, persuasive petition. The program addressed the basic requirements for a petition including jurisdictional requirements and providing adequate notice to the parties. By the end of the training, participants were able to draft a persuasive petition for filing with a court.
- **Understanding Sexual Offenders, July 26-27, 2023.** This interactive training was intended to provide an introduction into the psychology, or mindset, of those who commit sexually motivated crimes. Participants learned about theories of the etiology of sexual offending, sex offender typologies, behavioral patterns, and the relationship between paraphilia such as exhibitionism, voyeurism, and fetishism and criminal offending. Case study analysis was applied to gain insight into offender method and motive.
- **Resiliency Court: A Systematic Approach to Trauma and Improving Courtroom Culture and Communication for Families, September 13, 2023.** Resiliency Court is a new approach and a new perspective that provides jurists with the tools to uplift and improve courtroom culture and communication with children and parents in child welfare proceedings. Resiliency Court initiates and nurtures the building and development of support systems for families and their capacity to respond effectively to trauma; it also builds resilience for the challenges of today and tomorrow.
- **Family Defense 101 Training Series.** The Family Defense 101 online training series is comprised of 13 pre-recorded training sessions, between 30-60 minutes each. This online training series provides an overview of key aspects of parent representation, both in terms of basic skills parent attorneys' need and an explanation of the different stages of a child protection case.

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 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 its 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. This move provided more opportunities for central office leadership roles, increased diversity in leadership, and resulted in additional support to direct service staff and supervisors. CSA leaders developed three bureaus that govern child welfare activities in Michigan:

- The Bureau of CSA Administration focuses on child welfare policy, funding and payments, technology, and services including:
 - Child Welfare Policy, Legislation, and DEI.
 - Adoption and Guardianship Assistance Office (AGAO).
 - Federal Compliance and Child Welfare Funding.
 - DCQI.
 - CSA Fiscal, Audit, and Human Resources.
 - 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.
 - Maltreatment in Care Division.
 - Prevention, Preservation, and Protection Division.
 - Preservation and reunification services.
 - CPS and Front-End Redesign.
 - Early On.
 - Redaction and Expunction Unit.
- 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:

- Division of Juvenile Justice was removed from the Bureau of Out-of-Home Services and now reports directly to the CSA senior deputy director.

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 to, as well as provides guidance for, local CQI activities. Key positions that facilitate communication and provide technical assistance relative to CQI efforts include:

- BSC child welfare analysts who work directly with BSC directors and facilitate technical assistance and communication to county offices.
- BSC MiTEAM quality assurance analysts who report to BSC directors and provide support to local quality assurance analysts and promote the practice of 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 who provide technical assistance in CQI and coordinate quality improvement activities with 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 10 agencies with the highest statewide impact were assigned to each contact type and developed an intervention to address barriers.

- Progress was monitored locally on a monthly basis by the MiTEAM QA, BSC QA, and the BSC directors.

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 solution for practice improvements.

- County CQI teams receive information including federal requirements and national trends through their BSCs, 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 measuring 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 guides 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 (IAT). 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 using data and feedback gathered in the joint meeting. The IAT is used as the method of measurement to demonstrate progress toward sustainability of the CQI infrastructure. Once a county is assessed at the highest level, joint meetings occur annually. As of March, 81 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 and Workforce as two of the four goals targeted for improvement. Highlights from the PIP 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. This strategy was completed in Quarter 3. Local CQI teams were formed and meet monthly. The CQI infrastructure meetings note 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. 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. This activity was completed in Quarter 3. Michigan developed and operationalized local CQI structures in every county. As of March, 81 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.

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. 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 of the plan, a resource guide on how to improve engagement skills was developed for staff. This activity was completed in Quarter 8. As a resource for case managers, Michigan developed a podcast of case manager interviews with clients that demonstrated interview skills. The state held focus groups of parents, youth, and community partners. Scenarios were developed about teaming, engagement, and safety as a resource for case managers. 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. 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 was 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. 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. This activity was completed in Quarter 6. The Secondary Traumatic Stress and Culture/Climate Toolkit was released to all public and private child welfare staff on September 22, 2020.
- **Workforce: 2.1.4:** MDHHS will develop individualized county plans for improvement based on statewide climate and culture results. 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. This activity was completed in Quarter 5.
- **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. 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 includes:

- **Workforce 2.3.1:** Full implementation and subsequent review of enhanced candidate screening. 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. 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. 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. 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. 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 service providers are experiencing difficulties attracting and retaining staff, affecting service provision in some counties. In 2023 and 2024, ChildStat has been 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 create 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 update the 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 to update pre-service training.
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.
Boilerplate Section 541	Exploration of student loan forgiveness for foster care workers.
Boilerplate Section 578	Exploration and development of a proposal for foster care apprenticeships.

Initiative	Brief Description/Areas of Focus
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 webinars focusing on self-care and secondary trauma.

PERFORMANCE-BASED CHILD WELFARE SERVICES

Michigan developed a 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 and 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

The Kent County performance-based funding pilot consists of a consortium of five private child placing agencies, the West Michigan Partnership for Children (WMPC) with the goal of achieving better outcomes for children and families through a prospective funding model. The five-year pilot concluded at the end of FY 2022. WMPC entered into a grant agreement with the state for FY 2023 and FY 2024 to continue its program.

Data Overview

The following indicators are used to measure the collective impact on producing better outcomes for children and families. These goals are considered in addition to performance on the state's other key performance indicators and CFSR measures.

- Permanency in 12 months.
- Worker-parent visits.

- Parent-child visits.
- Sibling visits.
- Visits with children who have been returned home.
- Initial medical exams.
- Periodic medical exams.
- Initial dental exams.
- Periodic dental exams.
- Initial service plan (ISP) timely completion.
- Service plan timely approval.
- Licensed unrelated foster home.

Performance Goals FY23-FY25	FY21	FY22	FY23	Standard	FY23 Contract Goal	Achieved
Permanency in 12 Months	22.7%	21.2%	21.1%	42.7%	24%	No
Worker-Parent Contacts	60%	71%	73%	85%	75%	No
Parent-Child Contacts	52%	62%	69%	85%	66%	Yes
Sibling Visits*	63%	73%	85%	85%	79%	Yes
Return Home contacts*	84%	88%	97%	95%	92%	Yes
Initial Medicals*	79%	68%	74%	85%	74%	Yes
Periodic Medicals*	85%	82%	82%	95%	86%	No
Initial Dentals*	72%	76%	74%	90%	79%	No
Periodic Dentals*	77%	77%	78%	95%	79%	No
ISP Timely Completion*	87%	83%	88%	95%	86%	Yes
Service Plan Timely Approval*	90%	90%	91%	95%	92%	No
Licensed Unrelated Foster Homes*	87	64	38	--	78	No
Relative Placements – percentage of Total Relative Placements who are Licensed*	19%	19%	35%	--	20%	Yes

Source: CFSR measures retrieved from the Dept. of Technology, Management, and Budget November 2023. All other measures retrieved from the data warehouse on January 30, 2024.

*New contractual goal as of FY 2023.

Key Innovations

- The Parent Engagement Program continues to support birth parents of children ages 0 to 5 five in foster care.
- The Enhanced Shelter Home program for youth in need of emergency placement continues to be used (and is currently being revised to the Temporary Shelter Home program).

- 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.
- Expectations related to DEI in private agencies' contracts are incorporated including a requirement of a local program advocate and 20 hours of annual DEI training for staff.

Enhanced Foster Care

Enhanced Foster Care (EFC) is a community-based service designed to ensure the permanency and stability of youth with significant behavioral and emotional concerns. EFC includes a range of services aimed at cost-effectively caring for children in family settings rather than 24-hour supervised group care, such as CCIs.

Through EFC, specialized care is offered based on three distinct levels of need. EFC's primary objective is to keep children safely within their homes and community while providing individualized support for both youth and caregivers. This approach aims to improve outcomes for youth while also expediting placement in permanent homes.

The shift from CCI to EFC created notable cost savings and is a far more cost-effective approach. The average daily cost for a level three EFC is \$184 as compared to \$745 average daily CCI rate. One year of EFC level three expenses equals three months of CCI expense.

Planned Activities for 2024

- MDHHS continues to deliver monthly outcome data to public and private agencies for ongoing assessment of progress and targeting areas needing attention.
- A third-party actuary will continue to monitor the funding model.

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.

- MDHHS has five community service analysts, one for each BSC, to support statewide implementation of 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 Michigan Services Reviews (MSR), 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 in monitoring their staffs' skill using the MiTEAM practice model in providing services.
- Local CQI teams use data from Monthly Management Reports (MMR), 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 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 JJ residential training.
- The Foster Care, Guardianship, and Adoption program office provides materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans and to track whether county goals are met.
- OWDT provides child welfare staff and tribal governments in Michigan access to child welfare training through Title IV-E and Chafee funding. Tribal governments have access to the learning management system to view training schedules, track staff training, access computer-based training and register for training sessions.
- OWDT and the Native American Affairs office provide ICWA and MIFPA training in Pre-Service and New Supervisor Institutes, as well as refresher courses.
- 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 and information is provided as to 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.
- MDHHS family resource specialists are working with the department's child protection and foster care staff so they can support families in applying for benefits and Medicaid and connect them to other economic supports. Statewide, there are 17 Family Impact Team family resource specialists. The second phase of the project with expansion into additional counties began in April.

EVALUATION AND RESEARCH ACTIVITIES

During the five-year period, MDHHS participated in and continues its participation 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 MPHI.
 - Evaluation of the Kent County Performance-Based Funding Program.
 - Tetrahydrocannabinol (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 implementation was in August 2023.
- **Maximus.** Michigan is contracting with Maximus to guide development of QRTP independent assessments of children prior to placement in a residential setting as well as technical assistance on the requirements of the FFPSA. 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, support to enhance coordination between behavioral health and CSA in several communities, assessment of relative placement utilization and improvement strategies to enhance safe placements, partnering with CSA to pilot a referral pathway to community prevention services from Centralized Intake, 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.
- **MPHI.** Michigan is working with the MPHI 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 case manager 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 portion of BCCHPS work, 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.

CHILD AND FAMILY SERVICES CONTINUUM

During the duration of the CFSP, Michigan furthered its vision of system transformation by utilizing federal funding and fiscal packages passed by the legislature to knit services across programs areas and combine its resources with community partners to lay the foundational framework for a robust service continuum. Services range from prevention to post-permanency, including transitional services for young people leaving foster care and are community-based, coordinated with other government benefits, culturally relevant and family-focused.

Trauma-Informed Services

To ensure children and families are provided services that effectively address trauma resulting from child abuse and neglect, MDHHS implemented several trauma-informed practices and interventions during the CFSP. Major efforts include:

- 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 CCIIs, 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 ameliorating Adverse Childhood Experiences (ACEs) 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 department's Behavioral Health and Developmental Disabilities Administration. The trauma protocol was updated in spring 2022 and includes training opportunities for staff.

Prevention Services

Depending on eligibility and identified needs, a family may be served through the prevention continuum by utilizing primary, secondary or tertiary services. 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 the child welfare system. Secondary prevention activities are to prevent abuse or neglect before it occurs and prevent the need for initial or deeper involvement with child welfare. Tertiary prevention activities are focused on families that have a confirmed abuse or neglect find to prevent the recurrence of abuse or neglect and re-entry into the child welfare system.

Primary and Secondary Prevention Services to Prevent Abuse and Neglect - Children Trust Michigan (CTM)

- CTM 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. CTM provides resources to 30 community direct service programs, which target the needs of the most vulnerable and challenged families. CTM serves as the Citizen Review Panel on Prevention, providing ongoing feedback and information about preventive services to families and 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.
- Family Resource Centers (FRCs) are community led family-centered resource centers that partner with caregivers to deliver support and services that respond to each family's individual needs. CTM is supporting 11 FRCs within the Family Resource Center Network.

Public Health Administration – Division of Child and Adolescent Health

- Michigan's Early Childhood Home Visiting Programs provide voluntary, prevention focused support services in the homes of pregnant women and families with children ages 0 to 5. The programs connect professionals with vulnerable and at-risk families to nurture, support, coach and educate, connect them with community resources and offer encouragement so their children may grow and develop in a safe and stimulating environment. Michigan's home visiting system is a robust system of eight models, which served 20,603 families in FY 2022 and 19,551 families in FY 2023. 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 three to five for families in the tribal population.
- Throughout 2023, MDHHS maintained and implemented the expansion of home visiting services in 24 counties, including three tribes for families impacted by the child welfare system and five counties for families impacted by substance use. Ongoing work to blend funding to increase referral sources and community reach started in 2023 and will continue in 2024. Additionally, work towards expanding the Peer Navigator program is ongoing.

Economic Stability Administration

- MDHHS counties continue to be involved in prevention efforts and work towards increasing primary prevention supports, specifically with utilizing child welfare specialists as prevention case managers. As of February 2023, 56 counties have caseload-carrying prevention specialists, and seven additional counties are working on implementing a prevention program. Forty-seven of the counties accept prevention referrals from Centralized Intake through an informal process and three counties are involved in a formal screen out pathway project.
- Success coaches, based in Community Resource Centers (CRCs) in schools with high numbers of families receiving financial assistance, offer assistance and referrals for food, housing, and other needs.

Services to Protect Children from Abuse and Neglect

- MDHHS' fund source, TANF, also known as Child and Family Safety, Stability, and Permanency funding, is used to contract for services to families with children at elevated risk of removal due to 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. 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.
- CPS services are provided statewide by MDHHS. MDHHS operates a statewide Centralized Intake hotline, which is available 24 hours each day, seven days a week. Centralized Intake is responsible for receiving reports of abuse and neglect of children statewide and assigning them for investigation.

- 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 declare 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 (CACs) 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 CPS-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.

- Early On is Michigan's system of early intervention services that assists families with infants and toddlers from birth to 36 months who 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 of age. In 2023, MDHHS referred 9,548 children to Early On. Of those referrals, 9,232 (86%) met policy requirements and were transferred onto Early On. Of these:
 - Approximately 59% or 5,625 were substance exposed newborns or accidental ingestions of substances by children under age three.
 - Approximately 74% or 7,090 were infants less than 12 months of age.
- 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 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 Substance Use Disorder Family Support 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.
- 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 community partners 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 used 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 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 catalog which provides photos, information, and descriptions of waiting children.

Services for Youth Transitioning to Adulthood

- Foster care specialists assist older youth 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 aids current and former foster youth between ages 14 and 23 statewide to achieve self-sufficiency, including youth with experience in the juvenile justice system, 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 meet eligibility criteria.
- The ETV program provides resources to meet the education and training needs of youth transitioning out of foster care. The program provides vouchers of up to \$5,000 per fiscal year to eligible youth attending post-secondary educational and vocational programs.
- The Michigan Youth Re-Entry Initiative operates through a contract for care coordination, with an emphasis on assisting young people with medical, mental health or other functional life impairments that may impede success when re-entering the community. The department's Division of Juvenile Justice 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. Cross-system collaboration between the areas noted above and CSA is ongoing to ensure children and youth are receiving the necessary service provision.

Although children and families involved in the child welfare system are among the clients served through these projects, eligibility criteria is 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 (ASD) 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 9,241 children and youth with autism spectrum disorder enrolled in the Medicaid Applied Behavior Analysis service program. For FY 2023, 9,241 children between the ages of zero and 15 received Applied Behavior Analysis (ABA) through Michigan Medicaid out of 23,141 identified as having an ASD diagnosis.
- 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% for youth ages zero to six and 81% for youth ages seven to 19. In FY 2022, 1,866 youth received Wraparound services which increased to 2,427 youth in FY 2023.
- 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 101 Parent Support Partners currently providing services throughout Michigan within 35 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, 194 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 Family Support Subsidy Program served 4,251 children and only six children (0.14%) 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. Parent Management Training is an evidence-based service for parents and caregivers of children. Parent Management Training provides individual and group services. MDHHS has partnered with Michigan State University (MSU), and Generation Parent Management Training-Oregon to develop a free web-based parenting program for all parents/caregivers in the state to obtain information on parenting from parents that have gone through the Parent Management Training-Oregon or Parenting through Change programs. The website has received over 1,000 “hits,” with 730 participating in the web-based Parent Management Training-Oregon program. Currently there are over 100 clinicians providing Parent Management Training-Oregon and/or Parenting Through Change (i.e. group parent training model) to families in the Community Mental Health system.
- Parenting Through Change - Reunification is training for parents of children who are currently in foster care. The goal is to expand the number of trained clinicians across the state that can offer this service.
- 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 2023, based on the

Medicaid encounter data there were 2,519 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 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 36 months (age of infant/toddler is based on the use of the evaluated model: Infant Mental Health Home Visiting). In FY 2021, over 2,310 infants, toddlers and young children and their parents, including pregnant women, were provided this individualized, intensive service. In FY 2023, 1,587 infants, toddlers, and their parents, including pregnant women, were provided this individualized intensive service.
- 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 and 716 served in FY 2023.
- The Children's Home and Community Based Services Waiver Program (CWP) provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18 who are enrolled in the CWP. The CWP enables Medicaid to fund necessary home- and community-based services for children with developmental disabilities who reside with their birth or legally adoptive parent(s) or with a relative who has been named legal guardian under the laws of the State of Michigan, regardless of their parent's income. The child is at risk of being placed into Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) because of the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/IID facility, but, with appropriate community support, could return home.
- The Michigan Child Collaborative Care (MC3) program targets child and adolescent populations through supporting local primary care providers who treat behavioral health issues. The MC3 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, an evidence-based practice, directly supports the expansion of Children's Therapeutic Foster Care Medicaid services 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 whom achieved the fidelity-based success standard of exiting treatment to a lower level of care in the public mental health system.
- Children's Therapeutic Foster Care (CTFC) is a Medicaid service offered through the Waiver for Children with Serious Emotional Disturbance (SEDW). This clinical treatment service offers an intensive community-based public mental health alternative to inpatient facilities. CTFC is a family intervention model for children, youth, and their families and family involvement is required from the onset of treatment to create a parallel intervention model. CTFC is an intensive community-based family treatment model that requires an aftercare family to receive treatment concurrently with the youth and treatment is typically six to nine months.
- Treatment Foster Care Oregon (TFCO) is the evidence-based practice CMHs are using for stronger clinical outcomes. In FY23, there were three sites in Michigan that offered CTFC and TFCO. There are currently four funded sites engaged in a year-long capacity building readiness process. MDHHS is working to improve formal structure and administrative support to achieve all the required preparedness to implement this intensive service. This year is supporting the four new CTFC sites in a thorough, detailed implementation readiness process providing much needed formal structure, technical assistance, and coaching.

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 2024, and it was determined that no substantive changes are necessary.
2. **Health Care Oversight and Coordination Plan, Attachment M:** The Health Care oversight and Coordination Plan was assessed in 2024 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, and Centralized Intake reviewed the Child Welfare Disaster Plan in 2024 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 2024 and it was determined changes were necessary to describe the training redesign which is underway.

CHILD AND FAMILY OUTCOMES AND SYSTEMIC FACTORS

MDHHS recognizes the importance of collecting, sharing, and effectively using quality data to guide strategic development and implementation as well as for improved outcomes in safety, permanency and well-being for Michigan children and families. The following performance assessment is focused on progress made over the last five years to accomplish the goals of the 2020-2024 CFSP, CFSR child and family outcome progress, and the functioning of the CFSR systemic factors. A suite of tools was used, both qualitative and quantitative, to determine Michigan's final performance. The most recent data profile/contextual information provided regarding the previous CFSR, case review data, relevant data, and data for each Round 4 systemic factor to be conducted in 2025 were used in the final determination.

The safety, permanency, and well-being sections typically include an overview of the practice areas and primary objectives, a discussion of performance metrics, and noted strengths, challenges, and strategic initiatives that have been developed to meet identified needs.

SAFETY

Michigan remains focused on enhancing child safety for children while ensuring they remain with their families with adequate community-based services and supports. Consequently, a goal was developed focused on appropriate prevention services and the development of a valid assessment tool to reduce incidents of maltreatment in care (MIC) and recurrence, decrease entry into foster care and lead to shortened foster care stays. Five strategies were created that, when implemented, would lead to greater safety for children within their homes while creating stable and intact families that have increased capacity to overcome their challenges:

- Michigan will use valid and reliable assessment tools.
- Improve supervisory skillset to coach case managers in accurate assessment of safety and risk.
- Improve accurate completion of current risk and safety assessment tools and decision-making that is commensurate with risk and safety determinations.
- Identification and referral to needed prevention services.
- Improve supervisory oversight for ongoing CPS case.

Significant policy and systemic changes in 2021 through 2024, as well as increased supervisory oversight, provide CPS case managers and supervisors greater confidence in investigations and their outcomes. In 2019, the Supervisory Control Protocol (SCP) was implemented which focuses on child safety assessments and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.

Front-End Redesign

The front-end redesign project provided 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 referrals will help staff protect children and support families by:

- Accurately assessing risk and safety.
- Facilitating timely response to referrals of abuse and neglect.
- Ensuring referrals 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 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 provides 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. The SDM intake tool was implemented in August 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 employees and external partners and tribal governments. Updated maltreatment type definitions were published in tandem with the implementation of the SDM tool.

In addition to the development of a new SDM tool 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 and Family Resource Centers to reach out to families with screened-out referrals with identified risk factors, and refer them to available, accessible, and culturally sensitive community resources. These community organizations engage with the family to connect them to services and provide follow-up to ensure the services have addressed their needs.

Phase 1 of this prevention pathway occurred in Kalamazoo, Calhoun, and Kent counties to assess and determine expansion to additional sites in 2024. It was 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. In September 2023, the expansion occurred at Family Futures, a Family Resource Center in Kent County. Fifty families are referred from the hotline to Family Futures navigators per week. As of February 2024, approximately 1,031 families were referred to 211. Data from July 2023 through November 27, 2023, shows that 14% of families with phone numbers who were referred to this pathway received a referral for supports. Of those who received a referral, 5% were reached for follow-up and 4% were able to access the referred resources. Since September 15, 2023, approximately 883 families were referred to Family Futures. Of those referred, 49% of families answered a call or text by Family Futures. Of the 49% of families, 22% have opted into the prevention program. This is on par for national averages in similar programs. Of the families who opted in, 18% had resources identified. Follow up contact was made by Family Futures with 9% and confirmed 6% accessed the referred 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 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 community partners 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, definitions, and consistent assessment. 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 November 1, 2022, and work on the risk assessment is underway. Work groups began meeting in March 2023 to assist in the development of the new risk assessment and selected an updated risk assessment model.

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 Performance

During the duration of the PIP period from 2019 to 2022, safety performance was measured through the use of the Onsite Review Instrument (OSRI). Following successful completion of the PIP, CFSR case reviews and the CFSR dashboard served as the measurement tool. Michigan's CFSR PIP Case Reviews scored 94.1% for Item 1, setting the baseline for improvement. The goal for PIP completion was 94.2% by October 31, 2022. The state successfully completed the PIP in September 2022 surpassing the measure at 96.1%.

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 2023.

Timeliness of CPS Commencement of Investigations - Statewide					
Requirement	2019	2020	2021	2022	2023
12-hour	96%	97%	98%	98%	97%
24-hour	96%	98%	98%	98%	97%

Timeliness of CPS Face to Face Contacts for Investigations - Statewide					
Requirement	2019	2020	2021	2022	2023
24-hour	93%	91%	95%	95%	95%
72-hour	93%	92%	95%	96%	95%

Source: February 2024 MMR

Ongoing Progress

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.

- The nationally recognized CSA suicide prevention initiative is in the second round of funding via the Garrett Lee Smith (GLS) federal grant. In 2023 CSA, along with the MDHHS Injury and Violence Prevention Section, and the University of Michigan Depression Center, hosted two suicide prevention workshops designed for foster care specialists, child caring institution staff, and foster parents. These workshops were completed via virtual conferences initiated in 2022.
- The CSA continued to utilize a team of safeTALK trainers. There are 11 trained child welfare staff in Michigan from both public and private agencies. Each trainer must conduct three trainings annually with an in-person audience of 30-40 workers. Twenty-six trainings were conducted in 2023-24. Additionally, the team developed a poster presentation “Firearm-Related Mortality Among Child Welfare Involved Youth: Using Surveillance Data to Inform Prevention Strategies” which was presented at the National Firearm Safety Conference.
- 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.
- In January 2023, Michigan did a statewide rollout of a revised MiTEAM Fidelity Tool which incorporates Motivational Interviewing techniques to increase child and family engagement. Additionally, a MiTEAM Fidelity Workgroup was formed and recommended data edits based on participant feedback to the MiTEAM Web Application Team. Additionally, subgroup work related to fidelity tool questions and examples began in early 2024. Participants include program area representatives including local office and BSC regions utilizing the tool as well as private agency partners.
- 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. Staff statewide were trained on the tool and the new maltreatment types.
- 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 identifiers.
- The prevention pathway includes coordination with Michigan 211 and Family Futures (Family Resource Center in Kent County), which is reaching out to families who have a screened-out CPS referrals with identified prevention identifiers to provide community resources and follow-up to ensure the family’s service needs are met to reduce the likelihood of interaction with CPS.

- Phase two will include expanding partnership with the State of Michigan Family Resource Center Network to begin offering the screened-out pathway in additional counties across the state, as well as a cross-enrollment pathway in Tuscola County that will include a text message to families with a screened-out intake and a child under the age of 8 in the home, with contact information for their local Family Resource Center to connect with for possible supports.

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. Post-PIP, CFSR Review and Monthly Management Report (MMR).

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:** 94.2% **2023 Performance:** 90%; CFSR Case Review.
- 2024:** Maintain 94.2% **2024 Performance:** 97%; MMR.

Analysis

Between 2020-2022, Michigan improved its PIP baseline score of 94.1% to 96.1% and successfully completed this item for its PIP. The CSA Monthly Management Report (MMR) for commencement of investigations revealed timely initiation increased from 82% in Round 3 CFSR, to 97% in FY 2024. This is true for both Priority 1 (12-hour commencement) and Priority 2 (24-hour commencement) investigations. The assessment revealed in 2023 that performance fell below the stated benchmark of 94.2%; however, a smaller number of CFSR case reviews were completed which may have accounted for lower performance. It is noteworthy the lower performance was still 8% higher than the CFSR Round 3 results. During the five-year period, timeliness is rated as a strength.

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 referrals.

- The Mobile Investigator Application is used 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 CPS-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 MIC and ensure child safety, the Placement Collaboration Unit will continue to focus on screened-out CPS referrals 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 referral 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 referral meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

Safety Outcome 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 Performance

Michigan’s CFSR PIP Case Reviews scored at 82.8% for Item 2, setting the baseline for improvement. The goal for PIP completion in this area was 86% by October 31, 2022. Michigan exceeded the PIP goal with a rating of 91.38 during reporting period eight and successfully completed the PIP in September 2022.

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.

- 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.
- MiFamily Together is a two-year pilot program that will commence in August 2024. The program will replace Families First of Michigan, Family Reunification Program, and Families Together Building Solutions in 25 counties. MiFamily Together is a flexible program model that will accommodate families with any risk level where children can remain safely in the home with services and provide reunification services to families with children returning from out-of-home care. Because MiFamily Together is flexible, families will require fewer additional program interventions as their needs change. Families can receive services for up to nine months. Face-to-face service hours are determined by risk level and assessment and will decrease or increase to meet the needs of the family. Additionally, the 2Gen service modality, which focuses on a families' well-being in specific components, will be used to help strengthen family well-being, and increase family prosperity through a holistic, family-centered service approach with strong community support.

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.

2023 Family Preservation Service Effectiveness

Family Preservation Service	Number of Families Served	Number of Children Served	Percent Intact after 12 Months
Families First of Michigan	1891	5,817	88%
Family Reunification Program	465	1,040	93%
Families Together Building Solutions	1,159	3,740	96%
Total Served	3,515	10,597	

Quality Service Review (QSR) Results

The QSR measures child safety in two forms, exposure to threat and behavioral risk. Results from 2018 to 2023 are below.

Performance	2019% Acceptable	2020% Acceptable	2021% Acceptable	2022% Acceptable	2023% Acceptable
Safety – Exposure to Threat	95%	95%	CPS: 95% FC: 97.9%	CPS: 87% FC: 92%	CPS: 78% FC: 97%
Safety – Behavioral Risk	88%	87%	CPS 82.4% FC: 95.8%	CPS: 91% FC: 86%	CPS: 60% FC: 97%

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 year-to-year data. 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 their 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% | 2024 Performance: Pending results. |

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. An assessment of prevention services reveals a 92% effectiveness rate.

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, domestic violence and substance use disorder providers continues to address trends in CPS referrals 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 Performance

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

CPS case managers 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. In addition to the SDM tools used in CPS investigations and foster care child and adult assessments, child welfare case managers also use these assessment tools:

- **Trauma Screening Checklist (ages 0 to 5 and 6 to 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 was 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 of the two 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 partnered with Evident Change to develop new safety and risk assessment tools. The risk assessment work was pending legislative changes. Anticipated legislation became effective November 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% 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

- ChildStat meetings featuring the work of 21 local offices and all Wayne County districts were conducted during 2021-2024 and will continue to be used as an effective means to obtain data, determine root causes, supplement gaps, and implement improved service provision. In 2022, ChildStat began focusing on 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 2024, children's foster care caseload compliance was:
 - MDHHS: 94%.
 - Private agencies: 93%.
 - State overall: 94%.

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. There has been an increased improvement from last year for MDHHS by 11%, for private agencies by three% and overall, a seven% improvement.

- 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 case managers to assess and improve the safety of children in foster care. These trainings have continued as needed.
- The Office of the Family Advocate (OFA) provided 12 safety training in 2023 to frontline staff.
- In 2023 and 2024, Michigan developed, with the Safe and Together Institute (S&TI), a plan to reintroduce the model. Though training has continued since 2015 in the Safe and Together Domestic Violence (DV) approach, Michigan does not have evidence that the model has impacted practice in the way it was anticipated. The team developed in 2023, and will implement in 2024, a kickoff 2.0 in four counties where DV is most prevalent (i.e. Grand Traverse, Kalamazoo, Washtenaw, and Saginaw counties). Rather than simply providing training to the workforce, S&TI will provide supervisory training and coaching, access to the mapping tool for each individual case where DV is identified, continuous workshop and monthly coaching calls for staff, as well as evaluation and a dashboard to track the model's effectiveness.
- 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
 - 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% | 2024 Performance: pending results. |

National Performance

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 Dashboard ¹
○ 2023: 10	2023 Performance: 5.25; CFSR Dashboard
○ 2024: 9.67	2024 Performance: 8.77; CFSR Dashboard
- Objective:** MDHHS will reduce the number of children experiencing recurrence of maltreatment.
Outcome: Reducing recurrence of maltreatment will enhance child safety and improve permanency outcomes.
Measure: CB Data Profile; DMU Report: CFSR Monthly Scores
Baseline: 13.6%; Area Needing Improvement; CFSR 2018
National Performance: 9.5%; CFSR Round 3; 9.7% CFSR Round 4
CFSR Round 4 Data Profile: 13.7 RSP
Benchmarks 2020-2024:

○ 2020: 13.5%	2020 Performance: 14.7%; CFSR Dashboard
○ 2021: 13%	2021 Performance: 22%; CFSR Dashboard
○ 2022: 11.5%	2022 Performance: 11.3%; CFSR Dashboard
○ 2023: 10.5%	2023 Performance: 9.61%; CFSR Dashboard
○ 2024: 9.5%	2024 Performance: 9.91%; CFSR Dashboard

Analysis

The MDHHS CFSR dashboard was created to provide a snapshot of MDHHS progress in outcome data in absence of federal data profiles while the federal syntax was

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.

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.

Although results were varied, the CFSR Dashboard revealed Michigan has significantly improved in the area of MIC from an area needing improvement at rate of 14.68 in Round 3 CFSR, to 8.77 in FY 2024. This is below the national standard, but the results are guarded as there has been an increase since 2022. It is anticipated the strategies currently in place and in the process of being implemented will produce positive results.

With respect to recurrence, Michigan is currently above the national standard but has improved since the production of the Round 4 data profile. In addition, there has been steady improvement since CFSR Round 3 in which Michigan was significantly above the national standard at 13.6%. Michigan continues to work on preventative services and support mechanisms to decrease MIC.

Planned Activities for 2024

- MiTEAM has refocused 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, are raised by their families whenever possible, and are 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 at 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 FTMs 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 FTMs. 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 FTMs. Ingham County increased community representative participation by two% from 2020 to 2021. Kalamazoo increased community representative participation by 26% 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 MDHHS 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 regarding 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.

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 CPS-MIC investigations to discuss barriers, best practices, and need for policy clarification or revision.
- For approximately 20% of the CPS-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 case managers 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% 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 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. Revisions were to be made, as needed, that focus more clearly on 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.
 - Case managers 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 referrals 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 referral 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 referral 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 referrals 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 referrals. 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 referrals. These reports also show

compliance rates for foster care staff meeting with caregivers to discuss concerns and safety planning around allegations in transferred referrals.

- 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 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 referrals are not assigned for an investigation. The Placement Collaboration Unit holds monthly virtual training on reporting, safety planning, and roles and responsibilities for referrals 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 referral training. The curriculum focuses on thorough assessment of the applicants' history of criminal activity, CPS involvement as a victim or perpetrator, trauma, overall social history, and the ability to effectively parent children with trauma and challenging behaviors.

Planned Activities for 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 MIC 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.
- Michigan became the first state to receive approval from the U.S. Department of Health and Human Services Administration on Children, Youth and Families regarding the kinship rule which allows for kin to become more readily licensed or approved and more quickly receive services and funding for children in kinship foster care, ensuring during time of family crisis children and caregivers receive assistance sooner.

Implementation and Program Supports

- MDHHS has used 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 ten 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, the 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 community partners 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 2023, the population identified at greatest risk of maltreatment was children ages three and younger living with their biological parents, constituting 31% of total child victims. The percentage of identified victims ages three and younger has been between approximately 31 and 33% during the previous three reporting years (2019: 32%; 2020: 33%; 2021: 31%; 2022: 32%; 2023: 30.8%; DCQI Data Management Unit).

The policies and services described below are directed toward this vulnerable population and remained in place in 2023 and continue in 2024. 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:

- **Safe Sleep Policy.** The Safe Sleep policy requires the sleep environment of a child under 12 months of age must be observed and documented. Case managers must discuss safe sleep practice with the parent/caregiver and assist the family with obtaining needed items to achieve safe sleep.
- **Birth Match System.** This automated system notifies Centralized Intake when a new child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a child due to abuse and/or neglect, or has committed a serious act of abuse and/or neglect.
- **Early On.** All confirmed victims under the age of three are referred to Early On if the CPS case is classified as a category I or II, or the child was born affected by substances. Early On is Michigan's Part C-funded early intervention service. 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.** Policy continues to provide guidance regarding safety planning. The policy outlines the requirements of safety plans as well as how to document them in the case management system. Safety planning and documentation will continue to be an area of focus with the implementation of the new SDM safety assessment.

- **Vulnerable Child Assessment.** Updates to policy were made in 2018 to include a vulnerable child assessment for any case in which a child is identified as vulnerable. This policy was subsequently updated in August 2023. A child is considered a vulnerable child if at least one of the following factors are true:
 - **Age 0 to 5 years.** Any child in the household 5 years of age or younger. Children in this age range are considered more vulnerable because they are less verbal and less able to protect themselves from harm. For example, these children have less capacity to retain memory of events. Infants are particularly vulnerable because they are nonverbal and completely dependent on others for care and protection. Their normal developmental stages (for example, crying to communicate, toilet training) also make them more vulnerable due to increased caregiver stress.
 - **Significant diagnosed or suspected medical or mental health concern.** Any child in the household has a diagnosed or suspected medical or mental health concern that significantly impairs the child's ability to protect themselves from harm, or a diagnosis may not yet be confirmed, but preliminary indications are present, and testing/evaluation is in process OR the child is on a waitlist for evaluation. Examples include, but are not limited to, severe asthma, severe depression, and medically fragile (for example, requires assistive devices to sustain life).
 - **Not readily visible in the community.** The child is isolated or less visible within the community (for example, the child may not have routine contact with people outside the household, and/or the child may not attend a public or private school and/or is not routinely involved in other activities within the community). Children who are less visible in their community are more likely to have signs of abuse/neglect go unnoticed or unreported, and they are less able to reach out to others for assistance.
 - **Diminished developmental/cognitive capacity.** Any child in the household has diminished developmental/cognitive capacity that affects their ability to communicate verbally or to care for and protect themselves from harm (for example, cannot communicate or defend themselves, cannot get out of the house in an emergency situation if left unattended).
 - **Diminished physical capacity.** Any child in the household has a physical condition/disability that affects their ability to protect themselves from harm (for example, cannot run away or defend themselves, cannot get out of the house in an emergency situation if left unattended).

When a child has been identified as vulnerable based on the above factors, the case manager must contact one or more individuals, excluding the perpetrator, with knowledge of the child's needs. Case managers should also obtain and document the following information in a social work contact:

- Concerns regarding potential child abuse and/or neglect.
- The caregiver's ability to meet the needs of the child.
- If the child has any unmet medical, mental health, or safety needs.

Planned Activities for 2024

In 2024 and 2025, MDHHS will continue to focus on the following activities related to the needs of infants:

- Service coordination between MDHHS case managers 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 year old population.
 - Collaboration with Early On partners and remaining abreast of projects and policies.
 - Plan of Safe Care Training for child welfare case managers and external partners that includes sigma and disproportionality as it relates to substance use.
 - Continued technical assistance from the National Center on Substance Abuse in Child Welfare, including Plan of Safe Care protocol training implementation, a toolkit and website.
- Ongoing coordination with the MPHl and other partners to explore and identify ways to promote and support infant safe sleep.

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, approximately 54% of foster care case management services were contracted with private agencies. Foster care contracted with private agencies varies by BSC. As of March 14, the following percentage of foster care cases were served by private agencies:

- BSC 1: 49%.
- BSC 2: 48%.
- BSC 3: 40.8%.
- BSC 4: 41.5%.
- BSC 5: 64.3%.

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 is measured through performance on federal CFSR outcomes. The permanency outcomes are:

1. Children have permanency and stability in their living situations.
2. The continuity of family relationships and connections is preserved for children.

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

Item 4: Stability of Foster Care Placement Assessment of Performance

Michigan's CFSR PIP Case Reviews scored at 89.1% for Item 4, setting the baseline for improvement. The goal for PIP completion in this area is 90% by October 31, 2022, which Michigan surpassed at 90.6% in 2021. However, the state's performance has decreased to 83% in the 2022 CFSR case review sample and decreased to 75 in the 2023 CFSR case review sample. Results for the 2024 CFSR were pending as of this report.

QSR Results

In QSRs, Placement Stability reviews the child's current placement, past placements, and school setting. This indicator examines whether the child remains in a familiar area or school setting while limiting the number of out-of-home and school placements. 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, 2.97 moves in 2022, and 3.12 in 2023.

Permanency Outcome 1 Data Indicators					
Data Indicator	2019	2020	2021	2022	2023
Placement Stability – CB State Data Profile	3.44	2.64	2.98	2.97	3.12
Placement Stability – CFSR Case Review	91%	86%	90.6%	83%	75%
Placement Stability – QSR, Cases Rated Satisfactory	87%	87%	91.5%	85%	87%

Analysis

The CFSR and QSR both assess placement stability but include different considerations as well as slightly different time frames. The CFSR looks at the number of placement settings during a period under review and whether any placement setting changes were in the child's best interest, planned, and intended to meet the youth's permanency goal. The Placement Stability rating outlined in the data profile is a calculation of 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 QSR used 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 QSR 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 QSR and achievement of stability ratings within the CFSR are consistently in the high 80% to low 90% range, indicating that Michigan children are stable in their out-of-home placement settings. Additionally, it is noteworthy for the 2023 CFSR results, the case review population was smaller possibly accounting for the decrease in the assessed item along with the measurement distinctions. Even with this anomaly, performance was rated above the national standard and assesses as a strength.

Item 5: Permanency Goal for the Child Assessment of Performance

Michigan's CFSR PIP Case Reviews scored at 84.4% for Item 5, setting the baseline for improvement. The goal for PIP completion in this area is 87% by October 31, 2022, which Michigan has surpassed in 2021 at 92.6%. However, the state's performance decreased to 83% in 2022. The state performance decreased to 81% in 2023.

QSR Results

In QSRs, Permanency measures the degree to which a child experiences a high-quality placement, demonstration over time of the child's capacity to interact successfully, security of positive relationships likely to sustain to adulthood and whether conditions necessary for timely legal permanency have been achieved. CFSR Item 5 focuses on whether the permanency goal is established with the child's best interest for permanency in mind, whether it was established timely and based on the needs of the child and the case circumstances. 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	2023
Permanency Goal for the Child – QSR	78%	80.6%	82%	71%	82%
Permanency Goal for the Child – CFSR Case Review	91%	80%	92.6%	84%	81%

Analysis

The QSR measures the degree to which an outcome has been achieved over the past 30 days, considering factors of placement fit, demonstrated success, security and

durability, and attainment of legal permanency. 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. The 2023 case reviews reflect upon the resumption of in-person events and home-based service; a positive impact is beginning to be realized. QSR results are rated at the same percentage as 2021 which was an improvement from the baseline measurement. Given the CFSR period under review, the positive impact has not yet been realized and is not reflected in the 2023 CFSR results.

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

Assessment of Performance

Michigan's CFSR PIP Case Reviews scored at 60.9% for Item 6, setting the baseline for improvement. The goal for PIP completion in this area is 65% by October 31, 2022. Michigan continued to surpass this goal at 71% in 2022. However, this decreased to 56% in 2023.

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

Permanency Outcome 1 Data Indicators					
Data Indicator	2019	2020	2021	2022	2023
Living Arrangement	96%	100%	97.1%	98%	95%

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.

Progress

- MDHHS contracted with the BBI to provide technical assistance to residential providers in collaboration with the Residential Collaboration and Technical Assistance Unit (RCTAU).
- 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 case managers that includes resources in the areas of planning, supplemental contacts, transportation, and supervised versus 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.
- A Reunification Forum was held with 13 counties. The counties created local teams to identify strategies and barriers to achieving reunification within 12 months and a cohort of youth who entered out of home care from July 1 to September 20, 2023, is being monitored to assist the counties with tracking success of their strategies.

Planned Activities for 2024

- Michigan continues the 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.
- A second Reunification Forum held in June for the 13 counties to share their strategies and success to learn from one another. Strategies will be assessed by CSA to determine if successful strategies can be implemented statewide.
- Six counties that encompass about 20% of the total statewide foster care population were identified to implement permanency in 12-month strategies. Weekly meetings with these counties and MDHHS leadership started in March.
- Respite care payments will be made as separate payments to respite caregivers rather than expecting current foster home providers to make a payment from their daily care stipend. This will provide needed relief and support for foster care providers.

- MDHHS is working with its rate setting contractor to establish an adoption payment structure that utilizes child characteristics such as race/ethnicity and behavior needs to incentivize timely adoptive placement for these youth who have disproportionately longer stays in foster care awaiting adoption.

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:** 75% CFSR Case Review.
 - **2024:** Maintain at 90% **2024 Performance:** Pending results.

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:** 87% **2023 Performance:** 81% CFSR Case Review.
 - **2024:** Maintain at 87% **2024 Performance:** Pending results.

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% conformity rate. Item 5 performance is based on ten cases rated as a strength out of a total of 12 cases for an 81% 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, QIC, Quality Collaboration and Training, and Sustaining Performance Improvement which support the review of metrics and strategies used 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: 65% | 2023 Performance: 56%; CFSR Case Review. |
| ○ 2024: Maintain at 65% | 2024 Performance: Pending results. |

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 case manager visits with parents, engagement in services within first 30 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. The creation of data reports is in progress.

The analysis for court delays is being led by the SCAO CIP 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% 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%, 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%	2024 Performance: 21.3%; CFSR Dashboard.
- Objective:** MDHHS will increase the% 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%	2024 Performance: 41.7 %; CFSR Dashboard.
- Objective:** MDHHS will increase the% 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%	2024 Performance: 44%; CFSR Dashboard.

- Objective:** MDHHS will decrease the% 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% **2024 Performance:** 5.2%; CFSR Dashboard.
- 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 **2024 Performance:** 3.17; CFSR Dashboard.

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. QIC presentations likewise focus on permanency in 12 months, sharing research and best practices. The CIP through 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% compared to 43.8% for the NP) category and exceeds the NP in 24+ months (40.2% compared to 37.3%). Michigan excels in preventing re-entry to foster care (3.8% compared to 5.6% NP) and placement stability (2.97 compared to 4.48% NP)². Michigan continues to use the CQI process throughout the foster care program to improve permanency for children in various ways described in this report.

² CFSR Round 4 Data Profile

Progress

- 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 CIP 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.
- 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. The meet and greets have been well-received, with higher attendance from prospective adoptive parents, and have the ability to reach a wider variety of families since geographical limitations were reduced. It has allowed Michigan to host more events. 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 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 MIC 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 and in 2023, TDM facilitators presided over 7,229 TDMs.

Technical Assistance and Capacity Building

- BBI 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 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, 2022 and 2023 were derived from the CFSR reviews.

Permanency Outcome 2 – Continuity of Family Relationships and Connections					
Item	2019	2020	2021	2022	2023
Item 7: Placement with Siblings – CFSR Case Review	86%	46.6%	93.2%	100%	100%
Item 8: Visiting with Parents in Foster Care – CFSR Case Review Mother Father	Mother: 75% Father: 53%	Mother: 85.4% Father: 76.7%	Mother: 90.4% Father: 85.7%	Mother: 91% Father: 83%	Mother: 69.23% Father: 60%
Item 8: Visiting with Siblings in Foster Care – CFSR Case Review	67%	66.7%	87.9%	92%	88.89%
Item 9: Preserving Connections with the Community – CFSR Case Review	69%	87.3%	90.3%	87%	87.5%

Permanency Outcome 2 – Continuity of Family Relationships and Connections					
Item 10: Relative Placement– CFS Case Review	81%	88.3%	95.2%	89%	93.33%
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%	Mother: 92.31% Father: 80%

Analysis

Case manager 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 FTMs, 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 Outcome.

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.

Progress

- 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 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 stability and permanency delays.
- MDHHS is collaborating with the BCCHPS on consistent access to mental and behavioral health services for children in foster care.

- MDHHS continued 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. One pilot is 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.
- 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.

Planned Activities for 2024

- MDHHS will continue contracting with the BBI 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.
- A second Reunification Forum will be held in June 2024 for the 13 counties to share their strategies and success to learn from one another. Strategies will be assessed by CSA to determine if successful strategies to support relationships can be implemented statewide.
- Six counties that encompass about 20% of the total statewide foster care population were identified to implement permanency in 12-month strategies. Weekly meetings with these counties and MDHHS leadership started in March. Actions to overcome barriers to permanency are created and followed-up during the meetings.
- Payment for respite care will be available to kin so when respite is needed, youth will spend time with people of their own community.

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 case managers, the establishment of trauma crisis teams, and resiliency building.
- MDHHS will continue to collaborate with the tribes 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 CPS-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 BBI, Casey Family Programs, and Chapin Hall at the University of Chicago for consultation on best practices when young people in child welfare need residential intervention.
- MDHHS continues to work with the Pread Foundation/University of Kentucky to implement the MichiCANS and MichiCANS Screener to assist with identifying the needs of children to provide the most appropriate service which creates a positive impact on placement stability and permanency.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

As of March 31, 2023, 3,543 children under age 5 were in foster care, which is approximately 35% of the total foster care population. As of March 5, 2024, 3,360 children under the age of 5 were in foster care, which is approximately 33% of the total foster care population, a decrease of 2%.

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. At the conclusion of FY 2023, 2 children under age 5 did not have identified permanent families upon termination of parental rights. As of March 22, these two children remain unmatched with families.

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 review 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 (ARC)

MDHHS contracts with 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. ARC also works directly with Wendy's Wonderful Kids as a national resource and support to identifying permanent families.

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 five-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 case managers 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

- 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 case managers that includes resources in the areas of planning, supplemental contacts, transportation, and supervised versus unsupervised visitation.
- A Caregiver Support and Resource Plan was developed and a pilot for its use began. The goal of this plan is to assist case managers 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 community partners 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 for example, 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.
- The Caregiver Support and Resource Plan pilot has continued with expansion to more areas throughout the state.
- MDHHS has contracted for a statewide marketing campaign to raise awareness about the need for foster and parents in Michigan.
- MDHHS held a statewide foster, adoptive, and kinship caregiver conference available at no cost to caregivers. This conference helped support caregivers of young children through session topics including:
 - Understanding Neurodevelopmental Trauma.
 - Humor, Humility and Hope.
 - Setting Children up for Success in Your Home.
 - Evolution of the Modern Father.
 - Navigating a Frustrating System.
 - Parenting While Single.
 - Caring for a Medically Fragile Child.
 - FASD from a Trauma Lens.

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 Performance

Well-Being 1 achievements are tracked through CFSR case reviews and QSRs.

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

- Workers must conduct FTMs 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, case managers 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 case manager 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.

QSR 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 and the 2023 QSR showing QSR competencies broken down by relationship give important information on the need for targeted interventions for each individual case member.

2022:

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

2023:

Indicator	Child	Mother	Father	Caregiver
Engagement	92%	85%	75%	88%
Assessment and Understanding	80%	80%	50%	62.5%
Case Planning	100%	80%	75%	66.7%

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 has rated in the acceptable range. Engagement with the caregiver increased by 7% but there was a decrease in the understanding and case planning items. Previous opportunities existed when considering how the child welfare system participates with mothers and fathers. These findings remained similar to 2021 findings. There has been a significant increase in involving both parents given a heightened focus on lowering the rate of recurrence and improving the rate for permanency within twelve months. Consequently, a focus on parental interactions is a priority.

The number of QSR cases reviewed in 2022 was 75, 52 foster care and 23 CPS ongoing cases. Thirty-six counties in all five BSCs were visited for the QSR. The number of QSR cases reviewed in 2023 was 20, 16 foster care and four CPS ongoing cases. Interviews and focus groups conducted during the case reviews reflect domestic violence issues and substance use continue to impact families.

Item 13: Child and Family Involvement in Case Planning

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

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

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

- Prior to the initial service plan.
- Prior to each updated service plan.
- After the child has been in care for six months.
- At the time of a permanency goal change.
- For placement preservation or to prevent placement disruption.
- 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 FTM process. Parents, older children, caregivers, service providers, attorneys, and other supporters are invited to FTMs. Decisions are made and resources are identified with the input of everyone in the group, particularly the parents and youth.

TDMs are currently used at critical decision points in CPS and foster care cases in 31 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 FTMs in that they are facilitated by a trained, objective facilitator who is not the case manager 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.

QSR

Practice Performance Indicators considered for parental involvement in developing case plans are engagement, teaming, and case planning. Overall statewide QSR scores from 2019 to 2023 are below:

Indicator	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Engagement	59%	69%	71%	68%	86%
Teaming	35%	30%	47%	33%	62%
Case Planning	53%	66%	66%	67%	83%

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 case managers 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 focus groups and surveys parents to seek additional information. The SCAO CIP 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 FTMs, 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 Case Manager Visits with Child and Parents

CPS policy for case manager 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 case manager 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 case manager 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 case manager 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 Contact Performance³

Category	2019	2020	2021	2022	2023
CPS Ongoing Visits with Child	79%	80%	86%	88%	89%
CPS Ongoing Visits with Parent	75%	75%	78%	81%	82%
Foster Care Visits with Child	88%	89%	88%	91%	94%
Foster Care Visits with Parent	61%	60%	52%	58%	69%

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 case manager and supervisor to determine next steps for current open cases, and lessons from closed case reviews are offered for application to current cases. In addition, each agency and county leadership team have an opportunity to hear the case findings and receive case summaries for review and consideration. BSC and executive leadership receive

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.

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 and continued to improve in 2023.

Progress

- 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 and in 2023, TDM facilitators presided over 7,229 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.
- MDHHS is collaborating with the 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 case manager 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 a support group. This contract began providing services in October 2023.
- MDHHS developed a case manager visit tool visits with youth experiencing residential treatment. Focus groups were held with youth to identify what they felt important for case managers 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:
 - Understanding Neurodevelopmental Trauma.
 - Trust Based Relational Intervention (TBRI) Immersion Experience.
 - The Art of Parenting Teens.
 - Humor, Humility and Hope.
 - Setting children up for success in your home.

- Seeking Cooperation for Best Interest: Adjusting the Mindset to Find Common Ground.
- Preparing for a FCRB Meeting.
- Understanding Adoption Assistance, Juvenile Guardian Assistance and Medical Subsidy.
- Evolution of the Modern Father.
- Navigating a Frustrating System.
- Race Matters a Panel Discussion on Race Related Trauma.
- We Are Family: Prioritizing Siblings in Care.
- Parenting While Single.
- Creating a New Narrative: Developing Strength Based Mindset about Teens.
- Caring for a Medically Fragile Child.
- FASD from a Trauma Lens.

Planned Activities for 2024

- MDHHS will continue developing partnerships between local CMH agencies and MDHHS local offices.
- The Michigan version of the Child Assessment of Needs and Strengths functional assessment tool for all youth encountering the community mental health system is being piloted in several community mental health systems beginning in January. A MichiCANS Screener tool was developed and will be piloted in 11 counties for children entering out of home care beginning in April.
- 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 case managers on collection of SOGIE data and engagement of youth and caregivers with diverse SOGIE as well as support group development.
- Subcommittees of the Governor's Task Force on Child Abuse and Neglect will meet to devise actions from the recommendations developed in 2023.

Item 12 Progress Made to Improve Outcomes

Michigan's CFSR PIP Case Reviews scored at 48% for Item 12, setting the baseline for improvement. The goal for PIP completion in this area is 51% by October 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:** 51% **2023 Performance:** 45% CFSR Case Review.
- **2024:** Maintain at 51% **2024 Performance:** Pending results.

Item 13 Progress Made to Improve Outcomes

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

- **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:** 60% **2023 Performance:** 64%; CFSR Case Review.
- **2024:** Maintain at 60% **2024 Performance:** Pending results.

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% to 52.9%. 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 August 1, 2020, through July 31, 2021, at 61%; the PIP goal was 60%. The 2023 performance improved to 64%.

Item 14 Progress Made to Improve Outcomes

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

- **Goal:** Case managers 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: Case manager 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: 82% | 2023 Performance: 88%; CFSR Case Review. |
| ○ 2024: Maintain at 82% | 2024 Performance: Pending results. |

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% to 76.9%. 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 August 1, 2020, through July 31, 2021, at 84%; the PIP goal was 82%. The 2023 performance improved to 88%.

Item 15 Progress Made to Improve Outcomes

Michigan's CFSR PIP Case Reviews scored at 48.2% for Item 15, setting the baseline for improvement. The goal for PIP completion in this area was 52% by October 31, 2022.

- **Goal:** Case managers will visit parents with the frequency and quality necessary to address the parent's needs and promote reunification or other permanency goal.

Outcome: Case manager 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: 52% | 2023 Performance: 54%; CFSR Case Review. |
| ○ 2024: Maintain at 52% | 2024 Performance: Pending results. |

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% to 43.8%. Using aggregate data for measurement period five, Michigan was at 47.6%, which is a more consistent comparison of state performance. Factors that negatively impact case manager visits with parents is lack of engagement by the child welfare system with non-respondent parents, substance use by parents and mistrust of the child welfare system. Michigan's PIP goal was 52%. The 2023 performance improved to 54%.

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.
 - **2021 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.
 - **2021 Update:** This activity was 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.
 - **2024 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 is developing 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.
 - **2021 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 FTM facilitation and coaching program.
 - **Update:** This activity was completed in Quarter 6. On December 16, 2019, MDHHS implemented the SAFE pilot in Ingham, Kalamazoo, Genesee, Macomb, and North Central Wayne counties. It was recommended to expand SAFE FTMs to additional counties.

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

- **Assessment and Services 3.1.4:** MDHHS will develop a valid 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 February 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 FCRB. This change was made with significant input from federally recognized tribes in Michigan 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 FTM for service planning and implementation.
- DCQI developed the MiTEAM Fidelity Tool Switchboard to promote and monitor use of the tool.
- In the QSR, DCQI provides feedback to case managers 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 BBI 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 community partners and participants occurred during 2021 and is continuing in the development of a new and established team of advisors.

- MDHHS continues to work with BBI to improved services and expectations for youth experiencing residential treatment services.

Well-Being 2 - Children receive appropriate services to meet their educational needs.

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 case manager, 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.

Item 16: Educational Needs of the Child

Assessment of Current Performance

From 2010 to 2024, 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.

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 the point 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 question and answer sessions for staff to ask situational questions.
- In 2022, MDHHS developed a collaborative workgroup with the Michigan Department of Education and several educational advocacy and child welfare advocacy organizations to address barriers.

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.
- Throughout FY 2023, virtual trainings were held for child welfare staff, with an emphasis on targeting those assigned as education points-of contact. 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 later viewing.
- Regular technical assistance is provided to child welfare staff and education staff when case-specific issues arise about things like school enrollment, transportation, special education, discipline, and record transfer. The Michigan Department of Education foster care consultant is often included in assisting with these cases.

Progress in 2024

- The MDHHS foster care and education workgroup developed a workplan to address the recommendations from the finalized report. The group decided on two main recommendations to work on initially. Smaller workgroups will be meeting to develop action steps for each.
- In FY 2024, the education analyst, along with the Michigan Department of Education foster care consultant, and the ETV Coordinator will be offering five in-person trainings for child welfare and education staff, at locations across the state.
- The Michigan Department of Education holds a statewide Special Populations conference each year. The conference is attended by approximately 1,200 professionals, both in-person and virtually. For the past several years, a track of foster care-specific workshop sessions has been developed by the Michigan Department of Education foster care consultant, the MDHHS education analyst, and Fostering Success Michigan. The 2022 and 2023 conferences have been held as hybrid virtual/in person events. For the 2023 conference, held in October 2023, the foster care track of workshops included six in-person breakout sessions and two pre-recorded sessions.
- The education analyst attended the annual National Association for the Education of Homeless Children and Youth's (NAEHYC) conference. The education analyst and the Michigan Department of Education foster care consultant co-presented a breakout session about Michigan's collaboration between the two state agencies. The conference included multiple sessions about best practices for children and youth in foster care, including working sessions led by the U.S. Department of Education and the U.S. Department of Health and Human Services.
- A three-bill package was passed by the Michigan Legislature in February. The main requirements of these bills are:
 - All children placed in foster care are to be provided with an education that prioritizes meeting the graduation requirements of the Michigan merit curriculum standards, even if placed in a residential setting.

- MDHHS, in collaboration with the Michigan Department of Education and the Center for Educational Performance and Information (CEPI) is required to report education data on all children in foster care. Required reporting includes information about school of enrollment, school transfers, suspensions/expulsion, chronic absenteeism/truancy/drop-out, percentage of youth meeting academic standards on state assessments, student enrollment in alternative education receiving special education services, advanced placement, dual enrollment, career and technical education enrollment, and graduation. Reporting will begin in 2025.
- The Michigan Department of Education is to regularly review any educational program provided in a child caring institution to ensure that it is providing an education that meets the requirements of the Michigan merit curriculum.

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% | 2024 Performance: 77.8%; CFSR Case Review. |

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 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.

In addition, the decrease in 2024 may be due in part to a smaller number of cases reviewed. 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.
 - 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 was 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.
 - 2024 Performance:** The education analyst continues to offer training to foster care staff, both public and private, about all education requirements and policy, including the importance of children remaining in the school of origin when a foster care placement move occurs. Regular meetings are held with identified education points-of-contacts to discuss best practice and any new policy requirements. Five in-person regional trainings were held in April and May 2024 for foster care staff and school district foster care liaisons.
- 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.
- **2024:** 20.4% dropout rate for four-year cohort of 2022-2023 Graduation Dropout Cohort. 33.1% dropout rate for five-year cohort of 2022-2023 Graduation Dropout Cohort.

Planned Activities for 2024

- Strategies to improve data collection will be identified.
- 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.
- MDHHS will collaborate with Michigan Department of Education and the Center for Educational Performance and Information (CEPI) to update the data sharing agreement so that the legislative requirements are met in 2025.

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.
- In 2024, Michigan legislators passed a three-bill package to address the education needs of children in foster care, including the needs of youth in Child Caring Institution (CCI) placements. The Foster Care, Guardianship and Adoption program office will be working with the Michigan Department of Education and the Center for Educational Performance and Information (CEPI) on developing the reports required for this new legislation.

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 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 three through 20 years must receive annual comprehensive medical examinations.
- Every child in foster care under three-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

- 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.
- Health liaison officers (HLO) provide monthly spreadsheets to the health analyst that track exam completion of and note barriers to timely exams.
- 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 to provide timely initial exams and includes the capacity to provide bridging service for youth taking psychotropic medications.

- All foster care and JJ staff, public and private, continue to have access to CareConnect360. This application provides case managers with Medicaid claims information for children under MDHHS supervision.
- The Child Welfare Medical and Behavioral Health unit meets monthly with Behavioral and Physical Health and Aging Services Administration (BPHASA) staff who participated with CSA in the Centers for Medicare and Medicaid Services (CMS) Affinity Groups to improve timeliness of medical and dental exams for children in foster care. Barriers to timely medical and dental exams are discussed and addressed.
- 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.
- 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 (HLOs) and obtain information about updates that would be important in addressing the health needs of children in foster care.
- The child welfare medical and behavioral health manager provides ongoing representation on an MDHHS work group focusing on social determinants of health.
- Michigan Enrolls now automatically enrolls children into health plans retroactively to the beginning of the placement within five days of removal when the child is not already enrolled in Medicaid.
- Child Welfare Medical and Behavioral Health Unit staff attended OWDT meetings to offer input on health items for the Pre-Service Institute redesign.
- The Child Welfare Medical and Behavioral Health unit partnered with the MDHHS Division of Environmental Health to advise foster care caregivers and assist with water filter installation when an action level exceedance for lead is issued in communities.
- The Child Welfare Medical and Behavioral Health Unit participated in design meetings for the Medicaid Health Plan rebid, (i.e. MI Healthy Life Initiative) to provide perspective on the health needs of children in foster care.
- A new protocol was established effective in April that requires Medicaid health plans to work closely with HLOs when children enter foster care and to contact caregivers to schedule timely medical exams and offer transportation if needed.
- The Child Welfare Medical and Behavioral health analyst arranged for or provided over 57 specific health/behavioral health related trainings pertaining to children in foster care.
- A training on the medical passport was developed and all foster care staff was required to attend the training by the end of December 2023.

Item 18: Mental and Behavioral Health of the Child

Assessment of 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. Internal and external partners continue to identify access to mental health services as an area needing improvement. MDHHS continues to work across divisions and departments to improve access to mental health services within the broader systems of care. The Mi Kids Now initiative portion of BCCHPS work that was launched in 2021 to expand access and improve the delivery of behavioral health services concluded its planning in 2023. CSA participated in several workgroups that targeted six key areas of action: 1. Michigan Intensive Child and Adolescent Services, 2. Beneficiary Information and Service Array, 3. Eligibility and Access to Behavioral Health, 4. Service Delivery, 5. Data Collection and Transparency, and 6. Reporting and Monitoring of Implementation Plan. Some of the primary projects that emerged from the workgroups with CSA participation include:

- Extension of Enhanced Treatment Foster Care pilot.
- Expansion of Children's Therapeutic Home Care.
- Implementation of Community Reintegration Homes.
- Expansion of Parenting Through Change Programming for Child Welfare.
- Community Mental Health and Child Welfare Community Learning Events.
- Collaboration with Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) on expansion of Respite Care.

MDHHS BCCHIPS began statewide utilization of the CANS. This tool was developed by the Praed Foundation and customized as a behavioral health eligibility determination tool for Michigan's specialty behavioral health services and is known as the MichiCANS. The MichiCANS will focus on the identification of needs and strengths of children and youth eligible for specialty behavioral health services for eligibility decision support and service planning at identified decision and access points.

The MichiCANS is comprised of two parts: the MichiCANS screening tool and the MichiCANS comprehensive tool. In the specialty behavioral health system, the MichiCANS screening tool will be used at the point of access, and the MichiCANS comprehensive tool will be used at intake. A soft launch of the MichiCANS began for five Community Mental Health Service Providers (CMHSP) in the behavioral health system in January with a statewide hard launch in October. To provide timely identification of needs that may be best met by the CMHSP, CSA will screen all children

entering foster care with the MichiCANS screener who are not participating in CMHSP services within the first 21 days of foster care entry. CSA began a soft launch in April in 11 counties followed by a statewide hard launch in October.

During 2022 and 2023, MDHHS piloted a day treatment program in Wayne, Oakland, and Macomb counties. The service was intended for children with mental illness or a serious emotional disturbance who require intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Most referrals from child welfare did not meet the criteria for the program, and the program was not renewed. CSA continues to work with BCCHPS to develop a service array that meets the needs of children requiring additional support.

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 the data, identify trends, and address the factors associated with psychotropic medication utilization.

Progress

- 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 CSA trauma protocol was updated to include information about repeat assessments.
- The Child Welfare Medical and Behavioral Health Unit staff monitor contracts for counseling, comprehensive trauma assessment, QRTP independent assessment, enhanced treatment foster care and treatment foster care.
- 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.

- 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.
- Child Welfare Medical and Behavioral Health Unit staff held a mandatory training in fall 2023 for foster care supervisors focused on informed consent policies and protocols as part of corrective action plans to improve MISEP items related to psychotropic medication informed consent. Future trainings will be conducted annually informed in part by discussions from the 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 completed a focus group to identify and address methods to improve the informed consent process when a child in foster care is prescribed psychotropic medication. Input from this group has informed training planning and implementation and technical assistance documents available on the Child Welfare Medical and Behavioral Health Resources webpage.
- The Child Welfare Medical and Behavioral Health Unit continues to distribute data on psychotropic medication informed consent documentation to Business Service Center (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 and conducts fidelity case reads quarterly. The psychotropic medication analyst provides data from the case reads to BSC leadership to assist them in conducting local/regional quality improvement efforts.
- 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. This project has resulted in substantial improvements in documentation with the MiSACWIS health screens.
- The psychotropic medication analyst entered 240 opioid medications into MiSACWIS and notified case managers of the entry with instructions to update other health screens in MiSACWIS to reflect circumstances for the prescription.
- The CSA medical consultant continues to provide training on health and behavioral health systems and policies for each Pre-Service Institute for new case managers.
- The CSA medical consultant participates in a project led by the OWDT 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 manager was invited to participate in the Michigan Clinical Consultation and Care (MC3) Community Advisory Committee. MC3 offers no-cost psychiatry support to pediatric and perinatal primary care providers in Michigan through same-day phone consultations. The MC3 Community Advisory Committee will support the expansion of MC3 Community in primary care clinics and school-based Child and Adolescent health Centers, in selected schools, emergency services, and pediatric subspecialties.
- 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.
- The community reintegration analyst continues to examine data and practice and recommends strategies to improve outcomes for children exiting congregate care.
- The community reintegration analyst began a process called Proactive Aftercare Planning for children newly placed in residential care. Monthly meetings with the child's team occur immediately after placement for a cohort of children. Discussion is focused on next placement supports and barriers that may impede success.
- The Child Welfare Medical and Behavioral Health Unit participates in the newly developed clinical case reviews led by the Office of the Advocate for Children and Families in the BCCHPS focused on children in foster care with challenging behaviors impacting placement or struggling to find treatment resources.
- 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 CMHSP 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 January 1, 2022, and thus far has served more than 70 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 Child Welfare Medical and Behavioral Health Unit behavioral health analyst in partnership with the Waiver for Children with a Serious Emotional Disturbance (SEDW) department analyst in BCCHPS provide trainings to county teams about trauma assessments and the SEDW.
- Quarterly meetings with the county leads from MDHHS and the CMHSPs to discuss the SEDW program.
- 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.
- The MichiCANS screener will be used by CSA to determine behavioral health eligibility based on the identification of needs and strengths of children and youth in foster care eligible for specialty behavioral health services in Michigan.

Items 17 – 18 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% | 2024 Performance: 83%; CFSR Case Review. |

- **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% | 2024 Performance: 83%; CFSR Case Review. |

- **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%*
- **2024 Performance:** 76%

*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%*
- **2024 Performance:** 76%

*Performance impacted by COVID-19 restrictions

- **Objective:** Children entering foster care ages three 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 November 1, 2019, resulting in a new objective:

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

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

Measure: Monthly Management Report

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

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.

Benchmarks 2020-2024: 95% or higher

- **2020 Performance:** 65%
- **2021 Performance:** 63%*
- **2022 Performance:** 71.2%*
- **2023 Performance:** 67.7%*
- **2024 Performance:** 74%

*Performance impacted by COVID-19 restrictions.

Planned Activities for 2024

- MDHHS will maintain health liaison officers who focus on addressing system barriers at the county level.
- MDHHS will hire specialized HLOs to conduct MichiCANS screening on all children entering foster care who are not already served by CMHSP.
- 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.
- 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 by meeting regularly with BPHASA staff.
- MDHHS will partner with Medicaid health and dental plans to implement a new protocol with caregiver outreach and support provided by the health plans.
- 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 review and expand content on the [Child Welfare Medical and Behavioral Health Resources \(michigan.gov\)](http://www.michigan.gov/childwelfare) website.
- MDHHS will evaluate the outcomes of the enhanced treatment foster care program pilot and plan/implement expansion of this program based on the outcomes.
- 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 when a child is prescribed psychotropic medication 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 contract with child and adolescent psychiatrists to conduct secondary physician reviews when certain prescribing criteria trigger a review.
- MDHHS will continue to enter opioid claim information into MiSACWIS and notify case managers of the entry with instructions for updating other health screens to reflect the need for opioid prescribing.
- MDHHS will conduct proactive aftercare planning meetings for a cohort of children entering residential care to plan for successful reintegration back to the community.
- MDHHS will continue to address the needs of children in foster care in CSA/BCCHIPS Partnership Workgroup.
- 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.
- MDHHS will continue CSA involvement in the MC3 Community Advisory Committee.
- The Child Welfare Medical and Behavioral Health will continue involvement in team communication related to MiSACWIS and the development of CCWIS.
- MDHHS 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, case managers, and children will engage in an informed consent process with physicians prescribing psychotropic medication.
Outcome: Engaging parents, case managers, 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:** 72% (MISEP 21-22 average).
- **2024 performance (year to date):** 77% (MISEP 23-25 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% consents prior to initial fill of medication through:

- Conducting training and providing technical assistance for case managers 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.

With outreach, performance increases to 85% for the second fill of a medication. MDHHS will continue to work with internal and external partners to increase compliance with informed consent prior to the first fill. Some members of the broader teams, including primary and non-psychiatric specialty care providers and caregivers, 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%) of cases read. These findings generally align with MDHHS internal data.

OIG 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.

Planned Activities for 2024

- MDHHS will continue to ensure that foster care and JJ 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.
- MDHHS follow-up with residential treatment providers will continue to address challenges in achieving care coordination and parent or guardian and case manager engagement in informed consent.
- MDHHS will send outreach letters to prescribing clinicians with low compliance rates for informed consent documentation to provide education about foster care policy.
- 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 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 initiative portion of BCCHPS work 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 used 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 community partners. 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

Michigan's statewide information system, MiSACWIS, continues to be the primary case management 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. MiSACWIS maintained federal compliance over the five-year period. The system continued the ability to identify the status, demographic characteristics, location, and placement goals for all children in care within the last five years. Michigan continued to meet all data quality validation requirements and the trajectory to a more advanced case management system continues.

Assessment of Performance - Ensuring Accurate and Timely Data Entry

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

2024 Performance: 93% error-free

MiSACWIS continues to be the primary case management system for children's protective services, prevention, foster care, JJ, and adoption. Michigan has successfully implemented the first Comprehensive Child Welfare Information System (CCWIS) module for licensing foster parent providers.

Michigan has defined policies and system procedures designed to ensure accurate and timely data entry. Michigan outlines expectations for timely data entry within the program specific policies for each of the various documentation requirements. For example, social work contacts are to be entered within five days of the contact, service plan completion occurs within thirty-days of the onset of initial services, and updates to service plans occur every 30-90 days thereafter depending on program area. Additional policies require recording of court hearings and court orders, investigative findings, and placements at specific intervals.

Michigan evaluates data entry accuracy in several ways. At the 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 review by supervision or higher management that ensure data entry is accurate and is completed within the timeframes established by law or by policy.

To support timely and accurate data entry into the state information system, the MiSACWIS system employs ticklers within the case management program to alert staff and supervisors about actions that are coming due, due, or past due. At the macro level, monthly and quarterly dashboards reflect timeliness standards for specific tasks. Additional statewide efforts to support accuracy of data entry include various case reviews including monthly relative home studies, MIC assessments, and child fatalities. These macro level reports and dashboards which are produced outside of the MiSACWIS system promote accountability for compliance with policy and law.

Michigan validates the accuracy of data entered and reported from the information system by completing a statewide review on a sample of cases. The Information System Review (ISR) 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. The review is completed as a partnership

between the central data quality unit and the assigned case managers with direct knowledge of the case. The ISR is conducted every six months on a sample of 180 youth one month following the AFCARS submissions. The ISR confirms the data reported within the AFCARS file submission is accurate. The process of the ISR 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 reported out within the federal AFCARS submission.

If data is found missing or inaccurate during the information system review, the case manager, and the technical team with MiSACWIS work to ensure that the information is updated or corrected. When missing information is noted, the case manager is instructed to update the information. To ensure the case manager understands the parameters of the information system review period, the data quality unit provides technical support and assistance for the duration of the information system review. 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.

Information System Review results are communicated to community partners including the Children's Bureau, CSA leadership, BSC and local office directors, private agency compliance analysts, and local CQI teams.

Survey Question	2023A: 9/30/2022- 3/31/2023	2023B: 4/1/2023- 9/30/2023	2023 Total
Number of surveys completed	162/180 = 90%	175/180 = 97%	337/360 = 93%
Is the child's date of birth correctly documented in the AFCARS spreadsheet and MiSACWIS?	162/162 = 100%	175/175 = 100%	337/337 = 100%
Is the child's gender correctly documented in the AFCARS spreadsheet and MiSACWIS?	162/162 = 100%	175/175 = 100%	337/337 = 100%
Is the child's race correctly documented in the AFCARS spreadsheet and MiSACWIS?	162/162 = 100%	175/175 = 100%	337/337 = 100%
Is the child's ethnicity correctly documented in the AFCARS spreadsheet and MiSACWIS?	161/162 = 99%	170/175 = 97%	331/337 = 98%
Does the removal date listed represent the first placement for the child?	162/162 = 100%	174/175 = 99%	336/337 = 99%
Is the exit date, or the termination date flagged as ending the custody episode, for the child correct on the spreadsheet per AFCARS logic?	50/52 = 96%	50/51 = 98%	100/103 = 97%
Are all the child's dispositional review hearings correctly	159/162 = 98%	165/175 = 94%	324/337 = 96%

Survey Question	2023A: 9/30/2022- 3/31/2023	2023B: 4/1/2023- 9/30/2023	2023 Total
documented in MiSACWIS during the corresponding AFCARS period?			
Has the child had a dispositional review hearing no less than once every six months?	135/142 = 95%	139/175 = 79%	274/337 = 81%
Are all the child's permanency planning hearing dates correctly documented in MiSACWIS?	134/135 = 99%	12 YAVFC	268/337 = 79%
Has the child had a Permanency Planning Hearing no later than 12 months from the legal status effective date and no less frequently than every 12 months thereafter?	124/129 = 96%	125/175 = 71%	249/337 = 73%
Are all the child's permanency goal(s) correctly documented during the period per the AFCARS spreadsheet?	162/162 = 100%	173/175 = 98%	335/337 = 99%
Were the child's health appointments correctly documented in MiSACWIS. <i>*New question in 2023B</i>	N/A	167/175 = 95%	167/175 = 95%
Were the child's disabilities correctly documented in MiSACWIS? <i>**This question only in 2023A</i>	112/118 = 95%	N/A	112/118 = 95%
Are the child's disabilities correctly documented in MiSACWIS currently or at the time of case closure? <i>**This question only in 2023A</i>	67/69 = 97%	N/A	67/69 = 97%
Were the child's health diagnosis and disabilities correctly documented per the AFCARS spreadsheet and within MiSACWIS? <i>*New question in 2023B</i>	N/A	88/175 = 50%	88/175 = 50%
Is the type of schooling listed for the child's enrollment in full-time education documented correctly in the AFCARS spreadsheet and MiSACWIS?	156/162 = 96%	162/175 = 92%	318/337 = 94 %
Is the highest grade the child completed correctly documented in the AFCARS spreadsheet and MiSACWIS?	152/162 = 96%	148/175 = 84%	300/337 = 89%
Does the child have their special education needs documented correctly in the AFCARS spreadsheet and MiSACWIS?	62/67 = 92%	75/175 = 42%	137/337 = 40%

Survey Question	2023A: 9/30/2022- 3/31/2023	2023B: 4/1/2023- 9/30/2023	2023 Total
Is the child's address correctly documented in MiSACWIS?	160/162 = 99%	172/175 = 98%	332/337 = 98%
Was the child's placement type correctly documented in MiSACWIS per the associated period?	162/162 = 100%	171/175 = 97%	333/337 = 98%
Is the child's placement type correctly documented in MiSACWIS currently, or at the time of case closure?	162/162 = 100%	171/175 = 97%	333/337 = 98%
Is the child's legal status correctly documented in MiSACWIS currently, or at the time of case closure?	161/162 = 99%	175/175 = 100%	333/337 = 98%
Did the data on the spreadsheet match the information you found in MiSACWIS?	157/162 = 97%	163/175 = 93%	320/337 = 94 %

In 2023, 360 cases were pulled for case information to be reviewed with extracted data elements from the AFCARS file. Of the 360 selected, 337 case reviews were completed and the 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. 333/337 for 98% accuracy.
- Demographic information on the child, including age, gender, race, and disability. 331/337 for 98% accuracy.
- 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. 333/337 98% accuracy.
- 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 335/337 99% accuracy.

Collaboration among state, county, agency, and tribal governments has shaped Michigan's statewide information system to produce accurate reports used to drive improvement efforts.

Adoption and Foster Care Analysis and Reporting System (AFCARS)

Michigan submits the data files for the AFCARS to the Children's Bureau semi-annually. Michigan's AFCARS team includes technical, business, program, policy, data management, payment, and quality improvement staff from the Michigan Department of Technology, Management, and Budget, the MiSACWIS team, CSA, DMU, and the CPS, foster care, and adoption program offices who 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 Technical Bulletin 20, version 2 final rules. Regular meetings are held to review ISR data and discuss improvement, trends, and gaps, ensuring a systematic process for improvement continues.

In anticipation of each file submission, data quality activities are performed centrally to confirm the extraction code accurately provides the required elements as outlined within the Technical Bulletins. In addition, every six months following the submission of an AFCARS file, Michigan assesses data quality through the Information System Review. The Information System Review ensures specific demographic information entered by case managers into the statewide child welfare information system is accurately reported within the AFCARS files. These activities inform necessary updates to either the functionality of MiSACWIS or to the extraction code to meet data quality standards imposed by AFCARS 2020 and the National Child Welfare Data Management System (NCWDMS).

Michigan met all data quality validation requirements with the submission of the first AFCARS 2020 file submission on May 15, 2023, and again on November 15, 2023.

AFCARS Improvement Outcomes

- **Objective:** MDHHS will submit the AFCARS file to the Children's Bureau semi-annually and ensure the file contains less than 10% 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 case manager enters actions in MiSACWIS. Upon a youth being discharged from court supervision, the case manager 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 case managers, 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 B passed all elements.
2021 Performance: Michigan AFCARS file 2020A passed all elements.
2022 Performance: Michigan AFCARS file 2021A and B passed all elements.
2023 Performance: Michigan AFCARS file 2022A and B passed all elements.
2024 Performance: Michigan AFCARS file 2023A passed all elements.

Analysis

Michigan met the updated AFCARS 2020 data validation standards. Michigan formed a Data Quality unit to confirm the accuracy of the state AFCARS extraction code and information system data entry meet the standards outlined within the technical bulletins. The information gleaned from the validation and ISR activities will be used to inform Comprehensive Child Welfare Information System development.

National Child Abuse and Neglect Data System (NCANDS)

Michigan submits data to the NCANDS annually. Michigan's NCANDS team includes technical, business, program, policy, and quality improvement staff from the Michigan Department of Technology, Management, and Budget, the MiSACWIS team, CSA, the In Home Bureau, CPS program and policy office, as well as Children Trust Michigan who review the requirements outlined within CAPTA and CARA regulations to ensure both program policies and the state information system, MiSACWIS, collect the elements required for submission. Michigan's NCANDS team meet collectively and with the NCANDS technical team to discuss data improvement, trends, or gaps, improvement continues.

In anticipation of the annual file submission, data quality activities are performed centrally to confirm the extraction code accurately records the number of child fatalities within the Child File. Case reviews of all child fatality investigations are conducted to confirm that those children who perished due to abuse or neglect by a parent, legal guardian or caregiver are reported as such within the child file. If data is found missing or inaccurate during the Child File validation, program office in cooperation with DCQI, and the technical team with MiSACWIS work to ensure that the information is updated.

Michigan submitted the annual NCANDS file on January 26. The state's FY 2023 NCANDS file was accepted as it met the validation and approval process. Michigan cooperates with the NCANDS liaison updating element mapping forms and collaborates on data validation reports for improved data quality. Michigan's SCAO secured funding to develop a statewide judicial information system to collect data related to Court activities which has the potential to improve the collection of Out of Court Contacts by a child's attorney for inclusion in the state NCANDS Agency File annually.

NCANDS Improvement Outcomes

- **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.
2024 Performance: The NCANDS file was submitted within the required threshold.

Analysis

Michigan has received technical assistance from the federal NCANDS liaison which has informed improvements to the state extraction code as outlined within CAPTA and CARA. Michigan's Child File validation confirms data entry. Michigan reports child trafficking victims within the Child File.

Comprehensive Child Welfare Information System (CCWIS) Transition

CSA is committed to replacing the current child welfare case management information technology system, MiSACWIS, with a new Comprehensive Child Welfare Information System (CCWIS). CCWIS encompasses new federal regulations required for states to receive financial support for child welfare information technology, and also reflects the name Michigan has chosen for the MiSACWIS replacement system. The transition from the MiSACWIS application to a compliant CCWIS modular information technology system is in progress. 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, CCIs, 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 CWLM and the Michigan Foster Care Portal only, with the current statement of work/amendment covering maintenance and operations as well as enhancements through September of 2024. 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 in the Fall of 2024.

MDHHS contracted with Civilla for human-centered design (HCD) planning, including their subcontractor, Change and Innovation Agency, for Business Process Redesign (BPR). One of the primary goals for the new CCWIS includes improved data reporting capabilities, as well as design and functionality to support workers with an increased ability to achieve positive outcomes for children and families. CCWIS is using a DEI lens as a guiding principle and is partnering with the CSA Race Data Project to include robust self-reported race, ethnicity, and cultural practices in addition to federally required race data.

The department completed discovery sessions using HCD and BPR to create the envisioned workflows and business requirements with the expertise of end users, lived experience youth, tribes, and internal/external business owners to ensure that the needs of departmental staff as well as youth, families, and external partners are met. The HCD discovery sessions engaged with biological families who had history with the child welfare system as well as older foster children. In May, CCWIS will began to interview and hire a subject matter expert with lived experience as a former foster youth. The CCWIS project staff has engaged, and will continue to engage, with community partners in preparation for CCWIS implementation.

Planning for all future CCWIS modules using HCD and BPR was completed in January and resulted in approximately 2,000 business requirement user stories and approximately 103 process flows encompassing the full scope of the remaining CCWIS functions/modules. Planning efforts included early assessment of data needs and requirements both for case management/family engagement and for data reporting at all levels. Ongoing efforts to review and clean data in MiSACWIS prior to migration to CCWIS, ongoing conversations to ensure draft requirements include all data needs, and early work with information technology integration partners is underway to ensure that required data exchanges are maintained and improved with CCWIS implementation.

The overall CCWIS team includes leaders and key staff resources from CSA, MDHHS' Strategic Integration Administration (SIA), and the 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 worked with a contract agile coaching team and are now working with an internal expert to continue agile coaching and training. 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 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 community partners 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 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.
- 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 conduct 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 177 support activities impacting 4,324 users throughout 2023. In addition, two online help topics and 158 job aids were updated, and six new job aids were created for MiSACWIS. For CWLM, three user guides and 19 business process documents were updated, and four new 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 users each month as part of the Pre-Service Institute (PSI) conducted by the OWDT. In 2023, there were 35 classes with 687 new users. From January through the end of February, there have been six classes with 137 new users trained.
- **Juvenile Justice Residential Worker Case Management Training.** New JJ residential users receive a two-day MiSACWIS case management training as needed per program office. In 2023, four sessions were held with 13 participants. From January 2024 through the end of March, one session was held with two participants.
- **Foster Care and CPS New Supervisor Institute (NSI).** Child welfare technology training staff deliver a half-day training to new CPS and FC supervisors attending NSI conducted by OWDT. These trainings cover areas in MiSACWIS that supervisors need to know when assigning cases and in reviewing the work completed by staff in MiSACWIS. In 2023, there were 20 classes with 153 new supervisors. From January through the end of February, two sessions were held with 15 participants.

Additional MiSACWIS Training Academy Support

- **Business Service Center (BSC) In-Service Support** – The child welfare technology training team supported OWDT and trained three workshops in 2023, assisting six frontline staff during the in-service trainings. These trainings included foster care placement and payment, completing determination of care records, and Info view and Data Warehouse training. In February, there were two

trainings that supported three frontline staff during the in-service trainings. These trainings included foster care placement and payment functionality within 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 provide a two-day MiSACWIS overview training to new children’s protective services (CPS), adoption, and foster care (FC) users 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. The child welfare technology training team creates and maintains the CPS, foster care and adoption participant guides and training data to support this training. During the two-day training, staff are available to troubleshoot any technical issues and assist participants. In 2023, there were 35 classes with 687 new users receiving MiSACWIS case management training. From January through the end of February, six classes were held with 137 new users trained.
- JJ Specialist Support – In 2023, child welfare technology training staff supported OWDT with three sessions including 35 participants. From January 2024 through the end of February 2024, MiSACWIS staff supported one session with eight 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.
- Database Security Application (DSA) Walkthroughs – As new and existing MiSACWIS and CCWIS users work to gain access via the DSA, some users require assistance to request system access. In 2023, 257 end users were provided DSA walkthroughs to assist with gaining access to MiSACWIS. From January through the end of February, 36 users were provided walkthroughs in DSA.
- Business Service Center (BSC) 5 Probationary Support Snippets –The child welfare technology training team provides a MiSACWIS demonstration to BSC 5 direct service staff on various case management topics. In 2023, 13 training sessions were provided to 572 BSC 5 staff. From January through the end of February, two sessions were provided to 89 participants.
- Wayne County Supervisor Assignment Training- This training was held in December 2023 and supported 24 staff; a second session was held in January and supported 64 staff. This training covered assignment training specific to CPS and foster care supervisors.
- Transitional Placement Program Training – A request was received in February 2023 to train foster care staff to enter transitional placement program placements and service authorizations. Two trainings were provided to 78 participants.

CWLM Training Support

In 2022 and 2023, the Child Welfare technology training team provided initial and ongoing CWLM training support in the form of virtual trainings, release highlight calls, and CWLM and Michigan Foster Care Portal (MFCP) recordings. Training materials were created and updated.

- 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 questions and address common help desk ticket trends. CWLM office hours were provided from January 2023 through the end of April 2023 to 509 licensing end users.
- Virtual Site Support – In February 2023, the child welfare technology training team began providing virtual site support for select MDHHS county offices and Private Agencies. The goal of the virtual site support calls was to discuss and address the help desk trends for each county or agency as well as review available training resources. In February 2023 and April 2023, 26 virtual site support calls were held with 347 licensing 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 inquiry and applications, inputting training plans, and adding recruitment/retention events. In 2023, five training sessions were held with 31 foster care navigators. From January through the end of February, one training session was held with four foster care navigators.
- GROW Trainers/Admin-Specific Training – Training was provided to the group of foster care navigators who provide pre-license trainings to prospective foster parents. Participants were trained on MFCP, inquiry and applications, and inputting training hours and recruitment/retention events into CWLM. In 2023, one training session was held with 14 GROW trainers. From January through the end of February, one training session was held with two Grow trainers.
- CWLM Demonstrations –This CWLM overview training is provided to external partners. In 2023, six training sessions were held with 70 users. From January through the end of February, four training sessions were held with nine users.
- Recruitment/Retention Specific Training – This training was provided to foster care navigators responsible for documenting recruitment and retention events in CWLM for CPAs and prospective foster parents. Participants were trained on MFCP, inquiry and applications, and inputting training hours and recruitment/retention events into CWLM. In 2023, one training session was held with 18 users. From January through the end of February, one training session was held with six users.
- Release Highlight Calls – In May 2023, the child welfare technology training team began providing support and detailing key changes following each CWLM release. Common help desk trends were reviewed, and time was provided for questions and answers. From May 2023 through the end of December 2023, 12 release highlight calls were held with 823 participants. From January through the end of February, two release highlight calls were held with 173 participants.

- CWLM/MFCP Learning Management Recordings – In 2023, recorded trainings were created to support multiple CWLM and MFCP system processes, providing end users with detailed training for specific tasks that could be used on demand. In 2023, seven CWLM training topic recordings and six MFCP recordings were created. In 2024, 13 CWLM training topic videos were created.

Ongoing MiSACWIS Release Support

In 2023, there were 16 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 2023, there were 14 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.
- Business processes maintenance and development.
- Learning Management CWLM and MFCP videos.
- Training environment maintenance and development.

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.

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 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 used 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 used 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 meet 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 SCAO, which represents circuit court family divisions on child welfare issues.

CIP 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 at [Michigan Juvenile Data Dashboard | University of Michigan Child & Adolescent Data Lab \(ssw-datalab.org\)](https://ssw-datalab.org).

Item 20: Written Case Plan

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. FCRB review, if applicable.
8. Placement.
9. Placement resources.
10. Medical.
11. Visitation plan.
12. TDM/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 Native American 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 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 2023. Improvements were made over this time period.

Program Area	2019	2020	2021	2022	2023
CPS	86% 82,342/ 95,226	96% 70,406/ 72,998	97% 81,389/ 83,997	97% 85,960/ 88,708	96% 82,238/ 85,656
Foster Care	88% 54,255/ 61,901	90% 51,570/ 57,241	90% 47,050/ 52,308	91% 44,246/ 48,737	92% 41,457/ 45,244

Source: MDHHS Data Warehouse

Michigan has increased the timeliness of services plan completion for those initial service plans consistently since 2019. 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 a series of meetings with leaders to review data for accountability and peer learning via ChildStat, Sustaining Performance Improvement, and a MISEP Corrective Action Plan Series.

Child and Family Involvement in the Development of Service Plans

TDMs and 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 FTMs 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 TDMs or FTMs 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. Upon successful completion of the CFSR PIP in September 2022, CFSR reviews were continued at a

reduced amount. In 2023, 20 cases were reviewed, CFSR Case Review scores related to the Case Review System from FY 2019 to 2023 are listed in the table below:

Item	2019	2020	2021	2022	2023
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	94.4% 17/18
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	88.9% 8/9
Stability of placement	100% 32/32	92.7% 76/82	93.8% 76/81	95.2% 60/63	75% 12/16
Timely establishment of the permanency goal	93.8% 30/32	90.2% 74/82	96.3% 78/81	98.4% 62/63	81% 13/16
Permanency goal was appropriate to the child's needs	93.8% 30/32	91.5% 75/82	92.6% 75/81	84% 57/63	81% 13/16

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 case manager contacts with parents to monitor the degree the training and programming has on level of engagement with fathers.

At the local level, MDHHS offices collaborate with community service providers that have or are developing fatherhood programs. MDHHS 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 case managers 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 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 CIP continues to develop pamphlets to provide to parents to engage and educate them about the court process.

Item 21: Periodic Reviews

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 Hearings

Of the 4,291 dispositional review hearings required to be held within 182 days of removal:

- Eighty-four percent (3,592) were completed within 182 days of removal. The average time to the dispositional review hearing was 93 days.
- Six percent (245) were completed more than 182 days. The average time to the dispositional review hearing in these cases was 440 days.
- Eleven percent (454) were not completed.

Preliminary Hearing 2023 Data

Of the 1,404 preliminary hearings that were due within 24 hours of removal:

- Eighty-three percent (1,163) were held timely.
- Ten percent (140) were held more than one day after removal. The average number of days from removal to the preliminary hearing was 26.
- Seven percent (101) of preliminary hearings were not held.

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

- Court averages in 2020:
 - Fifty-four percent within 84 days.
 - Sixty-three percent within 98 days.
- Court averages in 2022:
 - Sixty-eight percent within 84 days (an increase from 54% in 2020).
 - Seventy-four percent within 98 days (an increase from 63% in 2020).
- Court averages in 2023:
 - Fifty-five percent within 84 days (a 1% increase from 54% in 2020).
 - Sixty-two percent within 98 days (a 1% decrease from 63% in 2020).

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

- Court averages in 2020:
 - Fifty-six percent held adjudications within 119 days.
 - Seventy-four percent held adjudications within 210 days.
- Court averages in 2022:
 - Sixty-eight percent held adjudications within 119 days (an increase from 56% in 2020).
 - Eighty-four percent held adjudications within 210 days (an increase from 74% in 2020).

- Court averages in 2023:
 - Fifty-nine percent held adjudications within 119 days (a 3% increase from 56% in 2020).
 - Eighty percent held adjudications within 210 days (a 6% increase from 74% 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

Item 22 Assessment of 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 CIP 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% of permanency planning hearings were held within 365 days.
- In calendar year 2023, according to SCAO's Judicial Information System, 90.68% of permanency planning hearings were held within 365 days.

Permanency Planning Hearing 2023 Data

Of the 6,771 permanency planning hearings that were due within 12 months of removal:

- Ninety-one% (6,140) were completed within 364 days. The average time to the permanency planning hearing was 132 days.
- Four% (274) were completed after more than 364 days. The average time to the permanency planning hearing was 508 days.
- Five% (331) were not completed.

Item 23: Termination of Parental Rights

Item 23 Assessment of 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.

- Community partners 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.
- In calendar year 2023, according to SCAO's Judicial Information System, 8% of termination of parental rights were completed within 42 days of filing of the supplemental petition. Twenty-six% were completed in over 42 days. Sixty-six% of terminations of parental rights were not completed.

CFSR Data on Timely TPR

- 2019: 67% (10/15)
- 2020: 95.4% (41/43)
- 2021: 95.7% (45/47)
- 2022: 95.7% (22/23)
- 2023: 100% (8/8)

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 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 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.
- Community partners reported that notices are automated in some counties and depend on the worker to send them out in others.
- Community partners 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.

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. Of the caregivers interviewed through the conclusion of QSR reviews conducted in 2023, 14 of 15 received notification of court hearing and their right to be heard. In all focus groups conducted with community partners 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 case manager tells them of the upcoming hearings.

FCRB

The 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 (two%) reported that they were not regularly provided notice of court hearings and 22 foster parents (ten%) reported being given notice but not being provided the opportunity to participate in court hearings. In 2023, the FCRB held 250 case review meetings including foster parents. In those cases, seven foster parents (three%) reported that they were not regularly provided notice of court hearings and 39 foster parents (16%) reported being given notice but not being provided the opportunity to participate in court hearings.

Progress in 2022-2024

- 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, 42 counties are participating in the grants. Forty-six counties are currently participating.
- 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 case manager level data. The data can also be broken down by permanency goal.
- MDHHS and the court collaborate to strengthen the efficiency of actions through training and support of judges, attorneys, and court staff regarding the required judicial determinations.

- Through a data-sharing agreement between MDHHS and SCAO, the CIP developed a Juvenile Data Dashboard to help improve outcomes in child protective proceedings through data sharing and analysis. The dashboard went live in 2023 on a public-facing website through the University of Michigan Child and Adolescent Data Lab. In 2024, SCAO will upgrade the dashboard to have more frequent updates (monthly rather than bi-annual for most reports). The dashboard can be viewed at [Michigan Juvenile Data Dashboard | University of Michigan Child & Adolescent Data Lab \(ssw-datalab.org\)](https://ssw-datalab.org).

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. 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 the following:

- 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

2024 Performance: Pending Results

- **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

2024 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; Judicial Information System

2021 Performance: Data not available.

2022 Performance: Children placed in the home: Average 24 days; Judicial Data Warehouse. Children placed out of the home: Average 19 days; Judicial Data Warehouse.

2023 Performance: Initial dispositional hearings held within 182 days of removal: 39.07%; Judicial Information System and 182-day review hearing completed within 182 days: 83.71%.

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: 90.68%; 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: 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 interviews occurred with 37 caregivers.

2023 Performance: Of the caregivers interviewed through the conclusion of QSR reviews conducted in 2023, 14 of 15 received notification of court hearing 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% 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 FTMs at a much higher rate, approximately 75% 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 FTMs, 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 January 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 FTMs 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 FTMs. 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 FTMs 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% reported that the attorney advocated in the best interest of the child. Of those surveyed, 100% shared that the youth is supported/advocated during hearings and 60% 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 case managers 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. Of the youth surveyed, 75% were invited to court hearings and 69% were informed by their attorney about the hearing date. Others shared that they were notified by their case manager 94% of the time and 67% of the time by their caregiver. Of those surveyed, 60% 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.

Planned Activities for 2024

- MDHHS will continue to collaborate with SCAO to improve case review data collection and analysis and implementation of court improvement efforts, including sharing CFSR and QSR results with SCAO to show where improvement is needed.
- 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 FCRB 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 case managers 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

Throughout the duration of the CFSP 2020-2024, Michigan was able to leverage its statewide, 2018 CFSR Round 3 strength rated Quality Assurance (QA) System to achieve the successful completion of a CFSR PIP in September 2022. In addition, MDHHS continued to enhance its well-established QA system while maintaining the below listed federal requirements of a Quality Assurance System:

- 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.
- 5) evaluates implemented program improvement measures.

A detailed description of Michigan's Quality Assurance (QA) system was provided in the CFSP and subsequent annual reports which included the steps taken to address any identified problems. Below is a final update to the use of, and enhancements made to, the QA system during the five-year period.

Quality Assurance System 2020-2024

- Developed and operationalized state level CQI structure with identified priorities, analysis capacity, tasks and requirements that align with already identified areas needing improvement (CFSR outcomes, key performance indicator areas of focus, community partnerships to support system and families pre and post removals).
- Establish annual strategic planning and service array assessment that relies on engagement with families, community partners at statewide and local levels.
- Supported local CQI teams to develop network of community partners who can educate child welfare and vice versa which creates greater community supports for families connected to the child welfare system.
- Conducted data validation and analysis on specific data points to reveal information specific to the engagement of parents in case planning and service delivery.
- Developed and operationalized Quality Improvement Activities to address worker visits:
 - Worker-parent visits.
 - Parent-child visits.
 - Absent parent protocol.
- Realigned staffing allocations of the permanency resource managers to support and facilitate the implementation of a TDM model and FTMs statewide to improve:
 - Completion rate.
 - Parent involvement.
 - Parent participation.
 - Community partner participation.

Progress in 2020

- Michigan maintained the Division of Continuous Quality Improvement. DCQI consists of data, case review, and case compliance units responsible for providing verifiable data to measure and track performance. The review team staff develops and tests protocols, trains reviewers and provides feedback to local directors and staff to assist in evaluating local practices and defining possible remedial actions. The compliance unit is responsible for organizing and conducting the quality assurance processes for ChildStat, the QIC, and operating the Quality Assurance Case Reviews to assess compliance with relative placement requirements.
- MDHHS maintains the QIC to promote a statewide quality improvement structure in the areas of safety, permanency, and well-being.

- Quality Improvement Activities are used to outline specific investigations or actions to address an opportunity or learn more about trending data to support the mission of MDHHS's CSA.
- MDHHS DCQI eliminated the use of the Quality Assurance Compliance Review instrument as the case review tool and implemented the MSR which utilizes both the QSR and CFSR Onsite Review Instrument (OSRI) protocols as the state's primary method of gathering data on quality of services statewide. Case evaluation is conducted through interviews with pertinent people including children, parents, foster parents, teachers, therapists, and other providers as well as review of case file documentation. The findings are recorded following each review protocol and recorded in a case summary or in the Online Monitoring System (OMS) OSRI. Upon conclusion of each case review, the review team met with each case manager and supervisor to debrief and provide a summary of findings. Item 12 was achieved in the CFSR PIP Measurement Plan.
- The Quality Assurance Compliance Review (QACR) measures compliance with the initial safety assessment of relative placements.

Progress in 2021

- Michigan maintained the operation of the MSRs to perform quarterly assessments on the CFSR Program Improvement Plan and Measurement Plan. Michigan was able to satisfy some of the items within the measurement plan: Item 3, Item 5, Item 13, and Item 14.
- Michigan, in partnership with the Children's Bureau and the CIP, conducted interviews with partners and continued to implement strategies outlined in the CFSR Program Improvement Plan.
- Through regional Navigating the Data summits, MDHHS provided training to MDHHS county and private agency directors and managers on the available reports that include county data and how they can be used to target local improvement efforts.
- DCQI collaborated with the BSC Quality Assurance Analysts to develop a plan for continuous quality improvement efforts by creating the Quality Improvement Activity process that includes:
 - Identifying areas of inquiry, concerns, or effectiveness of improvement efforts.
 - Using CFSR data indicators to define measures.
 - Identifying potential resources for the specified data.
 - Determining procedures for collecting information.
 - When necessary, assisting community partners to discover reasons the system was not achieving its objectives and developing plans to address them.
 - Conducting ongoing monitoring and testing of program improvement efforts.
- Michigan under the order of the Governor has employed dedicated staff and resources for a DEI program.

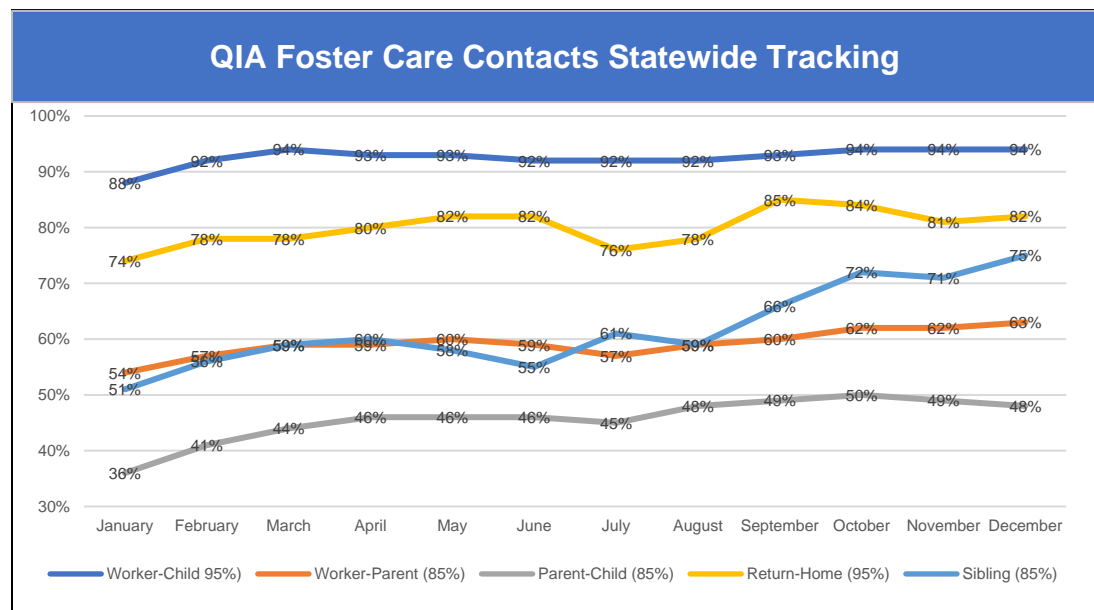
Progress in 2022

- In 2022, DCQI acquired the Office of Family Advocate and developed the Data Quality Unit, to test and confirm federal file submissions. This unit is responsible for managing the state Data Quality Plan.
- DCQI facilitates the QIC which eliminated use of sub teams for broader inclusion and now includes representatives from private agency foster care and adoption agencies, in addition to experts from inside and outside the department including the CIP that responded to emerging issues and initiatives. QIC sessions are now performed quarterly and rotate focus on permanency and safety outcomes.
- Michigan implemented targeted reviews to gather data on Dissolved or Disrupted adoptions of youth who had a subsequent placement in a congregate caring institution and provided recommendations to improve aftercare services including outreach to families who have adopted children from foster care.
- Michigan worked with Chapin Hall to train staff in groups of cohorts on Motivational Interviewing.
- Michigan was supported by the Harvard Fellowship program to develop and implement the Sustaining Program Improvement model which focuses on key performance indicators with both the CPAs as well as the congregate caring institutions. A set of standard metrics was outlined to review on a quarterly basis with each of the populations for peer-to-peer learning and sharing of ideas to address challenges or to mimic successfully implemented interventions.
- The MiTEAM Fidelity Application was updated to record staff skills associated with Motivational Interviewing (MI). The data is used to inform training and fidelity to the MI model.
- Michigan implemented all the strategies offered within the CFSR Program Improvement Plan and satisfied three items within the CFSR PIP Measurement plan: Item 2, Item 6, and Item 15.

Cross Cutting Goal	Completed Strategy	Continued 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, TDM, and 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, TDM, and CPS redesign. Increasing utilization of the MiTEAM Fidelity application and promoting case practice. Utilizing analytical tool for targeted case practice improvement strategies. Implementation of Motivational Interviewing, an evidence-based practice that focuses on client readiness to make changes necessary to meet their goals.

Cross Cutting Goal	Completed Strategy	Continued Focus
Workforce	Consolidation of policy requirements, culture and climate, leadership development program, hiring strategies, and mentoring programs. Completed the Leadership Development Tool, a 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, and mentoring programs. Completed Leadership Development Tool, training plan using Culture Organization Health Assessments (COHA) and continued participation with the Quality Improvement Center for Workforce Development Analytics Institute. COHA data is used to inform organizational health and secondary trauma for staff. The Leadership Development Tool informs current managerial staff. Monthly staff turnover reporting is used to inform recruitment and retention efforts. Mentoring continues to support new and experienced staff.
Assessment and Services	Evident Change validation and staff training for assessment tools. Front End Redesign, risk and safety assessment updates, staff training, and policy updates. Development of the Child Assessment of Needs and Strengths (CANS) Comprehensive Tool.	Evident Change validation and 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. A Plan of Safe Care protocol is complete.
Quality Legal Representation	Pilots were identified, training for pilots was completed, and statewide Title IVE match grants are active. Training curriculum, measurement strategies, and evaluation and data collection have been outlined.	Van Buren and Wayne County pilots are fully functional and serving families. Measurement plans for both pilot sites were outlined, and data collection is underway. Title IV-E match grants for other counties have been in place since 2020 and are providing legal representation for families in participating counties. The SCAO CIP partners with MDHHS to train local court administrations for improved legal representation programming.

- Michigan continued to employ the DEI officer who developed an outline for staff training and engagement activities aimed at impacting marginalized communities served in the child welfare system.
 - MDHHS coordinated monthly sessions for staff to participate in activities that included participation in Eliminating Racism and Creating/Celebrating Equity (ERACCE) training and review of the Uncomfortable Conversations with a Black Man video series, followed by discussion.
- 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 10 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.
 - BSC QA analysts provide a quarterly report to outline the progress.



Data Source: MDHHS Data Warehouse

Progress Completed in 2023

- DCQI and the Business Service Center Quality Assurance Analysts planned and organized a MiTEAM CQI Conference focusing on the skills associated with

implementing the Plan, Implement, Track and Adjust cycle within the child welfare system.

- MDHHS 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.
- MDHHS strengthened county-level teams by enhanced MiTEAM training. Staff in all 83 counties and private agencies completed additional training on the MiTEAM practice model fundamentals focused on both the competencies of the practice model as well as Motivational Interviewing. The overall ratings are based on the MiTEAM Fidelity Tool, which is scored on a scale of zero to four, where 0 means Not At All, 1 means Minimally, 2 means To Some Extent, 3 means A Good Deal, and 4 means A Great Extent. Calendar Year 2023 data:

MiTEAM Competency	Quarter 1 Overall Rating	Quarter 2 Overall Rating	Quarter 3 Overall Rating	Quarter 4 Overall Rating
Motivational Interviewing	2.90	2.83	2.88	2.88
Teaming	2.81	2.81	2.81	2.80
Engagement	2.87	2.85	2.87	2.86
Assessment	2.82	2.81	2.82	2.82
Mentoring	2.72	2.70	2.72	2.71

- DCQI continued to organize and host quarterly Sustaining Program Improvement sessions with all CPAs and then in separate quarterly sessions with all congregate CCIs. The DCWL has joined DCQI in the preparation and leadership of the quarterly sessions.
- DCQI continued to host ChildStat presentations with 17 counties with a focus on DEI using demographic information on county census data, staffing, and children in care. Additionally, the focus of the ChildStat includes review of permanency in 12 months and recurrence rates as well as utilization of contracted services and use of the MiTEAM Fidelity Application for coaching of staff in both Motivational Interviewing and case practice behaviors supporting teaming, engagement, assessment, and mentoring.
- Michigan, in partnership with the National Quality Improvement Council – Engagement of Youth grant and the CIP, piloted the YAP. The YAP engages youth with lived experience to mentor youth currently in foster care to share their voice in courtroom settings. The successful pilot will be expanded in 2024 and will continue to support the evidence-based research for the Children’s Bureau under the provision of the grant.

Progress in 2024

- Michigan is preparing for the state's fourth CFSR which will be conducted during calendar year 2025. Michigan has proposed performing a state-led review and is working to demonstrate proficiency implementing the On-Site Review Instrument, selecting a statewide sample of both in-home and out-of-home populations. Michigan will continue to work with the state CIP and community partners to complete the Statewide Assessment leading up to the joint CFSR assessment.
- QIC quarterly meetings continue to host interactive presentations by CSA, researchers, and county offices and agencies to analyze factors relating to permanency and recurrence of maltreatment.
- MDHHS continues to utilize 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 continues 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 outcomes.
- DCQI is providing 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.
- The statewide Quality Improvement Activity for case manager visits continues to be a tracked activity with emphasis on worker-parent visits and sibling visitations.
- Michigan Service Review results will be provided to local directors and staff through on-site meetings and a written case summary.
- 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 partners as reviewers to ensure reviews are conducted in a consistent and systematic manner.
- DCQI will provide technical assistance to county offices and agencies, allowing them to use data from several sources to inform work relative to trends, strengths, and opportunities for improvement. On January 23, the annual MSR data was shared with MDHHS staff and was again shared with Private Agency staff on January 30, during the Sustaining Performance Improvement.
- DCQI will conduct data analyses and report findings 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 community partners to implement measures to improve performance in an ongoing CQI feedback loop.

Quality Assurance System Analysis

Michigan is committed to improved outcomes for children and families connecting with the state child welfare system and will complete the fourth CFSR assessment in 2025. Efforts to improve authentic engagement with those served, complete comprehensive and accurate assessments of family and child needs and match them with services to

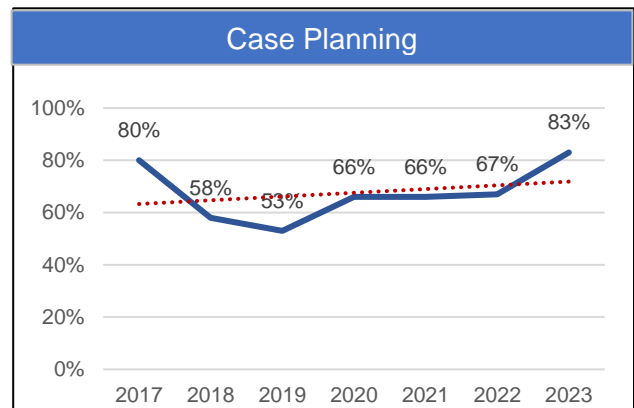
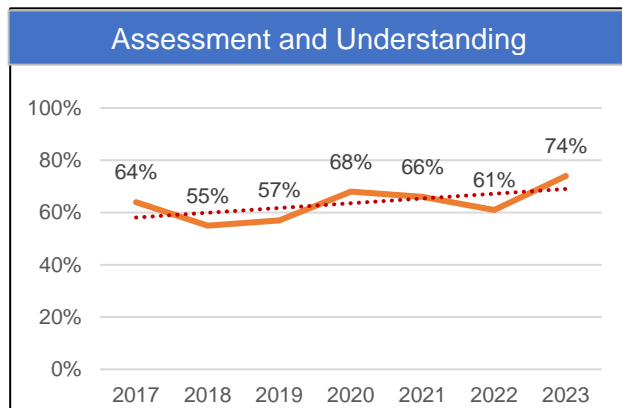
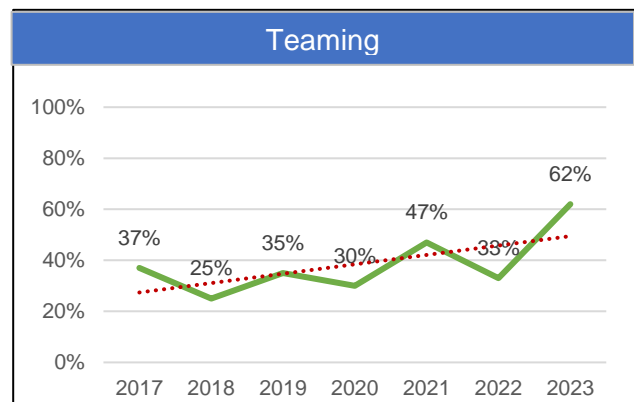
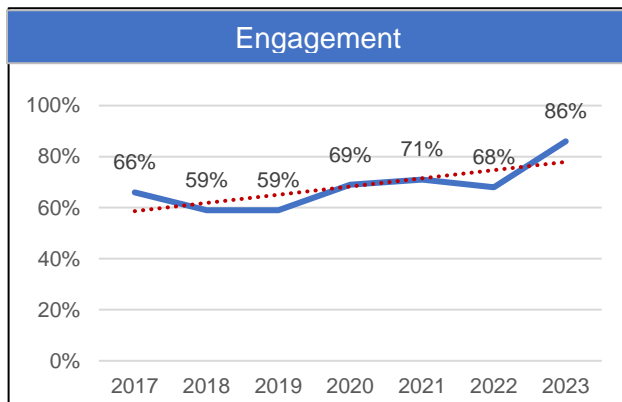
address those needs continues to be a statewide focus as these positively impact safety, permanency, and well-being. In addition, ensuring there is a full workforce to operate our child welfare system continues to be at the forefront of many efforts especially as there are challenges to retain and recruit staff for this difficult work. Michigan continues to cooperate with the CIP in providing training and mentorship to local courts so that quality legal representation is provided to all children and parents interacting with the child welfare system.

In addition, Michigan will continue to review outcome measures while strategies are implemented to become a prevention-oriented system with equitable services for increased safety, timely achievement of permanency and improved well-being through authentic engagement, comprehensive assessments, a competent and supportive workforce, quality legal representation and feedback from those with lived expertise. The practice of our CQI PITA process is demonstrated through the improved data and measurements.

Item	2019 – PIP Baseline	2020	2021	2022	2023
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.	94.1%	93.5%	93.5%	98%	100%
Item 2: Services to Family to Protect Child(ren) in the home and Prevent Removal or Re-Entry into Foster Care.	82.8%	75.9%	75.9%	90%	90%
Item 3: Risk and Safety Assessment and Management.	68.0%	65.8%	65.8%	75%	80%
Item 4: Stability of Foster Care Placement.	89.1%	89.6%	89.6%	83%	75%
Item 5: Permanency Goal for Child.	84.4%	87.2%	87.2%	84%	81%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement.	60.9%	67.4%	67.4%	71%	56%
Item 7: Placement with Siblings.	NA	97.1%	97.1%	100%	91%
Item 8: Visiting with Parents and Siblings in Foster Care.	NA	70.3%	70.3%	84%	79%
Item 9: Preserving Connections.	NA	87.2%	87.2%	87%	88%
Item 10: Relative Placement.	NA	79.5%	79.5%	89%	93%
Item 11: Relationship of Child in Care with Parents.	NA	71.0%	71.0%	79%	93%
Item 12: Needs and Services of Child, Parent, and Foster Parents.	48.0%	56.2%	56.2%	45%	65%
Item 13: Child and Family Involvement in Case Planning.	56.5%	56.1%	56.1%	64%	90%
Item 14: Case manager Visits with Child.	79.0%	77.8%	77.8%	88%	90%

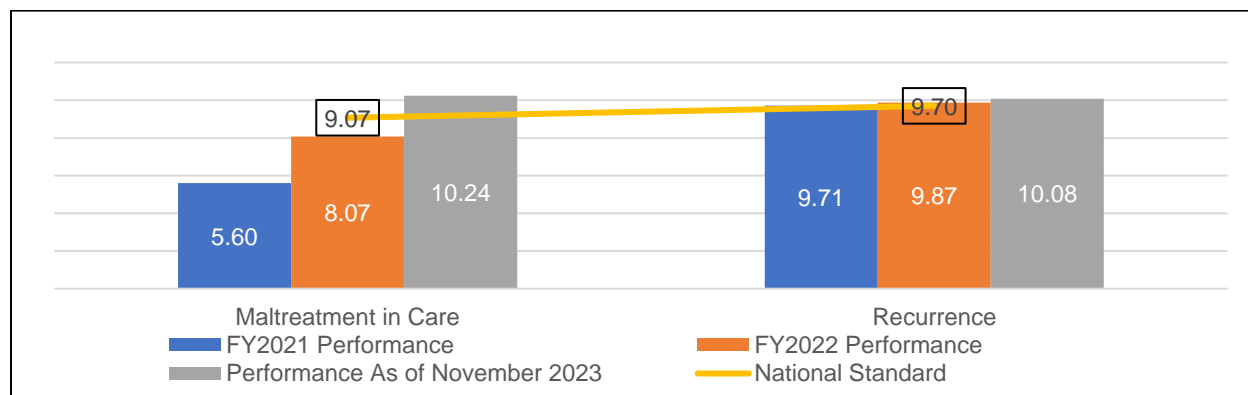
Item	2019 – PIP Baseline	2020	2021	2022	2023
Item 15: Case manager Visits with Parents.	48.2%	45.0%	45.0%	54%	95%
Item 16: Educational Needs of the Child.	NA	85.4%	85.4%	85%	78%
Item 17: Physical Health Needs of the Child.	NA	72.9%	72.9%	77%	83%
Item 18: Mental/Behavioral Health of the Child.	NA	71.8%	71.8%	71%	83%

Source: On-line Monitoring System On-Site Review Instrument



Source – Annual MSR Reports 2019-2023

Statewide Safety Performance Fiscal Years 2021 and 2022

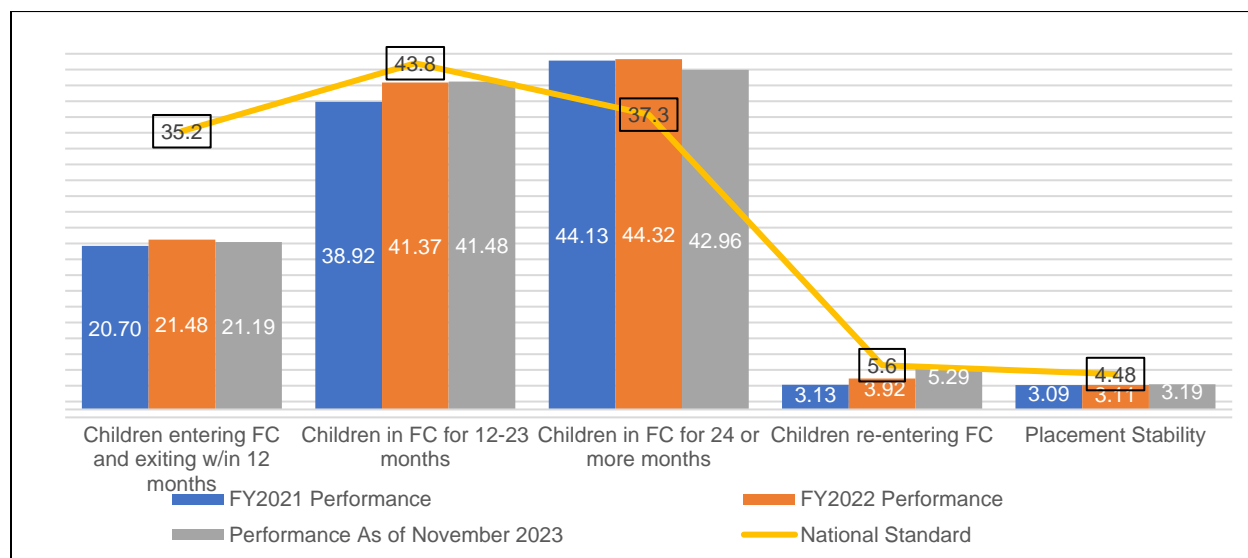


Source: CFSR Monthly Dashboard

Focusing on safety for all youth in foster care contributed to the reduction in additional events of maltreatment to youth in out of home care. In addition, MDHHS consciously worked to update policies to eliminate the use of restraints on youth in congregate care settings. Data was reviewed statewide consistently, services to support caregivers has been improved and CQI teams implemented strategies to support staff and caregivers locally.

Michigan's foster care population continues to decline as prevention strategies are implemented. Foster care services are now focused on serving those families with the highest and most complex needs requiring longer periods of service interventions to resolve the challenges within the family. This has impacted the rate in which permanency is achieved within the first 12 months of entering foster care.

Statewide Permanency Performance Fiscal Years 2021 and 2022



Source: CFSR Monthly Dashboard

Progress

Michigan committed to maintaining an identifiable quality assurance system and has continued to assess its functionality and has continued to implement improvements within the robustly functioning system. Looking ahead, Michigan will continue the practice of the Plan, Implement, Track and Adjust so that the quality assurance system remains effective and relevant to the changing needs of the state.

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 partners 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 used.
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 partners to develop and implement targeted strategies.

In addition, Michigan remains committed to improving authentic engagement with youth and increasing the degree to which youth participate in case planning and court hearings. In 2023, 116 interviews were conducted from case reviews to solicit input and feedback from Michigan’s diverse population regarding disabilities, historically marginalized and underserved populations, and accessible service provision; they are reflected in MSR, CFSR and/or QSR scoring.

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.
- 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 application and local CQI activities.
- Michigan conducted an October 2023 MDHHS CQI Conference for a targeted audience of state quality assurance staff or those designated with CQI responsibilities. The conference focused on skill enhancement to support the PITA process, advancement of data driven, supportive, and engaging culture; and DEI advocacy.

STAFF AND PROVIDER TRAINING

This systemic factor relates directly to Michigan's goal of supporting a diverse and healthy workforce. Improvement in child safety, permanency, and well-being require a knowledgeable and stable workforce. Training is one component needed to ensure child welfare professionals are knowledgeable about the expected approach to casework practice; stay informed about best practices and new research finding and are aware of statutory and policy change.

Consequently, the performance assessment is based upon:

- Evaluation of the initial, ongoing, adaptive, and specialized trainings offered throughout the state.
- Current information and data.
- Conformity regarding item 26, 27 and 28 of the CFSR.
- Input elicited from families, children, and youth; Tribes, staff, courts, and other partners in development of the CFSP.

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 January 1, 2023, through December 31, 2023, 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.

The OWDT and the Office and the Race Equity, Diversity, and Inclusion Office (REDI) continue its efforts to align its work with the CSA priorities of safety, prevention, permanency, and well-being focused on equitable practices in child welfare. This collaborative effort ensures:

- Training design and development through a race equity lens.
- Child welfare input in the training plan and assists in monitoring progress.
- Review of curricula, learning objectives, training outlines, job aids and other training materials developed by MDHHS, contractors and partners.
- Identify workforce performance gaps.
- Review, recommendation, and prioritization of training solutions.

Item 26 – Initial Staff Training

Item 26 in the CFSR pertains to the functioning of staff and provider training statewide. Specifically, it focuses on ensuring timely initial training is provided to all staff who deliver services pursuant to the CFSP.

Initial training encompasses training for initial child welfare staff referred to as the Pre-Service Institute (PSI), initial training for new supervisors referred to as the New Supervisor Institute (NSI) and various other trainings offered by OWDT.

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

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

Measure: CFSR Round 3; MDHHS learning management system.

Baseline: Area needing improvement; CFSR 2018.

Benchmarks 2020-2024: Demonstrate improvement each year.

Assessment of Performance – Pre-Service Institute

Michigan's performance on initial staff training is tracked through learning management system (LMS) data; and level one, two and three training evaluations. The system allows for instructor-led training registration, completion of computer-based training, and has the ability to record completed individual training. Child welfare staff are identified in the LMS by their role in MiSACWIS which assures program-relevant training is available to them. The LMS tracks training completions for child welfare staff, allows for supervisory approval, the addition of local trainings and appearance on a trainee's transcript. The system also allows for supervisors to assign specific training to staff. This system integration makes it easy to collect data about training requirements.

Based on the process used to track timeliness, OWDT is notified of the date of hire from MDHHS and private agencies. 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% review of new staff training at child-placing agencies during their annual inspection. In addition, the central office section monitors completion of certification and special evaluation training for licensing specialist and supervisors.

Specialists are required to complete an initial Pre-Service Institute (PSI) training within 112 days of hire. Data extracted from the system revealed between January 1, 2019, and December 31, 2023, 100% of specialists completed training timely.

Year	Completed Within 112 Days	Number Trained	MDHHS	Private Agency	Adoption	Foster Care	CPS
2019	100%	904	544	360	36	434	434
2020	100%	834	439	395	54	MDHHS: 123 PAFC: 337	310
2021	100%	862	410	452	34	MDHHS: 104 PAFC: 403	308
2022	100%	712	368	334	42	MDHHS: 92 PAFC: 290	276
2023	100%	768	437	331	33	MDHHS: 128 PAFC: 298	309

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

- Adoption – MDHHS: 0, Private Agency: 33.
- Foster Care – MDHHS: 128, Private Agency: 298.
- CPS – MDHHS: 309.

Over the five-year period, Michigan continued its collaboration with Michigan schools of social work regarding 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 and in 2023, trained and hired four child welfare specialists.

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 a one hundred 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. Adoption: 48.

- CPS: 84.
- Foster care: 148.

PSI Evaluations

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.

During the five-year period, trainees reported their trainers being helpful and knowledgeable of policy and procedure and very engaging. The trainers were energized, organized, and presented a passion for child welfare. Results reflected trainers modeled techniques that are used in practice and engaged participants in the hybrid model. Hybrid is defined as in person and virtual option.

Trainees also expressed the need for more legal and MiSACWIS Training, more time in program specific training, additional on the job 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% 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.

Individuals who do not receive a satisfactory score are not allowed to be assigned a full caseload until a satisfactory score is obtained 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. For the five-year period, all Pre-Service

Institute trainees passed their exams on the first or second attempt. Below are the scores from 2021-2023.

Exam	2021			2022			2023		
	Range	Average	Number of Staff	Range	Average	Number of Staff	Range	Average	Number of Staff
General child welfare	70%-99%	87%	443	67%-99%	87%	722	70%-98%	89%	803
Adoption	71%-96%	84%	29	70%-98%	83%	42	70%-90%	80%	33
CPS	70%-95%	83%	187	64%-94%	82%	278	70%-98%	84%	365
Foster Care	70%-96%	83%	234	58%-96%	83%	394	70%-98%	83%	438

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.

Assessment of Performance – New Supervisor Institute

The REDI Office's Leadership Development Division is responsible for the New Supervisor Institute (NSI). 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

Data extracted from the system revealed between January 1, 2019, and December 31, 2023, showed a steady increase in timely completion of the institute. For 2022 and 2023, 94% of specialists completed training with 112 days.

Year	Completed Within 112 Days	Number Trained	MDHHS	Private Agency	Adoption	CPS	Foster Care	Licensing
2019	MDHHS: 86% PAFC: 54%	157	76	81	NA	NA	NA	NA
2020	71%	91	50	41	4	37	41	8
2021	88%	114	52	62	10	32	66	6
2022	94%	152	63	89	13	41	84	14
2023	94%	133	66	67	4	38	76	15

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% of new supervisors completed New Supervisor Institute timely. In 2021, process improvement began, and 88% of new supervisors completed New Supervisor Institute timely. Process improvement continued in 2022 and 94% of new supervisors completed New Supervisor Institute timely. This was maintained for 2023. 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.

NSI Evaluations

Level One Evaluation

The five-year feedback provided by supervisors in the level one evaluation indicate that, overall, new supervisors found both the child welfare topics and program-specific sections of the New Supervisor Institute to provide useful information and resources. Supervisors expressed appreciation for time devoted to practical application activities, such as simulated case reads. Based on prior feedback, adjustments were made to the amount of out-of-class work that is required during training. In response to current feedback, the NSI will be more intentional to ensure training materials are racially equitable, and in providing resources for continued development after completion of training to effectively support the transfer of learning.

Level Two Evaluation

New supervisors must pass a multiple-choice exam with at least a 70% 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. During the five-year period, all NSI trainees passed their exams on the first or second attempt. Below are the scores from 2021-2023 as an example of the scores.

Exam	2022 Exam Scores			2023 Exam Scores		
	Range	Average	Trainees	Range	Average	Trainees
Adoption	70%-100%	88%	25	70%-100%	85%	17
CPS	85%-100%	93%	43	85%-100%	90%	47
Foster Care	70%-100%	97%	92	70%-100%	94%	95

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.

Other Trainings

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 the Michigan Federation of Children and Families.

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 and 2023 are as follows:

- Family preservation universal core trainings: 164 and 145.
- Families First of Michigan: 69 and 84.
- Family Reunification Program: 29 and 38.
- Families Together Building Solutions: 89 and 65.

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 and 1,325.
- Supervisor trainings: 64 and 63.

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.

Analysis

Michigan is able to present quality data which reflects the number of child welfare staff who attend and complete the initial training. In addition, Michigan is able to present information and data to support the quality of training is sufficient to adequately prepare child welfare staff to carry out their job responsibilities. The state has initial training in place for MDHHS and private staff, has a sufficient training tracking mechanism in place and child welfare training is completed prior to staff carrying a caseload.

The performance assessment reveals there is sufficient content that covers and allows for development of a knowledge base regarding court processes, including discussion of court findings regarding preventing removal, reunifying children, and achieving permanency; application of DEI concepts; and information pertaining to service delivery.

Item 27 – Ongoing Staff Training

Whether the statewide staff and provider training system is functioning well in ensuring ongoing training provision addresses the skills and knowledge needed to carry out their duties regarding service provision.

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.

Assessment of Performance

MDHHS requires child welfare specialist and those in supportive positions to complete annual training hours.

- 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.

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. Data extracted from January 1, 2019, through December 31, 2023, revealed MDHHS continues to demonstrate excellent compliance with this item; consistently reporting 98-99% achievement. This item is rated as a strength.

Year	Child Welfare	Hours	Completed	Supervisory	Hours	Completed
2019	3,761	32	98%	872	16	98%
2020	3,664	32	99%	876	16	99%
2021	3,275	32	98%	817	16	99%
2022	3,075	32	98%	878	16	99%
2023	2,957	32	99%	850	16	99%

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 28 requests for local training delivery. In addition, ten local office support requests, providing individual support to specialist in the community, were fulfilled.

In 2023, 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 specialist 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 250 in-service training sessions were provided to 6,127 participants on a virtual platform (Microsoft Teams) and in-person. There were an additional 80 sessions offered in 2023, which resulted in a 400.7% increase in the number of participants that completed these trainings in 2022. In addition to the 812 BSC In Service training participants, the mandatory New Maltreatment Types training was a training for all child welfare specialist, first and second-line managers totaling 3,684 participants on a virtual platform and in-person. Michigan State Police Safety Training resulted in 480 participants being trained, Target Recruitment for Children of Color result in 166 participants, and Anti Bias Child Welfare training resulted in 985 participants trained, which resulted in an increased number of participants for 2023.

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 one to ten (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 MSU that is posted to the OWDT website and the MSU 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. OWDT and

REDI provide instructor-led in-service training on topics identified by the BSCs and offers over 100 on demand computer-based training modules on Title-IVE eligible topics.

University-Based In-Service Training

MDHHS contracted with MSU, which collaborates with twelve 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, licensing, and supervisors.

Electronic catalogs are regularly distributed to communicate the child welfare training opportunities available statewide. 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.

Data from October 1, 2022–September 30, 2023, serves as an example of activities:

- The university collaborative provided training to more than 2,000 trainees through 153 training events across a variety of platforms, including live synchronous Zoom training events ranging from one to three hours, live synchronous 1-hour webinars, and a continually growing library of recordings available in an on-demand format. More than 5,000 training hours were provided to trainees across these three platforms, reaching workers in every county in the state.
- Training topics included:
 - Trauma and crisis management.
 - Secondary trauma.
 - Mental and behavioral health.
 - Cultural humility/cultural competence.
 - Anti-racism.
 - Substance abuse.
 - Domestic violence.
 - Permanency.
 - MiTEAM Principles (Training, Engagement, Assessment, and Mentoring).
 - Placement.
 - Family preservation.
 - Education issues.
- Future topics identified by the workforce:
 - Trauma.
 - Substance abuse.
 - Race equity/cultural diversity.
 - General mental health.
 - Youth supports and resources.
 - Human Trafficking.
 - Self-care and burnout.

- The university collaborative provided caregiver training to more than 228 trainees through 24 training events across a variety of platforms, including live synchronous two-hour Zoom training events, live synchronous one-hour webinars, and a continually growing library of recordings available in an on-demand format. More than 286 caregiver training hours were provided to trainees across these three platforms, reaching caregivers in 53 counties in the state.

Training for Residential and Institutional Staff

- BBI continued training 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

- CAP follow-up processes were refined and improved with DCWL adding additional tracking processes. This effort allows for technical assistance to be provided to residentials on CAP acceptance criteria and completion success, resulting in a reduction of repeat violations. It also offers training opportunities related to current rules and statutes by licensing consultants as needed.
- Quarterly, the DCWL Program Manager in conjunction with DCQI participated in Sustaining Performance Improvement in Children's Services meetings with representatives from MDHHS, CCI Chief Administrators or their designees, and residential staff. The goals include building stronger partnerships, improving communication, sharing best practices, and discussing strategies to improve outcomes for children and families.
- DCWL attended weekly CCI status meetings to identify concerns impacting child safety requiring immediate action. This included case manager verification of safety and well-being, implementing safety plans, reviewing staff sufficiency, additional investigations by CPS-MIC or DCWL, technical assistance, and temporary suspension of new referrals to the residential if needed. Participants in the weekly meetings included the CSA deputy director, the DCWL director or designee, the director of the Maltreatment in Care Division, the Regional Placement Unit manager, and representatives from Foster Care and the Division of Juvenile Justice.

MiTEAM Training

During the CFSP, MiTEAM principles and modules continue to be provided to new hires through the PSI and for new supervisors through the NSI. In January 2023, Michigan did a statewide roll out of the revised MiTEAM Fidelity Tool. This revised fidelity tool expanded assessment populations to additional child welfare specialists and incorporates Motivational Interviewing fidelity questions. Throughout January and February, child welfare supervisors participated in a training about the revised fidelity tool. This updated MiTEAM Fidelity Tool training was also reflected in the New

Supervisor Institute training, ensuring new supervisors are receiving the same training about how to use the fidelity tool.

Through 2023, the workgroup hosted several Technical Assistance calls to support the changes to the application. Additionally, specialists were offered trainings about the MiTEAM Fidelity Tool, providing an opportunity to learn more about the intent of the tool as well as expectations during and following the assessment. There continues to be ongoing conversations about support and trainings to the fidelity tool assessors and participants. The MiTEAM Fidelity Workgroup concluded 2023 with a request for data edits to the MiTEAM Web Application based on participant feedback. Additionally, consideration of changes to the fidelity tool questions and examples was requested. Subgroup work related to fidelity tool questions and examples began in early 2024 and involves participants representing each program area using the fidelity tool who are from local office and BSC regions as well as private agency partners. Various workgroups have been developed to facilitate ongoing enhancements to the MiTEAM practice model.

MiTEAM Manual Workgroup

The MiTEAM Manual workgroup has been tasked with reviewing the MiTEAM Manual. The workgroup has determined that the manual needs to be reduced in size/volume, provide more specificity for each competency along with practice guidance. The updated manual will move to an online platform on the MDHHS public website. The manual will incorporate the Safe and Together Appendix, updated terminology, Motivational Interviewing, Prevention Resources, and the Protective Factors.

Training and Ongoing Support for Leaders & Supervisors

Through the plan period, the Training and Ongoing Support for Leaders & Supervisors group worked on three distinct projects:

- MiTEAM Virtual Learning Site:
 - The site was identified to be relocated to a different server and website. Throughout 2023, work continued regarding the best avenue to move the resources and MiTEAM Modules. The technical team, including CSA program offices, training departments, and DTMB, met frequently throughout the year to ensure server/website transition progress stayed on track. Subgroups met to ensure information and resources are up to date upon transition, as well as converting the MiTEAM Modules to a compatible format with a new server.
 - MDHHS partnered with DTMB to build the new MiTEAM Practice Model site and ensure information was transitioned as well as providing opportunity for future expansion of the site with new or additional connections to the practice model. View the MiTEAM Practice Model at [MiTEAM Practice Model \(michigan.gov\)](https://michigan.gov/miTEAM).

- Training Resources:
 - This workgroup has partnered with other MiTEAM Advisory workgroups to help develop a training bank for trainings which can be presented to groups and trainings which individuals can participate in. Additionally, this workgroup has assessed current training outlines for determination of development into a formal training or computer-based training that can be provided to child welfare specialists and leaders. The training bank will be housed on the MiTEAM Practice Model site, allowing access for both MDHHS and PAFC partners.
- Podcast:
 - Utilizing a video podcast structure, this workgroup is partnering with employees and external partners of the MiTEAM Practice Model to offer insights, suggestions, and connections between our day-to-day work and the practice model.

MiTEAM Ongoing Training Opportunities and Planning for Staff

The goal of this workgroup is to ensure regular opportunities are available for staff to improve case practice through enhance use of MiTEAM principles. Throughout 2023, this workgroup focused on two main projects including reviewing current training policy and the development of the MiTEAM training bank.

- Training policy – This workgroup reviewed current training policy and made recommendations for updating position titles and including language that strengthens the focus on MiTEAM and better aligns with current case practice guidance.
- MiTEAM training bank – This workgroup created a subgroup comprised of members from the other MiTEAM workgroups to create a centralized location of MiTEAM training resources. The goal is to have training resources that are easily accessible to all MDHHS and private agency partners available for individual and/or group-based training focused on enhancing case practice skills. The MiTEAM training bank will be located on the MDHHS website through the newly updated MiTEAM Practice Model page. A process for submitting resources has been created and the subgroup is in the process of recruiting volunteers to review and approve submissions.

Future goals of the workgroup include developing enhanced guidance on how to use available data sources to identify county and statewide case practice strengths and needs to better inform training decisions.

MiTEAM Fidelity Data for Calendar Year 2023

The overall statewide totals for competencies are rated on scale of zero to four where zero is not at all and four is to a great extent. The purpose of the MiTEAM Fidelity Application is a coaching tool for supervisors to support skill development of staff. Staff must have completed Motivational Interviewing training to be assessed. There is not an end goal to be proficient but to continuously develop and use the skills consistent with the practice model.

Michigan is consistently in the mid-range of demonstrating case practice skills – new staff, length of time a worker has developed rapport with a family, and/or case circumstances influence at a given point the staff’s ability to demonstrate skills associated with implementing the case practice model. This data is not reflective of compliance in executing the case practice model rather it demonstrates consistent coaching to the case practice model. Quarterly completion rates continued to improve over the year, this demonstrates investment by supervisors to coach their staff.

- **Quarter 1**, 54% completion rate
 - Motivational Interviewing 2.90
 - Teaming 2.81
 - Engagement 2.87
 - Assessment 2.82
 - Mentoring 2.72
- **Quarter 2**, 57% completion rate
 - Motivational Interviewing 2.83
 - Teaming 2.81
 - Engagement 2.85
 - Assessment 2.81
 - Mentoring 2.70
- **Quarter 3**, 61% completion rate
 - Motivational Interviewing 2.88
 - Teaming 2.81
 - Engagement 2.87
 - Assessment 2.82
 - Mentoring 2.72
- **Quarter 4**, 65% completion rate
 - Motivational Interviewing 2.88
 - Teaming 2.80
 - Engagement 2.86
 - Assessment 2.82
 - Mentoring 2.71

Highlights for 2023

- The data is reported out by calendar year quarters.
- In January 2023, the Motivational Interviewing evidenced-based fidelity assessment questions were added into the MiTEAM Fidelity application.
- The Motivational Interviewing training was rolled out statewide in 2022 in phases.
- Motivational Interviewing is one of the strategies Michigan is implementing as part of the Families First Prevention and Service Act state plan.
- All staff were required to complete training on the MiTEAM Case Practice model in January 2023.
- All supervisor/program managers were required to complete training on the use of the updated MiTEAM Fidelity Application.

- Included public and private agencies.
- Communication issuances were used to broadcast the requirement.
- Requirement is for supervisors/program managers to complete at least one assessment on each staff within each quarter.
- One technical assistance call was held, that power point has been included as the second attachment.
- DCQI assessed the implementation of the MiTEAM case practice model in 2023.
- Improvements were observed in teaming, engagement, assessment, and mentoring.
- Improvements were attributed to the ongoing focus of the case practice model and consistent review of MiTEAM Fidelity application data in ChildStat.
- The 2023 annual report is the first attachment.
- MiTEAM Fidelity Application data used in ChildStat was updated to reflect the changes made to the application in rating the key case manager activities.
- Changes moved from answering yes or no to a behavior to a scale of what degree was the behavior observed.
- Participating ChildStat counties are offering ways to use the data from the application to inform training with staff on implementing key case manager activities/behaviors consistent with the practice model.
- A MiTEAM Advisory Council was developed in 2022 and continues to meet quarterly.
- The role of the advisory group is to update policy so that the case practice manual is infused within policy seamlessly.
- The advisory group is also informing training on the practice model and Motivational Interviewing.
- The advisory group has also updated the MiTEAM training site to be consistent with current technology.
- The advisory group continues to meet so that the MiTEAM manual is updated, the Learning Management System captures current training needs and materials.

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 total number of completions for Leadership Development Division trainings increased significantly in 2023 compared to 2022. In 2023, there were 2,102 training completions compared to 1,482 in 2022 and 1,307 in 2021.

The Leadership Development Division offered the following in-service trainings in 2023:

- 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.
- Invest in Yourself Professional Development Workshop (new for 2023).
- 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 in 2023 was identical to 2022. In-service trainings saw a slight increase in attendance in 2023, while overall in-service training registration declined compared to 2022. The total number of in-service training sessions offered in 2023 was 49, compared to 49 in 2021. The number of trainees that completed an in-service training in 2023 was 640, compared to 631 in 2022. The number of trainees registered for an in-service training in 2023 was 620, compared to 822 in 2022.

The Emerging Leader program for staff seeking positional leadership opportunities was offered in 2023. This program is designed to develop leadership skills of employees through a combination of computer-based and instructor-led training. A total of 70 leaders completed the program in 2023, up from 51 in 2022.

The Middle Manager Training Track was offered in 2023. This is a program comprised of Franklin Covey training content offered over the course of several weeks. The main areas of focus for this training track are leadership, communication, and critical thinking. A total of 18 leaders completed the training track in 2023, down from 36 in 2022.

The REDI office's Leadership Development Division continued to expand its work on strengths-based leadership in 2023. The division has several team members who are certified as both individual and team coaches in a strengths-based assessment. The leadership division continued offering county offices and work areas an opportunity to participate in a strength-based leadership assessment in 2023. After completion of the assessment, a series of team coaching workshops is facilitated to offer opportunities to improve team building, leadership, collaboration, engagement, and performance. There has been an overwhelmingly positive response from leaders involved in this process. A total of 878 leaders participated in this assessment in 2023, compared to 273 in 2022 and 136 in 2021.

- A leadership podcast remains available for leaders to access on demand. REDI's Leadership Development Division hosted and recorded a series of episodes in 2021 and 2022 featuring leaders at all levels as panelists. Previously recorded episodes were published along with accompanying resources for leaders to access at their convenience.
- A toolkit with leadership content and resources for directors remained available for access in 2023. The toolkit includes a combination of readings, podcasts, and videos sorted by leadership competency. It continues to be available in an electronic format and can be accessed on demand. Additional content was added to the toolkit in 2023.
- The REDI Office receives regular request 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 2023 were for the Clifton Strengths Assessment and team coaching.

- 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 Clifton Strengths Assessment and coaching.

Planned Activities for 2024

- MDHHS will expand the contract with the University Collaborative to continue to offer excellent, accessible, and on demand training options. OWDT will begin to explore how the universities can assist in the validation of the Pre-Service Institute being an evidence-based training program. The partnership will continue to provide leaning opportunities for in-service trainers to understand and analyze systemic racism and embed anti-racist principals into training development and delivery. Continue to offer training virtually, the numbers of caregivers and BSC 1 staff completing training have increased.
- 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 MiFamily Together. MiFamily Together 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 also provides holistic and equitable services. It is expected that MiFamily Together will be fully implemented by August 2024.
- OWDT will continue to train public and private specialists on the expanded MiTEAM case practice model, which will continue to focus on Motivational Interviewing training as a technique used to engage families in the change process.

Analysis

During the five-year period, MDHHS has continued to ensure ongoing training, which includes the basic skills and knowledge required for child welfare positions was provided in a timely manner. This item continues to be rated as a strength.

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 (i.e. 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?

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.

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.

Progress

The GROW curriculum was rolled out statewide on July 1, 2021, as the required training for foster and adoptive parents. The goal of the pre-service GROW curriculum is to

prepare foster, adoptive, and kinship parents to establish culturally responsive relationships with infants, children, and youth in foster care, with attention to the impacts of trauma exposure and developmental needs, and to develop co-parenting relationships with birth families that support the future relational health of all infants, children, and youth.

Persons seeking approval as adoptive parents must participate in a minimum of 12 hours of training prior to the legal adoptive placement of a child, with GROW being required. In FY 2023, the Regional Resource Teams trained over 2,500 prospective kinships, foster and adoptive parents statewide. The training office has continued to collaborate with the Regional Resource Teams by providing support during the review of potential contracts and meeting to ensure training content is consistent among the training teams. The training office is currently offering GROW train-the-trainer courses for frontline staff wishing to become certified in the new curriculum.

Other Caregiver Trainings

- MDHHS and the Statewide Foster, Adoptive, and Kinship Parent Collaborative Council joined forces to sponsor the 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.

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.

Analysis

During the five-year period, Michigan was able to expand training for foster parents, kinship caregivers and adoptive parents. The improvements made afford all trainees with the training needed to care for the children in their care.

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.

Throughout the duration of the CFSP, collaboration has continued 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.

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 of collaborative efforts during the duration of the CFSP:

- 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 ICWA Compliance and Race Equity on developing a Memorandum of Understanding for training tribal staff.
- Collaboration with CSA antiracism transformation team on implementing the first anti-racism conference.
- Collaboration with CSA in the MiTeam Advisory Council.
- 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 case manager, 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.

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.

- The contract with the University Collaborative includes technical assistance to evaluate and improve ongoing training.
- OWDT and REDI trainers regularly participate in training design, development, and delivery professional development, as well as skill and knowledge development in child welfare, leadership, and race equity topics.

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.
- 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 case managers, 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 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 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 (PCG) assisted MDHHS in conducting listening sessions across the state in 2018 to educate critical partners 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 employees and external partners from June to August 2020. Participants heard from the CSA executive director as well as case managers, parents, and youth with system involvement.

The vision of a prevention-based system was shared by employees and external partners 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 most needed areas.

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 QSR and the CFSR.
3. Continued development of MiFamily Support Now (CPS redesign).

CFSR Stakeholder Interviews and Focus Groups

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 FTMs 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 FTMs 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.

QSRs

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

- Of the reviews conducted since 2014, 100% 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; however, consistency and a more detailed understanding of parental needs would be helpful.
- In 2022 and in 2023, 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:
 - 2019: 60 foster care and 19 CPS.
 - 2020: 37 foster care and 3 CPS.
 - 2021: 49 foster care and 19 CPS.
 - 2022: 52 foster care and 23 CPS.
 - 2023: 16 foster care and 4 CPS.
 - 2024: pending results.

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 case managers 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 case managers 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 internal and external partners, including SCAO, the OCA, 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 BCCHPS 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 partners working to improve statewide Plan of Safe Care collaboration.
- MDHHS developed a contract for services to families with children ages five and under experiencing a substance use disorder. The Substance Use Disorder Family Support Program provides intensive home-based services for substance-affected families at potential or actual risk of experiencing a removal due to child abuse or neglect.

Housing

- Michigan provides affordable rental housing and supportive services to extremely low-income persons with disabilities through the Section 811 Project Rental

Assistance Grants. The Section 811 Project Rental Assistance grant application process is a collaborative effort between the Michigan State Housing Development Authority and MDHHS. A workgroup consisting of representatives from both agencies collaborates to identify, refer, and support target populations throughout Michigan.

- MDHHS provides State Emergency Relief funds for housing to families who become homeless due to a natural disaster or crisis. Local offices can utilize Child and Family Safety, Stability, and Permanency Title IV-B(2) funds to assist child welfare families with housing needs. Many families receive temporary housing through the Red Cross as a result of crises, while family preservation service flexible funds may help with deposits and rent.
- Provision of services and housing support to youth aging out of Michigan's foster care system is an area of focus. The provision of Foster Youth to Independence (FYI) 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 produced by the DMU provided information by county of jurisdiction for youth aged 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, gas cards and Uber and Lyft cards for family visits and service participation. Case managers 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 used at specific points in child welfare cases by MDHHS and private agency direct service workers. These tools help case managers assess individuals across several life domains and use structured decision-making methods to elicit a detailed assessment of safety and risk status and assist case managers to

identify their service needs. Other assessment services include:

- MDHHS and private agency case managers 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 case managers in developing case plans to assist the child and family/caretaker with addressing identified trauma, behaviors, and diagnoses that meet clinical criteria.
- Case managers 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 case managers 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 include:

- 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 three 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 three.
- 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 to 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 who 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 partners 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 via 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 used 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.

Progress – Screened out Prevention Pathways

CSA is collaborating with Michigan 211 and Family Resource Centers to reach out to families with screened-out referrals with identified risk factors to refer them to available, accessible, and culturally sensitive community resources. Families are connected to services and provided follow-up to ensure the services have addressed their needs.

Phase one of this prevention pathway occurs in Kalamazoo and Calhoun counties to assess and determine expansion to additional sites in 2024. Phase one 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. In September 2023, the expansion of phase one occurred at Family Futures, a Family Resource Center in Kent County. Weekly, 50 families are referred from the hotline to Family Futures navigators. As of February 2024, approximately 1,031 families were referred to 211. Data from July 2023 through November 27, 2023, shows 14% of families with phone numbers who were referred to this pathway received a referral for supports. Of those who received a referral, five% were reached for follow-up and four% were able to access the resources to which they were referred. Since September 15, 2023, approximately 883 families were referred to Family Futures. Of those referred, 49% of families answered a call or text by Family Futures. Of the 49% of families, 22% have opted into prevention. This is on par for national averages in similar programs. Of the families who opted in, 18% had resources identified. Family Futures was able to reach nine% for follow-up and confirmed six% of families accessed the referral resources.

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; QSR

Baseline - 2018: Area needing improvement.

Benchmarks 2020-2024: Explore expansion of existing services or addition of new services to meet the needs of children and families.

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 Performance

Prevention Pathways

Prevention services are provided on a continuum to strengthen families, promote the safety of children in the home, and improve family well-being. Prevention services may be offered in various circumstances as determined by a child's eligibility. Depending on eligibility and identified needs, a family may be served through the prevention continuum: primary, secondary, or tertiary.

- 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 the child welfare system. All members of the community have access to and may benefit from these services. Primary prevention activities, with a universal focus, seek to raise 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 activities aim to prevent abuse or neglect before it occurs and prevent the need for initial or deeper involvement with child welfare. Populations include those who have one or more risk factors associated with

abuse or neglect, including, but not limited to, 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 teen 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.
- Evidence-based home visiting programs that provide support and assistance.
- In-home Family Support Services, Family Assistance Programs, etc.
- Respite care for families that have children with special needs.
- Tertiary prevention activities are focused on families that have a confirmed abuse or neglect finding to prevent the recurrence of abuse or neglect and re-entry into the child welfare system. These prevention programs may include services such as:
 - Family preservation activities designed to strengthen families who are in crisis.
 - Parent mentor programs acting as peer support to families in crisis.
 - In-home mental health services for children and families to improve family communication and functioning.

Child Welfare Practice – the MiTEAM Practice Model

The MiTEAM practice model incorporates family engagement, FTMs, 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. Case managers 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 FTMs 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 case manager level can be completed. In 2022 and 2023, MDHHS and private agency case managers 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.
- QSRs 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 case managers' use of the MiTEAM practice model in working with families, including the core skills of teaming, engagement, assessment, and mentoring. Each case manager 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 case manager.

Progress

- 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.
- DHHS developed a contract for services to families with children ages five 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.

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

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 to 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 (TANF) 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.

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 used 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 on Child Abuse and Neglect 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 internal and community partners in June 2021.
2022 Update: This activity was completed in Quarter 8. The Governor's Task Force on Child Abuse and Neglect (CTFAN) 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.
- 2023 and 2024 Update:** The Plan of Safe Care Protocol has been finalized by the GTFCAN and is expected to be implemented in 2024 in partnership with internal and community partners and with the guidance of national experts. The protocol contains guidance at the following stages: pre-natal, at birth, and post-natal. To ensure content experts were involved in the process, the committee consulted with national experts in substance use and child welfare leadership within Michigan.

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 QSR, focus groups, and other methods to address identified service needs.

Technical Assistance and Capacity Building

- MDHHS received technical assistance from Casey Family Programs and Chapin Hall to identify evidence-based services that address the requirements of the FFPSA.
- The Harvard University Government Performance Lab completed an analysis of children entering and placed in residential facilities.
- MDHHS will continue to seek technical assistance as needed from the Children's Bureau to ensure the state's service array system meets federal and best practice standards.

AGENCY RESPONSIVENESS TO THE COMMUNITY

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

MDHHS is responsible for a broad range of child welfare services and initiatives through implementing the provisions of the CFSP, including 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 internal and external community partners 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 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 QSRs, consultation with Native American tribes, communications with BSC directors, and the QIC. Information and feedback from these groups inform the core of MDHHS child welfare efforts.

Actively seeking feedback from partners 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 community partners 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 who 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, JJ 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 community partners.
- The CIP, described in detail in the Collaboration with the Court section of this report, is a collaboration with SCAO that addresses a broad range of judicial concerns related to child welfare.
- The FCRB 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 (i.e. Citizen Review Panel for CPS, Foster Care and Adoption) gives community partners 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 (i.e. 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 senior deputy 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 youth experiencing homelessness 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 JJ 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 JJ issues and guides effective implementation of JJ policies and programs. Membership includes MDHHS JJ 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 OCA 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 an opportunity for feedback. The director also visits 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 provided guidance to assist courts in determining when and how to safely proceed with hearings during the COVID pandemic. Regular meetings were held between CSA leadership and SCAO during that 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

- 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 used to improve programs, policies, and procedures.
- In 2022 and 2023, inclusion of internal and external partners 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 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 feedback in various capacities and a youth with lived experience participates in the CIP.
- In 2022, 2023, and 2024, 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.
- In 2020-2024, the feedback from tribal nations was routinely obtained through the Tribal-State Partnership meetings.

Agency Responsiveness at the Community Level

MDHHS county offices are tasked with working closely with local human service organizations including private CPAs, 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.

Progress Made to Improve Outcomes

Goal: MDHHS will be responsive to the community statewide through ongoing engagement with internal and community partners.

- **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 internal and community partners 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 community partners in assessment and development of effective strategies to improve child welfare services.
Outcome: Utilizing a CQI plan that includes engaging internal and community partners 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.

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 FCRB, 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 internal and community partners 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 case managers 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 need identified by internal and community partners.

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 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 at [Michigan Department of Health & Human Services](#). The 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 the location in the community where clients live, working with families to remove barriers by connecting them to a network of services, and engaging community partners 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 community partners 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.

P2P Progress

In reflecting on its ten 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 the following 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 office and SCAO engaged in tribal consultation with all 12 federally recognized tribes to improve review of Native American children by the FCRB 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.

Progress

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.
- Childcare 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.

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.

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.
- Childcare 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 P2P 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 FCRB 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 P2P 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 CPAs to find temporary and permanent homes for these children. Michigan has 78 contracts with CPAs for foster care case management and 63 contracts for adoption services.

Item 33: Standards Applied Equally Assessment of Performance

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 CCIIs receiving Title IV-B or Title IV-E funds?

Licensing Standards and Process

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

Data for this Systemic Factor

- To ensure all child-placing agencies are providing consistent assessment, all licensing workers and licensing managers must pass Certification and Complaint training facilitated by DCWL.
- One hundred% of initial home study packets are reviewed by DCWL central office consultants to verify the assessment is consistent with rule compliance findings leading to the recommendation of licensure.
- Per licensing rules for CPAs, every foster home must undergo an annual assessment of rule compliance to maintain licensure.
- DCWL CPA/CCI consultants conduct annual inspections of all CPAs and CCIIs to determine compliance with Act 116; CPA and CCI rules, Michigan statutes and federal regulations. 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 CPA's annual inspection.
- One hundred% 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% 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, a CAP detailing how the licensee will come back into and maintain compliance is required.
- 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 determines that the agency is in non-compliance with the CCI rules.
- For newly licensed CCIs, DCWL completes monthly on-site visits to provide technical assistance and consultation for the duration of the initial six month licensing period.
- Shelter care contracted agencies receive DCWL action planning intervention if they receive a 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.

- The Residential Collaboration and Technical Assistance Unit (RCTAU) also provides consultation and technical assistance to contracted agencies that provide services to abuse/neglect youth.
- The Michigan Children's Institute (MCI) and adoption policy address pre-adoptive parents.

Waiver Process

DCWL extends consideration for foster home, CCI and CPA variances. 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.
 - 2023: 178.
- CCI variances
 - 2020: 8.
 - 2021: 22.
 - 2022: 28.
 - 2023: 41.
- 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 Performance

Effective January 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 Federal Bureau of Investigation (FBI) Criminal Justice Information Services Security Policy. The following Central Record clearances and fingerprint checks are completed on foster parent applicants and results are documented in the CWLM:

- Fingerprint based criminal records checks.
- Public Sex Offender Registry.
- Child Abuse and Neglect 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 central record clearances are completed on adult household members and documented in the CWLM:

- Law Enforcement Information Network.
- Internet Criminal History Access Tool.
- Child Abuse and Neglect Central registry.
- Public Sex Offender Registry.
- Secretary of State.
- CPS history.
- Previous licenses issued or closed.

Once all central record clearances are completed, license applicants are enrolled as pending foster home licensure in CWLM. 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 CPA must complete the Administrative Review Team Summary. Michigan's Good Moral Character Rule identifies criminal offenses that presume a lack of good moral character. Administrative review is the process by which a CPA may rebut the Good Moral Character Rule's presumption by demonstrating detailed evidence of the applicant, licensee, or adult household member's rehabilitation. Decisions made by the DCWL Administrative Review Team are not subject to appeal.

Anytime a foster parent applicant or licensee is fingerprinted by a police agency or has a new conviction in Michigan, the Michigan State Police send an electronic communication to DCWL the next morning. The division also receives a list every Monday of anyone associated with a license who has been put on central registry. A new criminal history check and record clearance check is completed on all non-licensee adults in the household at each renewal.

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

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

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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?

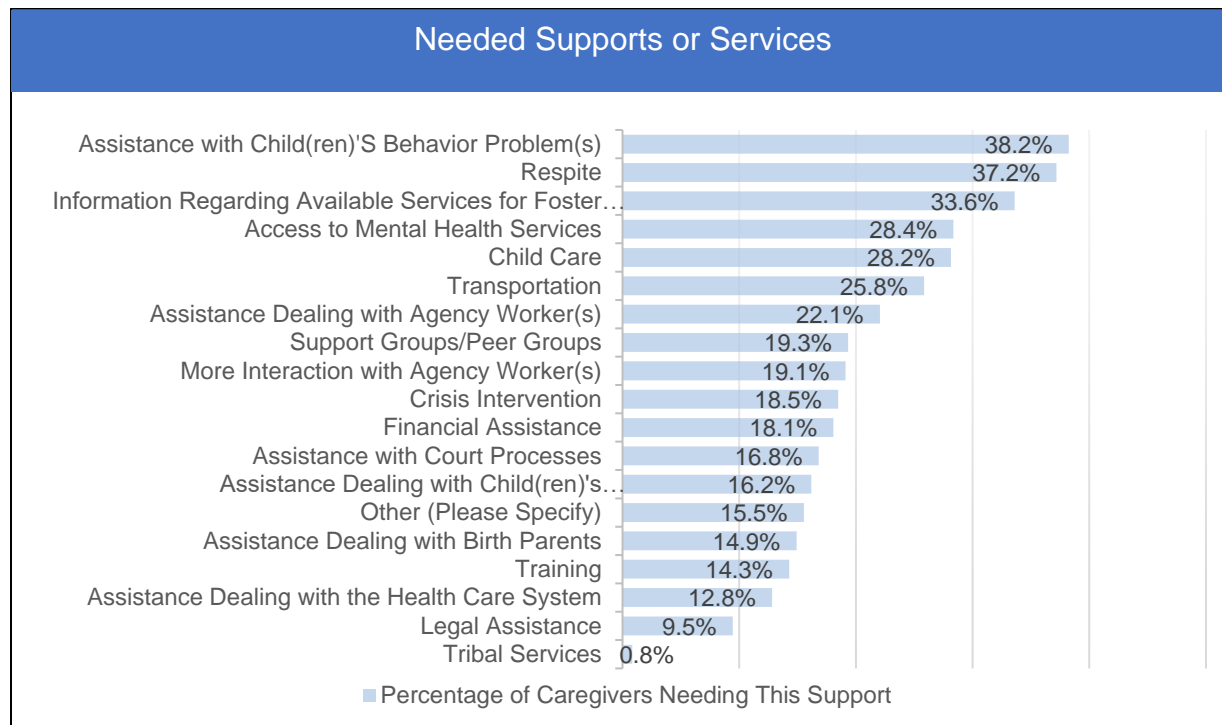
Assessment of Performance

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, an annual survey, launched on February 6, and remained open through February 20. 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 934 caregivers throughout the state who completed the survey, out of a possible 3,997 total caregivers. Four hundred seventy-six, or 54.7% 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: 38.2%.
- Information regarding available services for foster children: 33.6%.
- Respite: 37.2%.



Asked to rate their overall level of satisfaction with their foster parenting experience so far, 85.7% of caregivers indicated they were “very satisfied,” “somewhat satisfied,” or “satisfied.” Regional and county specific data was provided to county offices and CPAs 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 2023, MDHHS continued using the Foster Home Estimator developed by Wildfire Associates in collaboration with Dr. Denise Goodman, with support and funding from the Annie E. Casey Foundation. The Foster Home Estimator allowed each county to analyze data including:

- The number of children in care.
- Trends for the number of children in care over the past two years.
- The race of children in care.
- The number of children who are over age 13 or in a sibling group.
- The number of foster homes available.
- The average number of beds in a home.
- The percentage of viable beds in the county.
- The percentage of homes closed during the previous year.

Several needs were identified through utilization of this tool. These included homes for specific age ranges, sibling groups, and homes that match the race of children in the county. This information was valuable to county offices as they developed data-driven recruitment plans to adequately serve the foster care population within their community.

County offices and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The county offices and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. In 2023, each county's licensing goal was analyzed, and quarterly targets were established to assist counties in monitoring progress toward their unrelated licensing goal. Initial analysis of the counties' estimators indicated that 242 fewer foster homes would be needed in FY 24 as compared the number of homes needed during FY 23. The significant decrease in the goal was likely due to having three% fewer children in care and a four% increase in the relative placement percentage, which was 50% 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 approximately 20%.

Recruitment Targets of Foster and Adoptive Parents for Diverse Youth

Targets are shared with each county for the recruitment of foster and adoptive homes that match diverse racial and cultural needs of children entering foster care in that county. These targets help the county gain a better understanding of the focus populations to achieve an array of foster homes that matches the diversity within the county.

Race Data for Foster Caregivers

This data is gathered and provided on a county level during Adoptive and Foster Parent Recruitment and Retention (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. Below is an example of that view 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		

Recruitment Planning of Foster and Adoptive Homes for Diverse Youth

MDHHS completes an annual analysis of race and ethnic data of currently licensed foster homes and compare 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 Michigan's 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.

MDHHS is committed to closing equity gaps and achieving good outcomes for children. While we work toward reducing disproportionality, we believe it is also important to prepare foster and adoptive families to care for children from ethically and racially diverse backgrounds. 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 LGBTQ+ Youth.
- 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 2023, such training sessions included 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 AdoptUSKids, 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 AdoptUSKids on reducing racial disproportionality between youth in care and caregivers was scheduled to begin. MDHHS' service plan with AdoptUSKids ended in 2023 in preparation for a new service plan under the new National Center for Diligent Recruitment (NCDR).

MDHHS recognizes that recruitment efforts must be multi-layered to be successful. These efforts have been ongoing during the five-year period. These include passive

efforts such as advertising, community awareness, and specific targeted efforts. In FY 2023, MDHHS' recruitment advertising campaign included outreach via social media, radio, television, movie theaters, and gas station television throughout the state. In addition, MDHHS provided the contracted Regional Resource Teams with detailed demographic foster home data. Trends were found in the areas of families caring for older youth, income levels, education levels, religious background, and race. The Regional Resource Teams used 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 2023, the Bureau of Out-of-Home Services offered 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 made available to foster home licensing and adoption supervisors and specialists prior to the commencement of the FY 2024 adoptive and foster parent recruitment and retention planning process. MDHHS also offered several staff trainings on specialized topics, including Building Lifelines for Teens, Community Reintegration Homes, and a virtual seven-part targeted recruitment training series presented by Dr. Denise Goodman, national expert in foster family recruitment, development, and support. The seven-part recruitment training series covered the following topics:

- Overview of targeted recruitment.
- Effective messaging techniques.
- Rural recruitment strategies.
- Finding families for children/teens with developmental disabilities.
- Recruiting for marginalized, overrepresented youth.
- Recruiting for teens.
- Targeted recruitment for siblings.

At the conclusion of all staff trainings, participants were invited to ask questions and offer feedback. In addition, contact information was provided for any additional follow-up needs.

Adoption Services

Michigan has 63 contracts for adoption services with private Michigan CPAs. The adoption contracts are statewide and include expectations of conducting interstate compact adoptive home studies, requesting adoptive home studies through the

interstate compact process for adoptive placements in other states and performing adoption services on assigned cases, including cross-county placements.

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

Child-Specific Recruitment Activities

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

- 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 that have been approved to adopt and those in the home study process. The forums are an opportunity for families to learn about the status of their inquiry, what they can do to make the most of the wait time, methods for strengthening inquiries, tips to effectively advocate for their family and meet other families waiting to adopt.

Supporting Private Agencies

MDHHS has provided training to private agencies regarding recruitment strategies, including the importance of layered strategies and targeted recruitment. Private agency directors were involved to participate in a learning session for agency leaders introducing Michigan's Retention Framework. Additionally, training was provided

regarding retention techniques and ensuring families have 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.

Progress in 2023

Progress in 2023 on licensing non-relative foster homes and homes for special populations is detailed in the following table.

Statewide	2021	2022	2023
Goal for non-relative foster homes to be licensed.	1,268	965	902
Number of non-relative foster homes licensed.	1,125	845	759
Goal for non-relative foster homes to be licensed for adolescents.	601	602	641
Number of non-relative foster homes licensed for adolescents.	307	288	285
Goal for non-relative foster homes to be licensed for siblings.	657	549	563
Number of non-relative foster homes licensed for siblings.	607	461	472
Goal for non-relative foster homes to be licensed for children with disabilities.	262	171	110
Number of non-relative foster homes licensed for children with disabilities.	774	544	568

Data Source: MDHHS DCWL

From October 1, 2022, to September 30, 2023, MDHHS and private CPAs licensed:

- Eighty-four% of the non-relative foster home goal – 59 homes licensed of the goal of 902.
- Forty-four% of the non-relative foster home goal for adolescents – 285 homes licensed of the goal of 641.
- Eighty-four% of the non-relative foster home goal for sibling groups – 472 homes licensed of the goal of 563.
- Over 100% of the non-relative foster home goal for children with disabilities – 568 homes licensed of the goal of 110.

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.
- Monthly distribution of data monitoring the number and type of new foster homes licensed by relationship to children in care and characteristic of children, the number of homes enrolled to become licensed, and the number of closed homes.

- Provision of tools and guidelines for assessing and analyzing demographic data for recruiting, licensing, and retaining foster, adoptive, and kinship parents.
- Quarterly meetings with Business Service Center analysts to address recruitment trends, challenges, and successful strategies.

Each MDHHS county office was expected to:

- Collaborate with private agency partners, 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

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. In their recruitment and retention plans, all counties asked to describe the primary reasons why inquiring families do not complete the licensing process and to identify strategies for removing barriers and helping families progress toward licensure.

- Fifty-one% of counties met at least 90% of their recruitment goal.
- Sixty-seven% of counties met at least 70% of their recruitment goal.

Progress in 2024

The table below outlines the goals and progress from October 1, 2023, through February 29, 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 met their recruitment goal by this date (denominator).

	Statewide Totals
Goal for non-relative foster homes to be licensed.	915
Number of non-relative foster homes licensed.	310
Goal for non-relative foster homes to be licensed for adolescents.	589
Number of non-relative foster homes licensed for adolescents.	91
Goal for non-relative foster homes to be licensed for siblings.	570
Number of non-relative foster homes licensed for siblings.	170
Goal for non-relative foster homes to be licensed for children with disabilities.	177
Number of non-relative foster homes licensed for children with disabilities.	214

Data Source: MDHHS DCQI DMU

From October 1, 2023, to February 29, 2024, MDHHS and private CPAs licensed:

- Thirty-four percent of the non-relative foster home goal – 310 homes licensed of the goal of 915.
- Fifteen percent of the non-relative foster home goal for adolescents – 91 homes licensed of the goal of 589.
- Thirty percent of the non-relative foster home goal for sibling groups – 170 licensed of the goal of 570.
- Over 100% of the non-relative foster home goal for children with disabilities – 214 licensed of the goal of 177.

Licensors in the counties and BSC analysts report experiencing the following barriers to recruitment/licensure:

- Staffing shortages and staff turnover.
- Limited availability of local fingerprinting sites and contractors who are available to perform work needed to make their homes licensable (i.e., well and septic repairs) have created significant delays and barriers to licensure. Over the next two years, MDHHS will add fingerprinting stations at several county offices in every region.
- Families' readiness to begin fostering and/or meeting the ongoing expectations of fostering more complex behavioral challenges of children in care seem to have reduced the pool of potential foster parents who are willing and able to meet the needs of children in foster care. Recruiters are advised to place more focus on recruiting individuals and families who already have experience working with or caring for children with complex needs.
- Extensive/invasive requirements deter families from pursuing licensure. Licensors are encouraged to refer families to the Foster Care Navigator Program to provide guidance and assistance with working through the licensing process. Contact requirements are being added to policy to increase communication and support for families interested in providing foster care. In addition, DCWL is updating policy to simplify parts of the licensing process.

Planned Activities for 2024

MDHHS' service plan with AdoptUSKids ended in 2023 in preparation for a new service plan under the new National Center for Diligent Recruitment (NCDR). A primary goal of the service plan will be development and implementation of strategies to reduce racial disproportionality between youth in care and caregivers, including means to enhance capacity for recruiting families from the communities in which children in foster care originate. In March, MDHHS gathered several members of the Regional Resource Teams, the Foster, Adoptive, and Kinship Parent Collaborative Council, the Kinship Care Resource Center, the Michigan Adoption Resource Exchange, and several program office, county office and private agency staff, to meet in-person for two days with the NCDR team. During these two days, the NCDR team facilitated sessions to gather feedback and provide guidance for developing Michigan's next five-year Child and Family Services Plan.

MDHHS will continue working with the University of Chicago (UC), utilizing data to inform recruitment. UC recently began analysis that will map an Adverse Placement Score (APS), a simple metric that tracks children facing at least one of three situations: congregate care, sibling separation, and out-of-community placement. By looking at APS by geography and across demographic data, UC will help MDHHS identify where to target resources and initiatives like recruitment, development, and retention.

MDHHS will resume use of a non-relative licensing dashboard once the CWLM attains full functionality. The dashboard is expected to include the following data at a statewide, BSC, county, and agency level:

- Quarterly interim goals and progress towards achievement.
- The total number of currently licensed foster homes.
- The total number of children placed in a parental home.

MDHHS county offices and private agencies continue to collaborate locally to recruit, retain and train foster, adoptive and relative families, as outlined in each county'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 fraternities, sororities, 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.
- Use of newly produced radio and video recruitment ads featuring Michigan foster and adoptive parents.
- Use of flyers in Spanish and Arabic.
- Use of new flyers targeting caregivers for sibling groups and LGBTQ+ caregivers.

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. 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 various events, conferences as well as to organizations throughout the five-year period. Information was presented at the following events, conferences, or to organizations during FY 2023:

- 2023 Foster, Adoptive and Kinship Parent Conference.
- Flint Farmers Market.
- ACE's Conference.
- MSU School of Social Work Advocacy Event.
- Navigating Autism.
- Grandparents Raising Grandchildren – Free Friday Event.
- Navigating Autism Today Conference.
- Juneteenth Community Celebration.
- Flint Farmers' Market – February.
- Feed the City 2023.
- Juneteenth Freedom Day Celebration at Sloan Museum of Discovery.
- 9th Annual Foster-Adoptive Parent & Community Support Conference.
- Summer in the Park.
- Foster Family Resource Fair.
- 2023 Michigan Kinship Dome Day.
- Healthy Senior Expo.
- 32nd Senior Fun Festival Macomb County.
- Kinship Awareness Summit.
- Citizens for a 2nd Look Outreach Event.
- DAAA Kinship Conference.
- Kinship Care Dome Day.
- Kinship Care Summit.
- Voices For Children volunteer CASA meeting.
- A New Way of Working: Welcoming Families to the Table & Creating Meaningful Dialogue – Generations United.
- Wayne County Resource Champions Group.

- NEMSCA AAA Kinship Presentation to Senior Center Coordinators.
- MiFamily Stronger Together: MDHHS Prevention.
- Michigan Federation for Children and Families.

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 tenth Annual Foster, Adoptive, and Kinship (FAK) Parent Conference in the month of May. The FAK Conference resumed in-person on May 6-7, 2023, for the first time since 2019. Approximately 250 foster, adoptive and kinship parents were in attendance. Keynote presenter Dr. Stephanie Grant provided sessions on ways to de-escalate severe acting out behaviors in children in foster care and parenting children with trauma histories. Other sessions included the following:

- Understanding Neurodevelopmental Trauma.
- Setting the Child Up for Success in Your Home.
- Seeking Cooperation for Best Interest: Adjusting the Mindset to Find Common Ground.
- Preparing for a FCRB Meeting.
- Understanding Adoption Assistance, Juvenile Guardianship Assistance, and Medical Subsidy.
- Evolution of the Modern Day Father (A Dads-Only Workshop).
- Navigating a Frustrating System.
- Race Matters: A Panel Discussion on Race Related Trauma.
- We Are Family: Prioritizing Siblings in Care.
- Trust-Based Relational Intervention® (TBRI®) Immersion Experience.
- The Art of Parenting Teens.
- I Feel So Alone: Parenting While Single.
- Creating a NEW Narrative: Developing a Strength-Based Mindset about Teens.
- Changing Relationship Dynamics for Kinship Caregivers: Five Tools for Success.
- Damian's Village: Caring for a Medically Fragile Child.
- FASD From a Trauma Lens.
- Humor, Humility and Hope.

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 training opportunities at [Home | Foster Care Navigator Program \(fcnp.org\)](https://www.fcnp.org). In addition, MDHHS has partnered with Fostering Forward Michigan to host multiple trainings available on demand to caregivers throughout the state.

This resource can be found at [All Courses - National Foster Parent Association Training Institute \(nfpati.org\)](https://nfpati.org). Some of the available trainings on these sites include:

- Autism 101.
- Neuroscience Of Childhood Trauma.
- Parenting LGBTQ+ Youth.
- Fetal Alcohol Syndrome Disorder.
- Finding Hope: The 12 Keys to Healing Hardship, Hurt & Sorrow.
- Sleep Health for Foster Care Children.
- Supporting and Celebrating Reunification of Parents and Children.
- Steps Toward Change: Replacing Trauma Bond with Healing Relationships.
- More than Sad: Suicide 101.
- Supporting Your Child During Cutting and Self-Harm Episodes.
- Making Time for Your Marriage During Foster Care.

Progress Made to Improve Outcomes

Goal: MDHHS will implement an annual resource parent diligent recruitment and retention plan statewide to ensure there are resource family homes that meet the diverse needs of the children who require out-of-home placement.

- **Objective:** MDHHS will ensure state standards are applied to all licensed or approved resource families.
Outcome: Applying state standards to all licensed or approved resource families ensures a systematic and thorough screening and licensing process.
Measures: Child welfare licensing data and other sources.
Baseline - 2017: Strength
Benchmarks 2020–2024: Local licensing agencies will collaborate with DCWL to ensure all standards are applied equally.
2020 Performance: DCWL continues to ensure standards are applied equally.
2021 Performance: DCWL continues to ensure standards are applied equally.
2022 Performance: DCWL continues to ensure standards are applied equally.
2023 Performance: DCWL continues to ensure standards are applied equally.
2024 Performance: DCWL continues to ensure standards are applied equally.
- **Objective:** MDHHS will ensure the state complies with federal requirements for criminal background clearances for licensing resource homes and has provisions for ensuring the safety of foster and adoptive placements.
Outcome: Compliance with federal requirements for criminal background clearances ensures the safety of foster and adoptive placements.
Measures: Criminal history and central registry screening of foster or adoptive parent applicants.
Baseline - 2017: Strength
Benchmarks 2020–2024: Collaboration between DCWL and local 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% 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: 51% of counties met at least 90% of their recruitment goal and 67% of counties met at least 70% of their recruitment goal.

Goal: MDHHS will ensure best practices are used 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 MARE within required timeframes.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

2020 Performance: During FY 2020, the number of children registered with MARE (photo-listed or hold registrations) and the percentage completed within the policy timeframe of 30 days.

- 127 photo-listed registrations, of which 45 were registered within policy timeframe (35.4%).

- 1,557 hold registrations, of which 1,152 were registered within policy timeframe (74%).
- TOTAL: 1,684 registrations, of which 1,197 registered within policy timeframe (71.1%).

2021 Performance: During FY 2021, the number of children registered with MARE (photo-listed or hold registrations) and the percentage completed within the policy timeframe of 30 days.

- 60 photo-listed registrations, of which 14 were registered within policy timeframe (23%).
- 1,836 hold registrations, of which 1,343 were registered within policy timeframe (72%).
- TOTAL: 1,896 registrations, of which 1,343 registered within policy timeframe (71%).

2022 Performance: 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: During FY 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:

- 95 photo-listed registrations, of which 86 were registered within the policy timeframe (91%).
- 1,476 hold registrations, of which 1,447 were registered within the policy timeframe (98%).
- Total: 1,571 registrations, of which 1,533 were registered within the policy timeframe (98%).

2024 Performance to Date: From October 1, 2023, to March 21, 2024, 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:

- 36 photo-listed registrations, of which 34 were registered within the policy timeframe (94.4%).
- 661 hold registrations, of which 636 were registered within the policy timeframe (96.2%).
- Total: 697 registrations, of which 670 were registered within the policy timeframe (96.1%).

- **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 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.

2021 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.

2022 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.

2023 Performance: In FY 2023, 446 children had at least one placement episode in a congregate care setting. Of those, 294 (66%) were placed with a relative, fictive kin, a foster family or adoptive family as their subsequent placement. An additional 36 youth (8%) 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 COVID-19 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 2022 and continued to be used 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 January 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 October 1, 2023.

Progress in 2022

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

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.

Progress in 2023

The GROW pre-licensure and pre-adoption training was transferred to computer-based trainings in 2022. This allows families to attend missed training sessions on their own

time and allows for revisiting information that was taught in the live training class later. EMU also completed the final research study on the effectiveness of the GROW curriculum measuring parental confidence after accepting a placement. This information was compared to similar information obtained previously from caregivers that had attended PRIDE prior to their first placement. The study was able to conclude the following: GROW provides Michigan Foster, Adoptive and Kinship (FAK) parents with the foundational pre-service training needed to prepare them for their FAK parenting roles. In addition to supporting FAK parenting confidence and knowledge, the curriculum content effectively conveys core MDHHS FAK parenting values and attitudes. GROW addresses the unique parenting needs of infants, children, and youth in FAK care with attention to trauma, development, and attachment. Furthermore, GROW impacts parents' understanding and empathy with regard to birth parent perspectives, coparenting, and honoring children's experiences and identities. GROW provides foundational information about the systems and policies implicated in FAK care and includes resources for parents and the children in their care. GROW has been an effective replacement for Michigan PRIDE in terms of addressing the content required by MDHHS for the preliminary stages of FAK parenting.

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?

Assessment of 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.

Plan for Continued Improvement

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

- Managed a centralized ICPC email address for all ICPC matters including case routing, training, and technical assistance.
- Continued to encourage 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 frontline staff with ICPC caseloads, codified in a follow-up protocol. Field staff are reminded of studies coming due on a regular basis and late studies are subject to continuing regular follow-up.
- Continued an internal and external escalation protocol to follow up on cases coming near due and overdue to utilize BSCs in Michigan and for utilization with Interstate Compact Administration staff in other state ICPC offices.
- Provided ICPC training to field and private agency workers and supervisors as requested. Scheduled training is also offered.
- Published comprehensive revisions of all ICPC policies and forms.
- Initiated monthly data reporting to Wayne County MDHHS management for better awareness of active cases due to the high volume of cases within the county.
- Investigated enhancing contact with BSCs to provide data throughout the year on their counties as it relates to required ICPC processes to provide better overall awareness as well as ask for assistance with counties that need assistance with performing ICPC processes timely.
- Established quarterly meetings with MDHHS Legal Services to provide ongoing awareness and communication of ICPC issues and to encourage troubleshooting of those issues.
- Developing resource materials outside of policy for local MDHHS workers to assist in decision points within the ICPC process.
- Secured initial funding commitments to proceed with National Electronic Interstate Compact Enterprise (NEICE) implementation prior to Comprehensive Child Welfare Information System (CCWIS) development.
- Represented Michigan in monthly update calls of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC).
- Co-chaired the AAICPC national training committee.
- Continued to work with other state partners nationally through AAICPC to evaluate ways to effect and improve timeliness in outgoing requests.

- Reevaluating current monthly follow-up processes to support a better understanding of what is being requested to hopefully assist in better compliance.
- Evaluating implementing policy requirements for supervisory reports monthly across the board for incoming cases to better comply timeframes.

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% 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: 82% of home studies were completed within 60 days.

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: 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 January 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 used 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.
- 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 local offices and agencies to develop the template and forms for the annual foster and adoptive parent recruitment and retention plans and 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 for FY 2024.
- 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 the National Center for Diligent Recruitment to enhance caregiver support and recruitment strategies and to develop and implement strategies to reduce racial disproportionality between youth in care and caregivers, including means to enhance capacity for recruiting families that are community-specific to the children in foster care.
- MDHHS will continue to work with the University of Chicago to utilize county-specific data to inform targeted recruitment strategies.

CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES

MDHHS Tribal Collaborative Governance Overview

Michigan's American Indian/Alaska Native population (AI/AN) is over 250,000. There are 12 federally recognized tribal governments 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 Tribal government.
- Sault Ste. Marie Tribal government of Chippewa Indians with a combined service area of 60 counties.

Note: The Grand River Band of Ottawa Indians, located in Grand Rapids, MI has been seeking federal recognition since 2013, please see [Grand River Bands of Ottawa Indians submits response to proposed findings on federal recognition - Grand River Bands of Ottawa Indians](#).

See DHS Pub 172 Native American Affairs Tribal Service Area Matrix at Attachment J.

Native American Affairs

Michigan engages in government-to-government relations with the state's federally recognized tribes as prescribed by Title XX of the Social Security Act and MDHHS child welfare tribal consultation agreements. The department's Native American Affairs office within CSA works with tribal governments in Michigan 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 [Native American Children's Services \(michigan.gov\)](https://www.michigan.gov/nacss/).

Provision of Child Welfare Services

All 12 tribal governments in Michigan have child welfare codes relative to various levels of child welfare services.

- MDHHS provides after-hours CPS for five tribal governments.
- Ten tribal governments investigate CPS referrals on tribal land.
- Where tribal government agencies do not have child welfare or tribal court services, the state provides care and supervision for Native American children and collaborates with ICWA Designated Tribal Agents to provide case management.

Tribal Consultation and Coordination

Consultation and coordination activities in FY 2023 are listed below. The majority of these activities are regularly scheduled, ongoing and occurred during the five-year period of the CFSP.

- Monthly calls with the CSA director and leadership, February 7, 2023; March 7, 2023; May 2, 2023; June 6, 2023; August 1, 2023; September 5, 2023; and November 7, 2023; excluding quarterly Tribal State Partnership Meeting months of January, April, July, and October.
- Tribal Consultation collaborative governance:
 - APSR/CFSP review, March 18.
 - Monthly MiSACWIS/CCWIS meetings.
 - MDHHS-5598 Form Update and Tribal Review Discussion occurred on January 10, 2022.
 - SDM Risk Assessment Tribal Advisory meetings, March 20, April 17, June 20, August 22.
- 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, January 18-19, 2023, April 19-20, 2023, July 19-20, 2023, and October 18-19, 2023.
- Monthly quality assurance of Michigan Indian CPS and foster care data reports occurred in collaboration with tribal governments in 2023.
- Day long tribal summit on September 14, 2023.

Tribal governments were invited to and participated in the following committees throughout the duration of the CFSP. Participation for 2023 and 2024 consisted of:

- MiSACWIS/CCWIS workgroup.
- Antiracism Transformation Team (ARTT).
- Front End Redesign and workgroups.
- Structured Decision-Making Tool workgroup.
- Tribal FFPSA workgroup.

Tribal Consultation Agreements

The State of Michigan has 26 tribal agreements with eight of the 12 federally-recognized tribal governments 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 \(michigan.gov\)](#).

Negotiations

- Tribal consultation continued with Hannahville Indian Community (HIC) in 2023 to create a MDHHS State-Tribal Title IV-E Claiming Agreement in which the tribal government 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 government Title IV-E Claiming Agreement is expected to be completed by July.
- 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 2023 due to staffing shortages. HIC extended their CPS Memorandum of Understanding (MOU) until June 30.
- Keweenaw Bay Indian Community entered into agreements covering both CPS and APS with MDHHS on tribal land due to staffing shortages. These agreements will expire on June 30, 2027.

Through a tribal agreement, tribal governments will have access to enter social work contacts for their tribal children in care within the MiSACWIS. Tribal access is expected to be finalized in 2024 upon completion of the tribal agreement. Currently, three tribal governments have expressed interest in utilizing this access.

CSA is in the process of updating the current 26 tribal agreements addressing services including CPS after-hours, adult protective services, Title IV-E funding, tribal consultation, Youth in Transition, and Native American 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 August 2024.

Ensuring Culturally Appropriate Services

MDHHS ensured culturally relevant services were in place for Michigan's AI/AN citizens in 2023 through:

- Conducting surveys for quality assurance.

- Developing and conducting ICWA case reviews in collaboration with Michigan tribal governments.
- 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 case managers and supervisors.
- NAA policy implementation.
- Negotiating tribal-state Title IV-E and Title IV-D agreements. Michigan assists the tribal government(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 humble human services materials.
- Quarterly Tribal-State Partnership meetings with representatives from CSA, Michigan's 12 federally recognized tribal governments, 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 2023, 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 case managers with ICWA implementation and quality assurance of ICWA data reports.

Funding Culturally Appropriate Services

CSA contracted with the following entities to provide culturally relevant and appropriate services in 2023:

- Annual tribal foster care recruitment and retention plans for Sault Ste. Marie tribal government 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 JJ 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.

- The Sault Ste. Marie Tribal government of Chippewa Indians' Binogii Placement Agency for foster care and adoption services for tribal children.

Placement of Native American Children

In 2023, there were 392 Native American children in the Michigan foster care system. The number of children in each placement are listed below.

Tribal Placement	Number of Children
Bad River Band – Chippewa Indians	1
Bay Mills Indian Community	11
Cherokee Nation	4
Chippewa	2
Citizen Potawatomi Nation	3
Grand Traverse Band of Ottawa and Chippewa Indians	30
Hannahville Indian Community	38
Hannahville Potawatomi Tribe	4
Lac Vieux Desert Band of Lake Superior Chippewa Indians	2
Little River Band of Ottawa Indians	15
Little Traverse Bay Bands of Odawa Indians	7
Lumbee Tribe of North Carolina	1
Makah Indian Tribal Council	3
Muscogee Creek Nation	3
Muscogee Creek Tribe	1
Navajo Nation	1
Nottawaseppi Huron Band of the Potawatomi Indians	7
Pokagon Band of Potawatomi Indians	43
Red Cliff Band	2
Saginaw Chippewa Indian Tribe of Michigan	35
Sault Ste. Marie Tribe of Chippewa Indians of Mich	157
The Osage Nation	1
The Saginaw Chippewa Indian Tribe of Michigan	3
Wyandotte Nation	2
Makah Tribal Council	1
The Bear River Band of Rohnerville Rancheria	3
Eastern Band of Cherokee Indians	1
Biloxi-Tunica Tribe	3
LVD Lake Superior Chippewa	1
The Chickasaw Nation	1
Oneida Nation	2
Sault St Marie Tribe of Chippewa Indians	2
Cherokee Indian (Oklahoma Region)	1
Native Village of Buckland	1

Of the 392 Native American children in care in 2023, MiSACWIS data showed 67.9% (266) 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 tribal governments.
- MDHHS county director and tribal social services local case monitoring meetings.
- MiSACWIS reporting on Native American children in CPS and foster care.
- OWDT ICWA training for new child welfare case managers.
- REDI ICWA training for new child welfare supervisors.
- Review of Michigan Court of Appeals 2023 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 2023 included the following:

- Properly assigning household members to child welfare cases.
- Ensuring invitations to tribal partners to provide recommendations for QRTP assessments.
- A better understanding of active efforts by MDHHS staff.

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.

2023 ICWA/MIFPA Case Review

An annual MDHHS ICWA/MIFPA case review of CPS Investigation and CPS Ongoing cases was conducted October - December 2023 with three Michigan tribal governments, Little River Band of Ottawa Indians, Pokagon Band of Potawatomi Indians, and the Nottawaseppi Huron Band of Potawatomi Indians. Planning for the 2023 ICWA case review occurred from March to September. Opportunities for improvement include providing timely and appropriate active efforts and increasing tribal participation at FTMs.

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 2023 include:

- CPS, Foster Care, and Adoption Pre-Service Institute ICWA/MIFPA training:
 - ICWA/MIFPA computer-based training: 1,216.
 - ICWA/MIFPA refresher training: 7.
- Supervisory Control Protocol 2.0 ICWA Activity Webinar: 33.

Tribal social services access child welfare training provided by OWDT and REDI through enrollment requests to Native American Affairs. Tribal governments 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 tribal government to assess and verify tribal enrollment for a child (area needing improvement).
- **2020 Performance:** 98 (26%) of 370 Native American 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 tribal government 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 Native American 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 tribal government 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 tribal governments for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS
- **2022 Performance:** 84 (23%) of 370 case records of Native American 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 tribal government 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 tribal governments for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS

- **2023 Performance:** 92 (26%) of 355 case records of Native American 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 tribal government 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 tribal governments for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS
- **2024 Performance:** 108 (28%) of 392 case records of Native American 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 tribal government 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 tribal governments 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 tribal governments of state proceedings involving Native American 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 tribal government (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 tribal government 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 tribal government 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 tribal governments 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 tribal government 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 tribal governments 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 tribal government 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 tribal governments for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS
- **2024 Performance:** 57 (14%) of 392 case records of the ICWA cases are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribal government 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 tribal governments for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory). MiSACWIS
- **Objective 3:** MDHHS will ensure placement preferences for Native American 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 Native American 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 Native American 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 Native American 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 Native American children case records reflect ICWA placement preferences (satisfactory). MiSACWIS
- **2024 Performance:** 266 (68%) of 392 Indian child case records represent parent or relative foster care placements and 392 Native American 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
 - **2024 Performance:** In 100% of the 392 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 tribal government of its right to intervene in any state court proceedings seeking an involuntary placement or termination of parental rights of Native American 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 tribal government (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 tribal government 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 tribal government 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 tribal governments 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 tribal government 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 tribal governments 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 tribal government 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 tribal governments for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory).
- **2024 Performance:** 61 (16%) of 392 case records are missing tribal mailing verification data pertaining to notice of a child custody proceeding; however, a tribal government 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 tribal governments for the purposes of Title IV-E funding, not ICWA compliance errors (satisfactory).

The findings from the statewide reviews during the five-year period revealed the state maintained a satisfactory rating since 2022 regarding the number of children identified as AI/AN at the onset of the case, as well as parent and tribal notification regarding state proceedings. The state maintained a satisfactory rating since 2020, with the highest satisfactory rating received in 2024 regarding placement preference. Active efforts were made at a 100% rating since 2020 and a satisfactory rating was maintained since 2022 regarding timely notification of tribal government's right to intervene. The reviews proved insightful in the following areas:

- Compliance strengths.
- Exploration regarding local systemic challenges.
- Workforce trainings regarding statutory compliance and its relationship to achieving permanency and informed service delivery.
- Input for state consideration regarding transition to a more comprehensive statewide automated information system.

- Strengthening of the CQI cycle to include regional ICWA/MIFPA reviews between the statewide annual MIFPA/ICWA review. In addition, an increased feedback loop will offer increased case management guidance, improve communication, and offer insight for CSA policy.

The goals and objectives set forth above will be maintained for the new five-year Child and Family Services Plan (CFSP 2025-2029) for continued alignment with the federal review, compliance with the four requirements of the Indian Child Welfare Act, and incorporation of NAA Collaborator Survey results.

MiSACWIS Innovation

MiSACWIS integration of inquiry form MDHHS-5598 into the system to allow electronic inquiry transmission to tribal government is expected to be completed by July 2024.

Plan for Ongoing Collaboration and Coordination

- MDHHS meets quarterly with the federally recognized tribal governments in Michigan 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 tribal governments.

Planned Activities for 2024

Collaborative governance initiatives planned for 2024 include:

- Indian child welfare case reviews.
- Consultation on the front-end redesign, child welfare legislation, NAA policy, Native American Outreach Services policy, and tribal agreements.
- Continued access for tribal governments to MDHHS child welfare training and the learning management system.
- 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 tribal governments 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 tribal governments in Michigan.
- 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.

Collaborative Governance on the CFSP and Final Report

CSA collaborative governance reviewing feedback on the CFSP/Final Report from tribal governments occurred on March 18. Eight tribal governments, one BSC director, 24 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 Tribal Consultation Director's Survey.

State and tribal child welfare Annual Progress and Services Reports are exchanged annually upon approval by the Children's Bureau as well as the Child and Family Services plan every five years. Native American Affairs also ensures the MDHHS public website posting of the CFSP/APSR is distributed to tribal governments; see [Michigan Child and Family Services Plans and Annual Progress and Services Reports](#).

MDHHS Resources Related to Native American Tribal governments

- Native American Outreach Services (NAOS) provides direct client services in 13+ counties across the state [Native American Outreach Services \(michigan.gov\)](#).
- MDHHS Tribal Consultation (Collaborative Governance): Government to government relations between states and tribal governments required by federal and state laws or executive directives, orders, or memos [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 JJ case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee-funded goods and services. JJ 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 Education and Training Vouchers (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 fourteenth 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 and the Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP) 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.
- Partnering with Michigan Rehabilitative Services (MRS) to provide skill development and job training for youth transitioning from foster care with disabilities.
- Collaborating with the Economic and Stability Administration at MDHHS to ensure youth are aware when they are eligible for the Food Assistance Program (FAP).
- Partnering with Job Corps Centers throughout Michigan to provide educational and career support. Some centers offer on-campus housing.
- MDHHS leadership and CSA older youth management and staff attended the Economic Mobility Summit focused on Building Systems for Older Youth to Thrive.

Family First Prevention Services Act (FFPSA)

The FFPSA was enacted through Public Law 115-123 on February 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 and 2024

- 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 case managers. 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:

- 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 TDM 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 and 2023

- 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 racial and ethnic groups, 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 community partners.
 - 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 partners, 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 and the youth voice initiative led by the Michigan Department of Education.
- Focus group with Bloom Foster Family Research Team.
- QIC-EY Child and Youth Engagement Implementation
 - Memorandum of Agreement signed in August 2022 between MDHHS and Spaulding for Children.
- QIC-EY Child and Youth Engagement Coordinator with lived experienced hired.
- 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. 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 and 2023 year, the FosterClub All-Star internship transitioned to a hybrid model for the five-week training portion of the internship.
 - For the 2024 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 2024 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 TDM meetings.

The department has used 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 normality for youth.
- Foster care licensing rules require foster parents to encourage young people to participate in recreational activities appropriate to their age and ability.

- MDHHS foster care policy includes language supporting the Prudent Parent Standards.
- Public and private agency child welfare staff identify local and statewide opportunities that foster learning and promote young people's ability to become self-sufficient, including driver's training.
- Chafee funds are used to support youth participation in activities that promote normalcy and age-appropriate developmental milestones.

Progress in 2022 and 2023

- 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 and 2023

- 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.

- 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 within the In-Home Services Bureau 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 case managers 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 community partners 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 CSA Policy, Legislation, and DEI office, and the Interstate Compact for Juveniles office. Several recommendations regarding updates to policy were made to the CSA Policy, Legislation and DEI office.

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% 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 experiencing 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 and FYI vouchers.
- MDHHS plan to meet with Housing Commissions and Housing Authorities throughout the State to identify issues and barriers to FYI and FUP vouchers for young people. Meetings started in February.
- MDHHS will provide targeted training to MDHHS staff regarding FUP and FYI 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. This commenced in 2023.
- Michigan Youth Opportunities Coordinators from specific counties currently working on the Homeless Continuum of Care were asked to be a part of the ongoing discussions and meetings.
- Leverage existing MYOI coordinator positions to provide supportive services with FYI voucher recipients.

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 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 Office 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.
- CSA participated in focus groups with Bloom Foster Family Research team to help recruit and develop resource families for teens in foster care. Bloom provided a report of their findings and recommendations.

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, and community 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 four data suggest gaps are found in the following areas:

- Stable housing for older youth transitioning from care. The FY 2022 cohort for age 19 shows 21% reported being homeless within the past two years. This shows a three% decrease from the cohort three 19-year-old roll-up survey. Increased financial self-sufficiency through increased employment among youth ages 19 to 21.
- Educational outcomes in high school attainment by age 19 and 21.

To address these needs, Michigan's CSA is engaging in the following activities:

- Partnering with Labor and Economic Opportunity to improve the referral process for youth accessing Michigan Works Services.
- 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 programing for youth transitioning out of foster care.
- Working with current ILP providers to build capacity. CSA has a summer youth employment program that helps prepare youth for future employment and connects youth with potential employment.
- 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.

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 and 2023

- NYTD reports were reviewed with child welfare staff community 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.
- Youth in Transition Analyst attended several learning and collaborative opportunities presented by Children Bureau regarding NYTD.
- MDHHS increases stipend from \$30 to \$75 for youth who engage in the 21-year-old NYTD survey.
- MDHHS now provided stipends for 17-year-old youth who engage in completing the NYTD baseline survey.
- CSA moved from providing only gift cards to providing youth with stipends via check or direct deposit for completing the NYTD survey.
- 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 FY 2023, 761 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.
 - In FY 2023, 356 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 TDM 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.
 - In FY 2023, 92 Youth were served through the YIT Mentor Program.
- In 2023, CSA partnered with 2x Focus Youth Male Mentorship Program in order to provide mentoring support to Wayne County youth.
 - Wayne County has the largest number of youth who have experienced foster care and is considered an urban county.
 - Currently, the partnership can serve 15 males.
 - The mentorship program focuses on personal development, short and long-term goal development, person-centered approaches, workshops, coaching, and career development.

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.
- The semi-annual forms were updated to add specific questions related to youth applying for food assistance as they prepare to transition.

Educational Assistance Progress in 2022 and 2023

- 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.
- 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.
- Virtual trainings were held for child welfare staff, with an emphasis on targeting those assigned as education points-of contact throughout FY 2022 and FY 2023. 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.
- In FY 2024, the education analyst, along with the Michigan Department of Education foster care consultant, and the ETV coordinator will be offering five in-person trainings for child welfare and education staff, at locations across the state.
- 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.
- 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 were:
 - Of the 2018-2019 foster care cohort, 43.8% graduated in four years.
 - Of the 2018-2019 foster care cohort, 55.2% graduated in five years.
 - Of the 2019-2020 foster care cohort, 39.8% graduated in four years.
 - Of the 2019-2020 foster care cohort, 56.6% graduated in five years.
 - Of the 2020-2021 foster care cohort, 39.5% graduated in four years.
 - Of the 2020-2021 foster care cohort, 54.5% graduated in five years.
 - Of the 2021-2022 foster care cohort, 41.3% graduated in four years.
 - Of the 2021-2022 foster care cohort, 52.3% graduated in five years.
 - Of the 2022-2023 foster care cohort, 44.0% graduated in four years.
 - Of the 2022-2023 foster care cohort, 51.8% graduated in five years.

- The Michigan Department of Education holds a statewide special populations conference each year. The conference is attended by approximately 1,200 professionals, both in-person and virtually. For the past several years, a track of foster care-specific workshop sessions has been developed by the Michigan Department of Education foster care consultant, the MDHHS education analyst, and Fostering Success Michigan. The 2022 and 2023 conferences have been held as hybrid virtual/in person events. For the 2023 conference, held in October 2023, the foster care track of workshops included six in-person breakout sessions and two pre-recorded sessions.
- In 2022 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. The education analyst and Michigan Department of Education foster care consultant presented on a panel about school transportation.
- In 2023, the education analyst attended the National Association for the Education of Homeless Children and Youth's (NAEHYC) annual conference. The education analyst and the Michigan Department of Education foster care consultant co-presented a breakout session about Michigan's collaboration between the two state agencies. The conference included multiple sessions about best practices for children and youth in foster care, including a working sessions led by the U.S. Department of Education and the U.S. Department of Health and Human Services.
- In 2023, MDHHS hired two analysts to work in Business Service Centers 3 and 5, to work with youth who are placed in CCI and address the education concerns that these youth face while in CCI placement and when being released to placement in the community and return to a community school.
- 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 FTMs, 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 and 2023

- 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.
 - In the FY 2023 Foster Care Summer Youth Employment Program, 100 young people were served. Of those, 56 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. 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.
- The 2024 Summer Youth Employment Program will be in the same three sites and is expected to serve 130 youth.

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 and 2023

- There are currently 834 youth enrolled in MYOI.
 - 432 of young people enrolled in Opportunity Passport active at least two years.
- 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, 8 enrolled youth matched purchases.
 - In 2022, 11 enrolled youth matched purchases.
 - In 2023, 12 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.
 - Monthly 1:1 check-ins.
 - Financial Capability training.

Planned Activities for 2024

- Increase the number of new enrollments in MYOI.
- Increase the number of youth that complete asset match purchases.
- Utilize Opportunity Passport Data to influence programs and policy within the MYOI program.
- Incorporate youth with lived experience in the Child Welfare Training Institute, Pre-service trauma training for new child welfare workers.
- Focus on building relationships.
- Provide training to MYOI Coordinators on DEI.
- MDHHS applied and was awarded \$170,000 grant from the Michigan Health Endowment Fund.
 - The grant will focus on the development of a curriculum to improve the health literacy of youth experiencing foster care. The project will provide youth with skills and knowledge to advocate effectively for their health care needs and ultimately to improve health and well-being.
 - The project will be polite in the MYOI program before being expanded across the State.

LGBTQ+ Youth

Progress in 2022 and 2023

- 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 considered when seeing placements.
- Five youth stated that their SOGIE led to a replacement.
- Five youth stated that their SOGIE was considered when seeking placements.
- Four youth stated that they had access to LGBTQ+ role models.
- 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 SOGIE 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.
- MDHHS in partnership with the Ruth Ellis Center created and offered "Asking About Sexual Orientation, Gender Identity, and Expression (SOGIE), a four-hour training required for all public and private children's protective services (CPS), foster care, adoption care managers and first line supervisors.
- MDHHS in partnership with Ruth Ellis Center announced Journey Ahead, a free, virtual support group for youth ages 14-21 with an open children's protective services (CPS), foster care, or adoption care who identify as members of the LGBTQ+ community.

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.
- 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 and 2023

- In FY 2021, 963 young people participated in the YAVFC program.
- In FY 2022, 891 young people participated in the YAVFC program.
- In FY 2023, 761 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 September 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 case managers 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 FTMs.

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, ten institutions have contracts with MDHHS to provide independent living skills coaches to participating youth.
 - In the remaining two colleges, MDHHS provides an employee to function as 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 allowing 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 ten 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 and 2023

- In FY 2021, 246 young people were served through the ten independent living skills contracts, compared to 258 in FY 2020.
- In FY 2022, 249 young people were served through the ten independent living skills contracts.
- In FY 2023, 230 young people were served through the ten 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% of participants were either highly satisfied or satisfied with the coaching program.
 - Eighty-five% 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% of participants reported they were matched with a mentor through the program. Twenty-nine% 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%), education, such as assistance with academic guidance, and the transition to online learning (33%), and family/relationship stresses (29%).
 - 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 2022-2023 academic year, 83 students completed the survey. Ten more students completed the survey from the previous 2021-2022 academic year.

- Ninety-five% of participants were either highly satisfied or satisfied with the coaching program.
- Eighty-three of the participants planned to return to campus the following fall semester. Of the 14 participants who reported they would not be returning, eight had graduated, two were transferring to another post-secondary institution, and two decided to pursue something other than college. Two students reported they were not returning due to poor grade point average.
- The average grade point average of those who completed the survey was 2.7.
- Seventy% of participants reported they were matched with a mentor through the program. This was a 14% increase from the previous academic year. Thirty-one% 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.
- In FY 2023, 415 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 community partners 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 twentieth year of assisting older youth in foster care through training, advocacy, leadership development and financial competency.
- Each MYOI site collaborates with community partners to develop opportunities for employment, education, and social activities for young people in foster care.

- Foster Care, Guardianship, and Adoption program office staff collaborate with the Native American Affairs office 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.
- MDHHS sits on the annual Michigan Teen Conference planning committee. The Michigan Teen Conference is a two-day event welcoming up to 200 youth in foster care. Keynote presentations and breakout workshop sessions include topics such as independent living skills, education and training, funding resources, and employment. All activities are geared toward assisting youth with moving toward self-sufficiency.
- 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 sends 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.
 - MDHHS has a state legislative requirement to report on youth who are leaving foster care at the age of 18 and older, and whether they have their social security card, driver's license, and/or state identification card.
 - During calendar year 2023, there were 511 youth who were 18 years old and older and had their foster care case close. Of those, it was reported that 366 (72%) of them had their social security card. Of the remaining 145 youth, it was either unknown if they youth had their social security card, or it was reported that they did not.
 - Of the 511 youth who had their foster care case close between January 1, 2023, and December 31, 2023, at the age of 18 or older, 173 (34%) were reported as having a Michigan driver's license and 45 youth were in the process of driver's training, getting driving hours, or had an appointment at Secretary of State. Of the 338

youth who were not reported as having a driver's license, 214 (42%) had a state identification card.

- The Secretary of State plans to bring a mobile office to the 2024 Michigan Teen Conference (MTC), being held in June on the campus of Western Michigan University. The 2024 MTC will host up to 200 youth who are in foster care, and the mobile office will allow youth to apply for their Michigan Identification card while attending the conference.

Training and Technical Assistance

- Training is provided as requested by child welfare staff in local public and private agencies, and by community organizations and community partners.
- The Foster Care, Guardianship, and Adoption program office collaborates with the OWDT to create online trainings for human trafficking and working with youth who identify with diverse sexual orientation and gender identity and expression.
- MDHHS cross-trains with state and community agencies in human trafficking and education issues.
- The Foster Care, Guardianship, and Adoption program office collaborates with the Michigan Network of Youth and Families to provide technical assistance and guidance to connect providers with resources for special concerns such as trauma, human trafficking, diverse sexual orientation and gender identity and substance use.
- Training on the importance of accurate and timely collection of survey and service information was provided to analysts assigned to the BSCs and private agencies.
- Monthly supervisory phone conferences are used to provide updates and information to child welfare supervisory staff regarding the importance of accurate and timely collection of surveys and documentation of services provided to youth.
- Training is provided to public and private child welfare staff upon request regarding the availability of startup living expenses for eligible youth.
- Technical assistance is provided to public and private child welfare staff to support timely access and documentation of startup living expenses for eligible youth.
- Training is provided to MYOI and child welfare staff regarding eligible expenses, opportunities available to youth and documentation of Chafee-funded expenditures.
- Information for case managers is available through child welfare in-service training, some topics include honoring and empowering adolescents and teen matters and 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 CIP 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 federally recognized tribes in Michigan 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 January 1.

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 December 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 January 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 September 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 December 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 September 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 September 30, 2022.

Engaging Young People with Lived Experience.

During the five-year period, Michigan has used various ways to utilize and engage youth with lived experience including:

Statewide Youth Advisory Board

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.

Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY)

In 2023, MDHHS was selected as a pilot site for the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) grant received by Spaulding for Children through the Children's Bureau. The project sites are tasked with activities in five main areas that target improvement of authentic youth engagement in all aspects of services; but especially as it relates to decisions about permanency. MDHHS has been engaging in the following activities as part of the QIC-EY project:

- MDHHS established Implementation and Project Management Teams comprised of department staff, court representation, persons with lived experience (PWLE), and other community partners.
- MDHHS has identified intervention and comparison counties for the project.
- MDHHS supervisors and staff in the intervention counties have attended coaching training and follow up.
- University of Nevada has worked on a systems assessment to identify activities that will increase MDHHS authentic engagement with youth.
- The Project Management Team has identified the YAP as the project that will be implemented. This project will connect youth with a Youth Champion who will help them develop skills that will help them advocate for their own permanency; primarily in court and FTM's.

The Trusted Advisors with Lived Experience Collective

A group comprised of birth parents, kin providers, and youth/alumni-of-care who are at least 18 years old and have previous CPS or foster care involvement. Trusted advisors are available to assist with tasks within CSA in which lived experience expertise is needed. Engagement circles are held quarterly to engage with individuals who may be interested in serving as trusted advisors.

EDUCATION AND TRAINING VOUCHERS PROGRAM

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 and the 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.

- 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. Since the COVID-19 pandemic started in 2020, most trainings have been offered virtually and recorded for later viewing.
- In FY 2024, the education analyst, along with the Michigan Department of Education foster care consultant, and the ETV Coordinator will be offering five in-person trainings for child welfare and education staff, at locations across the state.

In 2018, an amendment was completed on the ETV contract to extend the eligibility requirement to the youth's twenty-sixth 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 October 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 MYOI Coordinators received information about the increased funding. From October 1, 2021, to February 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.
- In 2023, 69 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.
- In 2023, no young people who identified as tribal members were awarded vouchers.

ETVs 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	306	113
2023-2024 School Year (July 1, 2023, to March 31, 2024)	276	90
2023-2024 School Year, estimated (July 1, 2023, to June 30, 2024)	300	110

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) 2024 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.

SERVICE DESCRIPTION – TITLE IV-B(2) FUNDS

Title IV-B(2) Service Description – MaryLee Allen Promoting Safe and Stable Families - Strong Families/Safe Children

Strong Families/Safe Children, Michigan's Title IV-B(2) program, requires collaborative planning among local human services and other child welfare partners. 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, JJ, or CPS cases. Services in 2023 included:

- Parenting education.
- Parent aide.
- Wraparound coordination.
- Family Assistance Program.
- Families Together Building Solutions.
- Crisis counseling.
- Flexible funds for individual needs that support safety and well-being.

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, JJ, 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 referrals.
- Families with youth where sexual orientation or gender identity are precipitating factors that require services or support to increase family, stability, safety or well-being. Families of federally recognized tribes identified by the tribes as benefiting from services or support to increase family stability, safety, or well-being.

These 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 2023

The percentages below reflect 2023 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: 32.25%.
- Family Support: 40.07%.
- Time-Limited Reunification: 25.19%.
- Adoption Promotion and Support: 2.08%.
- Administrative costs: 0.41%.

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 2023.

Title IV-B(2) Estimated percentages for 2024

The Title IV-B(2) estimates for fiscal year 2024 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: 25%.
- Family Support: 40%.
- Family Reunification: 25%.
- Adoption Promotion and Support: 5%.
- Administrative costs: 5%.

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. 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.
- 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 2023, the Division of Juvenile Justice continued its administration of federal grants. The office continues to manage:

- An assignment unit for all JJ residential placements.
- Two state-run residential JJ facilities and reentry/aftercare.
- Ten private contracted residential JJ facilities.
- Prison Rape Elimination Act compliance monitoring and audits for all public and private, contracted JJ residential facilities.
- Juvenile forensic mental health examiner and training.
- Implementation and training of the JJ risk assessment system.
- Two interstate compacts, the Interstate Compact for Juveniles (ICJ), and the Interstate Compact on the Placement of Children (ICPC).
- Regional detention support services.
- The Rural In-Home Care Grant, providing Multi-Systemic Therapy for Juvenile Justice Youth and their families.

The two state-run JJ 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 JJ 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.

All youth entering residential care are required to be eligible through a third-party assessor, currently Maximus, to determine the level of care needed. As of January 5, youth with experience in the juvenile justice system were in the following living arrangements on the next page.

Living Arrangement	Number of Youth
Adult Foster Home	1
AWOL	2
Child Caring Institution	45
College Dormitory	1
Court Treatment Facility	2
Detention	30
Friend/Partner Home	1
Hospital	2
Jail	11
Juvenile Guardianship Home	1
Licensed Unrelated Foster Home	5
Licensed/Unlicensed Relative Home	4
MDHHS Training School	23
Parental Home	70
Rental Home/Apartment	5
Unrelated Caregiver	4
Total	207

As of January 5, 2024, dual ward youth (youth under supervision for JJ and for abuse/neglect) were in the following living arrangements:

Living Arrangement	Number of Youth
Adult Foster Home	1
AWOL	3
Child Caring Institution	62
Detention	26
Emergency Residential Shelter	3
Friend/Partner Home	2
Hospital	4
Jail	1
Licensed Unrelated Foster Home	16
Licensed/Unlicensed Relative Home	48
MDHHS Training School	9
Out of State Child Caring Institution	1
Parental Home	13
Rental Home/Apartment	6
Terminated Parental Home	1
Unrelated Caregiver	4
Total	200

The ten private contracted JJ 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. JJ 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 ten facilities are required to provide six months of aftercare support to youth upon return to a community-based placement. Juvenile Justice Programs implement 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 preparation services to adjudicated youth with disabilities through an interagency agreement with Michigan Rehabilitation Services (MRS). 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. During the past year, MRS has been working with several of the facilities to provide pre-employment transition services to youth in both public and private, contracted residential settings to enhance the services provided in the facilities and increase the youth's ability to succeed after release.

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. In February of 2024, ICPC staff received notice that funding for NEICE was supported and NEICE adoption should occur in FY 2024. ICPC staff also advocated for Michigan implementation of the National Electronic Interstate Compact Enterprise (NEICE) now in use by 49 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 JJ 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 containing incident data to assist with self-monitoring trends pertinent and pertinent practice areas for improvement.

Status: The dashboard continues to be active on the public website and feedback from providers has been incorporated to ensure the most accurate information. The CCI Dashboard is described in the Quality Assurance System section of this report.

Goal: Juvenile Justice Programs will continue Q RTP reviews of contracted residential facilities.

Status: Juvenile Justice Programs completed a second round of QRTP in 2023 with all contracted facilities being found in compliance. Reviews of QRTP compliance will continue annually.

Planned Activities

Planning is ongoing for the enhancement of programs and services for youth and young adults including:

- Continuing to provide 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 incorporation of the program into private residential facilities.
- Providing statewide training to residential facilities on the Prison Rape Elimination Act, which includes training on communicating with youth and working with youth with diverse sexual orientation, gender identity and gender expression (SOGIE).
- Analyzing available SOGIE data to identify size of population being served by MDHHS JJ programs.
- Regular communication and collaboration with training staff, residential providers and JJ specialists and supervisors to enhance program integrity. This includes monthly conference calls with JJ supervisors with presentations from resource providers.
- Transitioning the training for from one to two times per year in person to an on demand online training for accessibility and timely completion in 2024.
- Continuing a grant to rural and urban counties servicing youth that are moderate to high risk to reoffend and at risk of residential placement by providing Youth Advocate Programs to mentor and support the youth and family. The goal is to avoid congregate care using intensive community support and wraparound services.
- Growth 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 youth with experience in the juvenile justice system as well as to inform providers and policy makers on the youth perspective.
- In 2024, the kickoff for the Juvenile Justice Family Advisory Council occurred. These meetings will continue in 2024 and will include collaboration between both councils.
- In 2024, both councils will focus on a variety of goals, including community and department outreach, developing tools for current and former youth with experience in the juvenile justice system, as well as establishing a protocol for addressing former and current youth with experience in the juvenile justice system and their families. This protocol development began in 2024 and conclude in 2025 with providing this protocol to MDHHS staff, courts, and youth with experience in the juvenile justice system and family members as a resource.
- JJ task force participation includes meetings, workgroups, and action planning for forthcoming recommendations.

- Ongoing interface with internal and community partners that represent JJ interests within Michigan.
- Continued 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 youth with experience in the juvenile justice system.

JUVENILE JUSTICE TRANSFERS

The JJ 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.

In FY 2023, 103 young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent. 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 JJ or who became dual abuse/neglect-JJ wards in FY 2022. As of March 20, 2023, there were 174 dual abuse/neglect-JJ wards in Michigan.

Juvenile Supervision in Michigan

In Michigan, most youth in the JJ system remain the responsibility of the local court. Some youth with open foster care cases enter the JJ 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 2024 through the recommendations provided by the Task Force on Juvenile Justice Reform.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight 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 U.S. 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 September 30, 2023. Michigan expended the funds on costs under part B, including post-adoption services, and part E of Sec. 473A of the Social Security Act to:

- 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.
- Expand the MARE contract to include reviews of adoption cases.

ADOPTION SAVINGS EXPENDITURES

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 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 a 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.

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 with information about the Kinship Support Program, [Toll-free 800-535-1218 | Kinship Care Resource Center \(msu.edu\)](https://www.msu.edu/kinship-care-resource-center), contains 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 platforms, 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 has evolved into the Enhanced Model of service. An evaluability study was conducted in 2023.

MONTHLY CASE MANAGER VISIT DATA AND FORMULA GRANT

Michigan has successfully met the federal standard of 95% for monthly case manager visits and continues to exceed the expectation that most of the visits are held in the youth's residence. Michigan submits the case manager visit data annually directly from MiSACWIS.

In November 2023, Michigan began including monthly case manager visit data within the AFCARS file submitted within NCWDMS. As Michigan develops CCWIS, the department will ensure there are no gaps in data submissions. To ensure monthly visits are met, MDHHS along with private agencies utilize key performance indicator reports, ticklers within MiSACWIS and monthly management reports to ensure visits are completed between foster care case managers and youth. Michigan continues to reduce the population of youth in foster care as evidenced by the total population of children served each year.

Case Manager Visit Reports Federal Fiscal Years 2019- 2023	2019	2020	2021	2022	2023
Total Population of Children Served	16,437	14,697	13,254	12,054	11,160
Total Months in Care	138,461	128,930	113,888	105,135	96,200
Total Number of Visits Made by Case Managers Monthly to Cin Foster Care	134,819	125,415	108,973	102,244	94,380
Total Number of Visits Made by Case Managers Monthly to Children in Foster Care that Occurred in the Child's Residence	132,656	101,094	107,030	100,746	92,805
Percent of Visits Made by Case Managers Monthly	97.4%	97.3%⁵	95.7%	97.3%	98.1%
Percent of Visits that Occurred in the Child's Residence	98.4%	80.6%⁶	98.2%	95.8%	96.5%

⁵ Michigan implemented use of video conferencing to conduct monthly face-to-face visits with children in foster care 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.

⁶ In 2020, virtual visitation was utilized during the state's executive stay-at-home order. Following the expiration of that order, caseworker visits were encouraged to take place in an outdoor setting to limit exposure and potential to spread the COVID-19 virus.

Maintaining Progress on Monthly Case manager Visits

Michigan's standard for the frequency of case manager visits of children in foster care exceeds federal standards. Current policy for case manager contacts with children in out-of-home placement is as follows:

- The case manager 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 case manager 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 case manager 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 case manager must have two face-to-face contacts with the parent(s) and the child each calendar month in the home for subsequent months after the child has returned home until case closure unless the family is receiving Family Reunification or Families First services.
- Each contact must include a private meeting between the child and the case manager.

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 Case Manager Visit Formula Grant

Allocated Amount: \$506,000. In 2024, Michigan used the Monthly Case Manager Visit Formula Grant for the following activities:

- Child Welfare Workforce Training and Mentoring. 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 case manager visits and engagement with LGBTQ+ youth and their caregivers.
- CSA contracted with ERACCE to provide training on the impacts of systemic racism on children and families in the child welfare system.

- CSA contracted with the Safe and Together Institute (S&TI) to provide worker and supervisor training regarding domestic violence. The model focuses on completing perpetrator-focused CPS investigations and foster care cases. The focus is also on worker safety and well-being related to domestic violence.

MICHIGAN SUPPLEMENTAL FUNDING ACTIVITIES FY 2023

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 February 2023: \$7,150,202

- \$1,663,249 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.
- \$446,600 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.
- \$3,528,708 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.
- \$714,252 was spent supporting the MSU's Kinship Navigator Program. Chapin Hall is assisting with evaluation activities for the program to become evidence based.
- \$523,239 was spent towards cost allocation for staff supporting the development and implementation of the IV-E Prevention Plan.
- \$36,902 was spent 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.
- \$211,866 was spent on Emergency Housing Support for families to prevent removal or facilitate timely permanency.
- \$25,386 was spent to support the Families and Children Together (FACT) program. FACT is a non-profit organization that is coordinating a network of providers and partner organizations to meet the needs of families in the communities where the program is implemented. FACT is creating a community-based care approach to preventing the need for foster care and changing the experience of those children and families already in foster care.

Planned Activities

Funds Remaining: \$8,471,785

- Approximately \$622,835 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 five years 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 \$2,685,748 will be used for the ongoing partnership with MSU's Kinship Navigator Program. Chapin Hall is assisting with evaluation activities for the program to become evidence based.
- Approximately \$200,000 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 \$258,338 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 \$2,329,614 will be used to support the Families and Children Together (FACT) program. FACT is a non-profit organization that is coordinating a network of providers and partner organizations to meet the needs of families in the communities where the program is implemented. FACT is creating a community-bases care approach to preventing the need for foster care and changing the experience of those child and families already in foster care.
- Approximately \$938,134 will be spent on Emergency Housing Support and concrete assistance for families to prevent removal or facilitate timely permanency.
- Approximately \$1,437,115 will be used for additional prevention service supports such as additional expansion of startup costs for MiFamily Stronger Together and additional concrete supports for the Family Impact Team expansion.

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 (January 27, 2020 – April 20, 2021), to re-enter foster care if not yet 22 years old and stay until their twenty-second birthday or September 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 September 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% 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 December 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 September 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 September 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 September 30, 2021.
- Youth can be awarded if not attending post-secondary institution or training program due to COVID-19 until September 30, 2021.
- Extends the maximum age to the 27th birthday until September 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 CIP 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: CIP 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 others 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 CCIs.

Allocation Amount: \$27,200,000


Planned Activities:

- Fiscal relief payments of \$8.2 million across Michigan's private CCIs for abuse, neglect, and JJ services to aid in addressing the negative economic impacts experienced as a result of the pandemic.
- Fiscal relief payments of \$19 million 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 2025: October 1, 2024 through September 30, 2025

1. Name of State or Indian Tribal Organization AND Department/Division:		3. EIN:	1-3860000134-C4
Michigan Dept. of Health and Human Services, Div. of Continuous Quality Improvement		4. UEI:	C2AQVDYYUAS7
2. Address: (insert mailing address for grant award notices in the two rows below)			
235 S Grand Ave., PO Box 30037, Lansing, MI 48909		5. Submission Type: (mark X next to option)	
		- New	X
a) Contact Name and Phone for Questions: Franchesca Vega (313) 452-7105		- Reallotment	
b) Email address for grant award notices (one only) vegaf@michigan.gov			
REQUEST FOR FUNDING for FY 2025:			
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:			\$8,520,621
a) Total administrative costs (not to exceed 10% of the CWS request)			\$26,221
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	
a) Family Preservation Services		20.0%	\$8,015,144
b) Family Support Services		30.0%	\$1,603,029
c) Family Reunification Services		30.0%	\$2,404,543
d) Adoption Promotion and Support Services		20.0%	\$1,603,029
e) Other Service Related Activities (e.g. planning)		20.0%	\$1,603,029
f) Administrative Costs (STATES: not to exceed 10% of the PSSF request; TRIBES: no maximum %)		0.0%	\$0
g) Total itemized request for title IV-B Subpart 2 funds: NO ENTRY: Displays the sum of lines 7a-f.		10.0%	\$801,514
		100.0%	\$8,015,144
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$506,645
a) Total administrative costs (not to exceed 10% of MCV request)			\$50,664
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$2,971,426
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:			\$1,162,027
REALLOTMENT REQUEST(S) for FY 2024:			
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
\$0	\$0	INDHHS Senior Deputy Director	\$0
			ETV Program
			\$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
\$0	\$0	\$0	\$0
			ETV Program
			\$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 Senior Deputy Director		Title	
Date 06/25/2024		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, Division of Continuous Quality Improvement For FY 2025: OCTOBER 1, 2024 TO SEPTEMBER 30, 2025

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 (describe)	(L) Geographic Area To Be Served				
1.) PROTECTIVE SERVICES	\$ 130,084			\$ 2,971,426				\$ -	376,684	56,533	Eligible Families and Children	Statewide				
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 272	\$ 1,603,029		\$ -				\$ -	10,597	3,515	Eligible Families and Children	Statewide				
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 3,904,300	\$ 2,404,543		\$ -				\$ -	28,399	13,177	Eligible Families and Children	Statewide				
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 1,603,029		\$ -				\$ -	14,377	8,354	Eligible Families and Children	Statewide				
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,603,029						\$ -	4,385	1,207	Eligible Families and Children	Statewide				
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -						\$ -	-	-	-	-				
7.) FOSTER CARE MAINTENANCE:																
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 4,459,744						\$ 45,712,429	\$ 139,065,313	-	11,208	Eligible Children	Statewide				
(b) GROUP/INST CARE	\$ -						\$ 17,305,571	\$ 198,159,742	-	986	Eligible Children	Statewide				
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 111,364,800	\$ 74,482,400	-	20,400	Eligible Children	Statewide				
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 3,647,400	\$ 8,416,900	-	1,095	Eligible Children	Statewide				
10.) INDEPENDENT LIVING SERVICES	\$ -			\$ 4,171,796				\$ 834,359	2,219	-	Eligible Youth	Statewide				
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 1,162,027		\$ 232,405	306	-	Eligible Youth	Statewide				
12.) ADMINISTRATIVE COSTS	\$ 26,221	\$ 801,514	\$ 50,664				\$ 92,948,369	\$ 105,716,956								
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 160,495	\$ 2,015,850								
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 112,705	\$ 5,645,870								
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,292,181	\$ 3,750,566								
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 455,981				\$ -	\$ -								
18.) TOTAL	\$ 8,520,621	\$ 8,015,144	\$ 506,645	\$ 2,971,426	\$ 4,171,796	\$ 1,162,027	\$ 273,543,950	\$ 538,320,361								
19.) TOTALS FROM PART I	\$8,520,621	\$8,015,144	\$506,645	\$2,971,426	\$4,171,796	\$1,162,027	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	<table border="1"> <tr> <td>On this form</td> <td>In the APSR Narrative</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>						On this form	In the APSR Narrative	X	
On this form	In the APSR Narrative															
X																
(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.)																

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 2022 Grants: October 1, 2021 through September 30, 2023

No entry required in the black shaded cells					
1. Name of State or Indian Tribal Organization: Michigan Dept. of Health and Human Services, Division of Continuous Quality Improvement		2. Address: 235 S. Grand Avenue, PO Box 30037, Lansing, MI 48909			3. EIN: 1-3860000134-C4
5. Submission Type: (type New or Revision)		0			4. UEI: C2AQVDYYUAS7
Description of Funds	(A) Actual Expenditures for FY 22 Grants (whole numbers only)	(B) Number Individuals served	(C) Number Families served	(D) Population served (describe)	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 8,497,819	431,030	82,053	Eligible Children and Families	Statewide
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 44,518				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	\$ 8,009,717	57,183	25,226	-Eligible Children and Families	Statewide
a) Family Preservation Services	\$ 2,440,352				
b) Family Support Services	\$ 3,421,559				
c) Family Reunification Services	\$ 1,903,804				
d) Adoption Promotion and Support Services	\$ 197,881				
e) Other Service Related Activities (e.g. planning)	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF spending)	\$ 46,121				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	\$ 8,009,717				
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 36,267				
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	2,219	-	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)	\$ 1,364,508	320	-	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		
Senior Deputy Director	06/25/2024				

State of Michigan**Comparison of FFY 2025 and FFY 2005 Title IV-B, Subpart 1 Expenditures**

Date: 04/15/24

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, 2025 (FFY 2025):

	2025 Estimated Federal Funds (1)	2025 Estimated Non-Federal Funds	2025 Estimated Total Federal & Non-Federal
(3) Administration	\$26,221	\$105,716,956	\$105,743,177
Foster Care Board & Care (Maintenance)	\$4,459,744	\$139,065,313	\$143,525,057
Prevention & Family Support Services	\$3,904,300	\$0	\$3,904,300
Protective Services	\$130,084	\$0	\$130,084
Family Preservation-Crisis Intervention	\$272	\$0	\$272
Time-Limited Family Reunification	\$0	\$0	\$0
Child Care	\$0	\$0	\$0
Adoption Assistance Payments	\$0	\$0	\$0
Totals	\$8,520,621	\$244,782,269	\$253,302,890

(1) Total Title IV-B, Subpart 1 funds spent for foster care maintenance = \$4,459,744, child care = \$0, adoption assistance payments =

(2) Estimated FFY 2025 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 were in the second category. Beginning FFY 2008, expenditures are broken-down between administration and service areas. Estimated FFY 2025

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

!025

2025 Estimated Non-Federal Funds Used as Match (2)	2025 Est. Amount State Exceeded Match Requirement
\$0	\$105,716,956
\$3,100,000	\$135,965,313
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$3,100,000	\$241,682,269

= \$0.

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

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

Payment Limitations - Title IVB, Subpart 2**Date: 04/15/2024**

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	FY2022 Expenditures
Federal	\$ 19,096,000	\$ 192,715,271
State / Local	\$ 25,089,700	\$ 198,455,895
Total	\$ 44,185,700	\$ 391,171,165



Children's Services Administration

Division of Continuous Quality Improvement

Child Abuse Prevention and Treatment Act State Plan

2024 Annual Update

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Michigan’s Child Abuse Prevention and Treatment Act Coordinator

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CHILD ABUSE PREVENTION AND TREATMENT ACT 2024 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 2024 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	2023
Number of complaints received	170,650	155,859	159,743	174,235	178,276
Percent of complaints assigned for investigation	56%	46%	41%	39%	38%
Percent of investigations resulting in confirmed abuse or neglect	22%	24%	24%	22%	22%
Maltreatment in foster care	16.78	12.56	4.69	5.6	8.77
Recurrence of maltreatment	10.83	11.33	10.36	9.71	9.91

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 contracted with the Michigan Public Health Institute (MPHI) 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 includes 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 a State of Michigan Family Resource Centers Network. Currently there are eleven Family Resource Centers in the network across Michigan. 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, 2023 – June 30, 2024) that will affect the state's continued eligibility for CAPTA State Grant Funds.

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 case managers 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 case manager 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 investigations 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 and 2024.
- In February 2023, a marijuana policy workgroup began meeting to review current policy for revision considerations and prevention pathway.
- 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 as 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. Of the cases reviewed in 2023-2024, 484 of them needed a plan of safe care and service referrals. The Compliance Review Team found a 96 percent compliance rate.

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.
- The proposed enhancement to MiSACWIS to allow better tracking and reporting of

National Child Abuse and Neglect Data System (NCANDS) data is still pending, as the MiSACWIS Team continues to work with the Business Owners on the details of this request. 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 the following priorities that were implemented:

- 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 case managers was made available in 2023.

Progress in 2024

- 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 and roll out is expected to occur by the end of 2024.
- 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.

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. This enhancement will now require the section for Sex Trafficking Prior to Foster Care and Sex Trafficking While in Foster Care to be answered within the child(ren)'s person profile prior to adding a foster care initial, updated, or permanent ward service plan, or a juvenile justice initial, updated, or supplemental service plan.
- 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 case managers about Sex Trafficking

- Shortly after hire, all child welfare case managers complete a 9-week Pre-Service Institute (PSI). The PSI is a combination of classroom, online, and on the job training (OJT) designed to help new case managers learn and put into practice the basic skills necessary to meet the complex needs of the children and families served by the Michigan child welfare system. An overview of human trafficking of children is included in the PSI.
- The MDHHS Learning Management System (LMS) offers a 30-minute Human Trafficking of Children online class. The class provides instruction on using the Human Trafficking of Children Protocol to identify and serve victims of human trafficking.
- During 2023, the CSA Human Trafficking Analyst provided multiple in-person and virtual trainings throughout the state on human trafficking of children and the child welfare system's response. Attendees included CPS case managers, foster care case managers, intake specialists, and management.

- In September 2023, MDHHS partnered with the National Center for Missing & Exploited Children (NCMEC) to host seven in-person 90-minute Response to Child Sex Trafficking trainings at various locations throughout the state. The training provided practical lessons learned in developing proactive recovery and response plans focused on increasing rapport, youth engagement, and reducing running behavior for missing children who are being sex trafficked.
- On September 6, 2023, MDHHS hosted the Standing Together Against Trafficking Conference. The event served as an opportunity for anti-trafficking professionals, subject matter experts, and survivors to engage in dialogue, networking, and information sharing to unite efforts to make Michigan a national leader in the anti-trafficking movement. This day-long event featured a series of speakers and workshops with a focus on human trafficking service providers, health care, child welfare, and survivor support.
- Human trafficking training is available to all child welfare staff on an ongoing basis through conferences, online training, and local office training.

Progress in 2023-2024

- A human trafficking mailbox was created for child trafficking related inquiries. The mailbox is monitored by the MDHHS Human Trafficking Analyst.
- MDHHS CSA convened a multidisciplinary workgroup to review and revise the existing Human Trafficking of Children Protocol (DHS-Pub-215). The goals of the workgroup include:
 - Establish a child trafficking screening tool for use in Michigan.
 - Identify ways to reduce trauma and provide protection and continued support for victims of child trafficking and their families.
 - Eliminate racial and ethnic disparities in investigation dispositions and other case outcomes.
 - Improve cooperation among professions and agencies that furthers the development of common goals and methodologies for better responses to suspected child trafficking, including limiting the number of times a child is interviewed.
 - Encourage communication and collaboration among multidisciplinary team (MDT) members.
 - Improve awareness and reporting of suspected child trafficking.
 - Instill public trust and transparency in systemic responses to suspected child trafficking.
 - Ensure proper training for all professionals within the scope of the protocol.
 - Encourage early and continued coordination between CPS and law enforcement to make investigations timelier and more inclusive.
- The MDHHS Human Trafficking Analyst began reviewing all intakes with allegations of human trafficking of children. If the referral is transferred to law enforcement, the human trafficking analyst will follow-up with the receiving

agency to confirm receipt of the Law Enforcement Notification (LEN). If the referral is assigned for investigation, the human trafficking analyst will contact the assigned case manager and supervisor to offer contact information, support, and resources, as needed.

- Michigan joined the National Child Welfare Anti-Trafficking Collaborative. The Collaborative was formed to provide a space for child welfare professionals to discuss efforts to address human trafficking within child welfare, share resources, and learn from each other. The Collaborative meets virtually on a bimonthly basis to hold targeted conversations on how members are addressing child trafficking through the child welfare system in their respective states. Discussions are often topical and focus on policy and practice related to child protection screening, investigations, case management, placement, training, multidisciplinary approaches, specialized residential and community-based services, and other related topics. The Collaborative provides an open learning environment for asking questions and brainstorming solutions to complex problems within the child welfare sector's response to trafficking.
- The MDHHS Division of Victims Services, published a Human Trafficking Response Protocol – A Tool for Hospitals. This toolkit was developed based on a mid-Michigan hospital system's experiences using evidence-based strategies to develop an effective human trafficking identification, assessment, and response protocol. It offers guidance for hospitals so they may adapt these tools to implement their own human trafficking protocols customized to their unique resources and communities.
- MDHHS was awarded a \$1,500,000 grant from the Office for Victims of Crime for Improving Outcomes for Child and Youth Victims of Human Trafficking. The purpose of this initiative is to improve the response to child and youth victims of trafficking throughout Michigan with an emphasis on Native children and youth and victims of labor trafficking. Project activities include convening a statewide multidisciplinary advisory committee to guide and inform the work of the initiative, conducting a statewide needs assessment, developing and implement awareness campaigns, and creating and implementing data collection and training plans. Expected outcomes include:
 - A better understanding of the nature and prevalence of sex and labor trafficking of children and youth in Michigan.
 - Improved statewide systemic response to children and youth victims of labor and sex trafficking.
 - An anti-trafficking movement in grounded in best practice, including being empowerment based, survivor centered, culturally responsive, and trauma informed.
- Representatives from MDHHS and the Federal Bureau of Investigation agreed to meet quarterly to discuss statewide anti-trafficking efforts. These meetings began in 2024.

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 2023, 240,186 educational items were distributed by MDHHS to hospitals and other organizations and over 15,000 professionals, including hospital staff, 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 case managers to discuss safe sleep practices with parents of children under 12 months. If an infant does not have a safe sleeping environment, the CPS case managers 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. In FY 2023, 259 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 2023-2024 were driven with the goal of better supporting families, providing worker relief, and making policy more streamlined by:

- Obsolete policy items that were a better fit elsewhere or were already located in another section of policy.
- Removing policies to ensure the work being done by caseworkers is productive and an efficient use of time and resources.

During this reporting timeframe the policy manual, as it pertains to intake and investigations was redesigned. This was the first series in our redesign efforts. The following policies were updated to provide clarification or additional updates based on feedback from stakeholders:

CPS Program Overview – PSM 711

- CPS program is a new policy item. This item includes information relating to CPS's statutory obligation to receive and respond to reports of suspected child abuse and neglect.

CPS Process – PSM 711-1

- Item was renamed to PSM 711-1, CPS Process.
- Information previously found in PSM 711-2, CPS Overview, was added.
- Due to 711-6 being obsoleted, responsibility to receive and investigate referrals, assignment disputes/rejections, and rejection disputes have been added to this policy.
- The term assign has been changed to screen in and the term reject has been changed to screen out.

Definitions, Responsibilities and Maltreatment Types – PSM 711-2

- Renamed, Definitions, Responsibilities and Maltreatment Types. Contents include legal definitions, operational definitions, and child abuse/neglect maltreatment types.
- Defines threatened harm to include new maltreatment types.
- Regarding mental injury, examples of child impairment/behaviors have been added to help guide case managers in their investigative decision making.

CPS Categories of Disposition – PSM 711-3

- Renamed CPS Categories of Disposition and contains case disposition categories as defined in the Child Protection Law.

CPS Legal Requirements and Definitions: PSM 711-4

- Definitions updated to reflect statutory changes as it pertains to the types of cases that will be added to central registry.
- The word complaint has been changed to referral.
- The following definitions were added/updated/deleted:
 - Electronic case record - added.
 - Electronic case management system - added.
 - Mental health professional - updated.
 - Relative - updated.
 - Formerly fictive kin - deleted.

PSM 711-5 is obsolete. Contents moved to 711-2

PSM 711-6 is obsolete. To streamline policy, contents moved to PSM 711-1.

PSM 711-5 is obsolete. Contents are now in PSM 711-2

CPS Intake - PSM 712-1

- Renamed to CPS intake.
- Details policy requirements from the time a referral is received through the decision to screen in, screen out, or transfer a referral is now contained in this policy item.
- Items previously contained in other policies, now contained in 712-1:
 - Minimal Priority Response Criteria.
 - Eliciting Referral Information and Preliminary Investigation.
 - Reasons to Reject a Referral and Reversals.
 - Referral Documentation.
- Transfer section added to clarify when it is appropriate to transfer a CPS intake.

- Update regarding preliminary investigation activities to align with the new SDM Centralized Intake Assessment Policy & Procedures Manual.
- Added a note regarding priority response criteria – priority response (12/24) – to clarify requirements when an alleged child victim is identified after the investigation has been assigned.

CPS Intake – Special Cases: PSM 712-2 (formally 712-6)

- 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 individuals who should be referred to prosecuting attorney/law enforcement agencies.
- Military base and transferred referrals removed from this policy and now placed in PSM 712-1, CPS Intake.
- Known Perpetrator Moving In Or Residing With A New Family was removed from policy.
- Sex trafficking was added as a subsection under human trafficking.
- Labor trafficking was added as a subsection under human trafficking.

Coordination with Prosecuting Attorney and Law Enforcement – PSM 712-3

- Language update RE: Law Enforcement Contact with Children.
- Face-to-face contact with all alleged child victims must be made by a case manager. If a case manager cannot locate a child or is unable to access a child, law enforcement may make the initial face-to-face contact. The case manager's efforts to locate and/or access the child prior to requesting law enforcement assistance must be documented in a social work contact. If law enforcement makes the initial face-to-face contact, a case manager must make face-to-face contact with all alleged child victims seen by law enforcement within 24 hours of law enforcement contact to assess safety and well-being and coordinate any necessary safety planning.
- Definition added for Physical Harm/Severe Physical Injury.

PSM 712-6, PSM 712-8, and PSM 712-8 are obsolete.

CPS Investigation – General Instructions: PSM 713-01

- Perpetrators on Central Registry without a due process date
 - Process on notice to be provided to alleged perpetrator when a new Children's Protective Services (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.

- Perpetrator Notification, not listed on Central Registry
 - 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.
- Clarification made in which cases the perpetrator must be placed on central registry.
- Vulnerable child(ren) criteria has been updated to align with language in the revised Structured Decision Making (SDM) Safety Assessment tool.
- Language added regarding contact with an alleged child victim, identified after the investigation has been assigned. Face-to-face must occur within 24 hours if the allegations have not already been addressed per policy requirements and the newly identified alleged child victim must be added to the investigation as an alleged victim within 24 hours of identification.
- Language added/updated regarding face-to-face contact by Law Enforcement. Face to face contact with all alleged child victims must be made by a case manager. If a case manager cannot locate a child or is unable to access a child, law enforcement may make the initial face to face contact. The case manager's efforts to locate and/or access the child prior to requesting law enforcement assistance must be documented in a social work contact. If law enforcement makes the initial face to face contact, a case manager must make face to face contact with all alleged child victims seen by law enforcement within 24 hours of law enforcement contact to assess safety and well-being and coordinate any necessary safety planning.
- A firearm assessment must be completed and documented in the electronic case record when a case manager becomes aware of a firearm in the home.
- Documentation in the history/trends section of the electronic case record must demonstrate that a search was completed for each required individual. Individual names must be listed.
- Guidance for referral of children to Early On now included.
- For extension requests, a face-to-face contact with each alleged child victim(s) must have occurred within 7 business days prior to supervisory approval of the extension.
- If an individual is confirmed for multiple maltreatments, but only some result in placement on central registry, the DHS-847a must be sent for the central registry placement(s) and the DHS-847c for the confirmed maltreatment(s) that do not result in central registry placement.
- Case managers must not take photographs of the child's genitalia, buttocks, or breasts of children at any age.
- Guidance has been updated to reflect that no child(ren) shall be subjected to a search which requires the child to remove their clothing to expose buttocks, genitalia, or breasts of child(ren), at any age in any setting.

- The case manager must review screened out referrals to determine if any new or additional safety planning may be needed based on screened out allegations.
- The word caseworker has been replaced with case manager(s).
- Hyperlinks were also updated.

Medical Examination and Assessment: PSM 713-4

- General editing includes incorporating the terms electronic case management system, electronic case management record and including gender neutral terminology. Hyperlinks have also been updated.

Special Investigative Situations – PSM 713-08

- Guidance for assessing threatened harm during an investigation has been removed and consolidated into PSM 713-11, Assessments, threatened harm assessment section.
- Known Perpetrator Moving in With A Family, removed.

Assessments – PSM 713-11

- Guidance on assessing threatened harm updated to include clarification on assessing both historical and current instances of threatened harm.

Post-Investigative Services: PSM 714-1

- Central Registry
- Category language updates that include when categories II and III case must be reviewed for escalation. There is no longer a requirement that all Category II case perpetrators must be placed on central registry. Central registry placements only occur for individuals determined to be the perpetrators of serious abuse or neglect, confirmed sexual abuse, confirmed sexual exploitation, and/or confirmed methamphetamine production.
- Perpetrator Contact Standards
 - 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.
- General Editing
 - General editing includes incorporating the terms electronic case management system, electronic case management record and including gender neutral terminology. Hyperlinks have also been updated.
- A firearm assessment must be completed and documented in the electronic case record when a case manager becomes aware of a firearm in the home.
- Language regarding ongoing face-to-face contacts - at minimum, regardless of the risk level, each primary caregiver, victim, and non-victim child(ren) in the family must be seen at least once a calendar month where the family primarily

resides. At least once every calendar month, a private meeting must be held with the child in the absence of the caregiver/perpetrator.

- Monthly Case Consultation
 - As part of continued re-design efforts, the DHS-1158, CPS Ongoing Supervisory Tool, and DHS-1159, CPS Ongoing Supervisory Guide, have been removed from policy for revision.
- Service Agreement
 - As the DHS-1105, Family Team Meeting Report, serves as the family's services agreement, this section has been removed and language consolidated within the Family Team Meeting section.
- The ongoing case manager must review screened out referrals to determine if any new or additional safety planning may be needed based on screened out allegations.

Maltreatment in Care – PSM 714-5

- Added A firearm assessment must be completed and documented in the electronic case record when a case manager becomes aware of a firearm in a home.
- MDHHS methamphetamine Protocol removed.

Cases Involving Substances – PSM 716-7

- Language updated to align with the revised Infant Plan of Safe Care Protocol.

CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRAM AREAS

CAPTA Section 106(a)1. To improve the intake, assessment, screening, and investigation of reports of abuse and neglect.

To ensure consistency in response to CPS referrals across the state, MDHHS established a statewide 24-hour Centralized Intake hotline for abuse and neglect reporting in 2012. Centralized Intake ensures consistency in referral 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 tool was fully implemented in 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. The department is also partnering with Fostering Futures and 211 in opening up a Family Resource Center in Kent County as of September 15, 2023.

In 2023, Centralized Intake joined the CSA Race Data Project, which is a pilot project comprised of staff in specified areas, to improve accuracy in data pertaining to the racial identity of individuals served by CSA. As part of the project, Centralized Intake is asking for racial makeup of mandated reporters who call Centralized Intake to make a report of child abuse or neglect. Trends will be reviewed upon completion of the pilot in 2024.

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 referrals are not assigned for an investigation. The Placement Collaboration Unit holds bimonthly virtual training on reporting, safety planning, and roles and responsibilities for referrals not assigned. These trainings are tracked by the Placement Collaboration Unit using a spreadsheet designed for that purpose. Training sessions are held bimonthly so that new staff may attend.

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 2023, the CPS program office reviewed and responded to 4,929 out-of-state requests for central registry clearance checks.

MDHHS Birth Match Process

Birth Match is an automated system that notifies Centralized Intake when a new child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a child due to abuse and/or neglect or has committed a serious act of child abuse and/or neglect. It allows MDHHS to identify cases that may require additional services and support. If the match is accurate and there is not an already pending investigation or open investigation, the referral will be screened in and assigned for investigation.

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 had local multi-disciplinary team protocols that met statutory requirements, one had a protocol that did not meet statutory requirements, one did not have a protocol but had begun the process to create one, and one had no protocol in place and had not started the creation process.
- As of 2024, all 83 counties have a protocol in place. As part of an annual review, all local MDHHS offices are actively collaborating with their MDT to ensure detailed processes and direction on how to request, access, and obtain a second medical opinion in accordance with 713-04 is outlined in the local *Model Child Abuse and Neglect Protocol Utilizing a Multidisciplinary Team Approach* (MCA protocol).
 - All local MDHHS offices are developing a working list of medical practitioners who have specialized training in detecting child abuse and neglect, examining, and interviewing children in accordance with PSM 713-04 in coordination with their local MDT. A local contact list is being developed and maintained for CPS case managers and supervisors. A statewide contact list is also updated annually and posted to the MDHHS public website for use by staff and partners.
 - In addition, all local MDHHS offices are developing a plan to train their child welfare staff on the revised local MCA protocol and will ensure staff have a copy readily available for reference. Training will cover, among other topics, county specific protocols for how to obtain a second medical opinion in accordance with PSM 713-04, the impact of obtaining a second medical opinion in a timely manner so injuries can be viewed by the medical practitioner before healing, and the critical importance of using the child abuse medical expert list when scheduling initial and second opinion medical examinations. Training will also instruct CPS case managers on what medical practitioners, who have specialized training in detecting child abuse and neglect, are available to conduct medical assessments after hours within their respective counties.

- All local MDHHS offices have been strongly encouraged to invite local medical practitioners from the child abuse and neglect list to local MDT meetings and case reviews.
 - All actions above are slated to be complete by the end of 2024 to allow time for thorough collaboration and approval.
- **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 investigative case managers. 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.
 - The revised Forensic Interviewing Protocol Fifth Edition was finalized and approved in 2023. Publishing and distribution will occur in early 2024.

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

- **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).
- **Human Trafficking Protocol - 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 2023/2024, MDHHS CSA convened a multidisciplinary workgroup to review and revise the existing Human Trafficking of Children Protocol (DHS-Pub-215). The goals of the workgroup include:
 - Establish a child trafficking screening tool for use in Michigan.
 - Identify ways to reduce trauma and provide protection and continued support for victims of child trafficking and their families.
 - Eliminate racial and ethnic disparities in investigation dispositions and other case outcomes.
 - Improve cooperation among professions and agencies that furthers the development of common goals and methodologies for better

responses to suspected child trafficking, including limiting the number of times a child is interviewed.

- Encourage communication and collaboration among multidisciplinary team (MDT) members.
- Improve awareness and reporting of suspected child trafficking.
- Instill public trust and transparency in systemic responses to suspected child trafficking.
- Ensure proper training for all professionals within the scope of the protocol.
- Encourage early and continued coordination between CPS and law enforcement to make investigations timelier and more inclusive.
- Final revisions to the protocol are expected in 2024 and will be informed by various, diverse stakeholders, including victim/survivors and human trafficking experts/advocates from across the state. Implementation is expected in 2024/2025, upon final approval.
- **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 in August 2022 and approved by MDHHS in October 2022. Publishing and distribution will occur once the training plan is developed.
- **Child Eyewitness Identification Guideline** – MDHHS is currently working collaboratively with the Governor's Task Force on Child abuse and Neglect on a Child Eyewitness Identification Guideline. The purpose is to establish a guideline for eyewitness identification procedures. The guideline would offer practices to police and forensic interviewers for identification procedures, such as photo and in person line-ups. The focus is criminal investigation of child sexual abuse. There is no guidance for eyewitness identification for children like there is for adults and because the research is not the same for children, this guideline will address a gap and need.

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 implement phase one of prevention pathways 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 2023, the In-Home Services Bureau partnered with a Family Resource Center (Family Futures), Harvard University Government Performance Lab, Children Trust Michigan and others, to expand phase one of prevention pathways from Centralized Intake.
- 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 2023, 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:
 - BBI/MI Special Aftercare project listening sessions
 - CFSR.CoP workgroup
 - Child welfare policy reviews
 - Child Welfare Training Advisory Council
 - Children Trust Michigan Direct Service Grant reviews
 - CSA Diversity, Equity, and Inclusion (DEI) development plan

- Evident Change advisory
- Family Preservation MiFamily Together workgroup and steering committee
- Family Preservation Preservice Institute Training Development
- FFPSA/HMHB Home Visitor Community of Practice
- Forensic Interview Protocol review
- PATP.1105 Redesign project
- Safety and risk assessment workgroups
- Trusted Advisor Lived Experience Listening Circles
- Development of a script for 211 to facilitate contact with families following a screened-out referral from Centralized Intake
- In 2021, 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.” Stakeholder engagement circles with various stakeholders and participants occurred during 2021-2023 and CSA is continuing to hold them quarterly throughout 2024-2025 in the development of a new and established team of advisors.
- In 2023, CSA assumed sole oversight of the Trusted Advisors with Lived Experience cooperative. As a result of the stakeholder engagement circles, CSA now has a dedicated team of individuals with lived experience in child welfare to assist in CSA endeavors, as experts. These experts may be called upon to participate in PSI and other trainings offered by CSA moving forward.

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 the second round of funding via the Garrett Lee Smith (GLS) federal grant. In 2023, CSA, along with the MDHHS Injury and Violence Prevention Section, and the University of Michigan Depression Center, hosted two suicide prevention workshops designed for foster care specialists, CCI staff, and foster parents. These workshops completed a series of virtual conferences initiated in 2022.
 - 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 continued to utilize a team of safeTALK trainers, and there are 11 trained child welfare professionals in Michigan. Each trainer must conduct 3 trainings annually with an in-person audience of 30-40 workers. Trainers are from both MDHHS and PAFC staff and have trained both public and private staff. For 2023-24 CSA has conducted 26 safeTALK trainings.
- Additionally, the team developed a poster presentation “Firearm-Related Mortality Among Child Welfare Involved Youth: Using Surveillance Data To Inform Prevention Strategies” which was presented at the National Firearm Safety Conference.
- During the two suicide prevention workshops MDHHS completed in 2023, approximately 100 people attended START, an online suicide prevention training. Those trainings were held online due to COVID concerns. The department has resumed safeTALK trainings, which can only be held in person.
- 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.

- The Office of Family Advocate (OFA) provided 12 safety trainings to child welfare staff in 2023.
- 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 referrals 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 referral 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 referral meets criteria for assignment, it is returned to Centralized Intake and assigned for a full investigation.

Progress in 2023 and 2024

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
- Understanding Sexual Offenders Two-Day Training
- Resiliency Court: A Systematic Approach to Trauma and Improving Courtroom Culture and Communication for Families
- Child Exploitation Online: Emerging Trends and Issues
- The 10 Commandments of Parent Representation for all Child Welfare Professionals

- A Thousand Years of Wisdom: Alternative Treatment Options to Address Trauma and Stress
- Advanced Petition Writing: Telling Your Experience

Through a contract with the Governor's Task Force on Child Abuse and Neglect, the Children's Advocacy Centers of Michigan (CACMI) provided the following trainings to multidisciplinary team members and all advocates for children.

- Children's Advocacy Centers of Michigan 12th Annual Child Advocacy Conference.
- Innovations in Multidisciplinary Practice.

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:

- Implementation of the Structured Decision-Making (SDM) intake assessment for Centralized Intake to help ensure accuracy, consistency, and equity in assignment decisions made by intake and updated maltreatment types occurred in August 2023. Post-implementation analysis will continue to ensure the tool is working as expected.
- 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 identifiers. Phase one for this program began in July 2022 in Kalamazoo and Calhoun counties with MI 211, in April 2023 with Kalamazoo and Calhoun Local Office Prevention Teams, in September 2023 with the Kent County Family Resource Center (Family Futures), and in November 2023 with Kent County Local Office Prevention Team.
 - The initial phase includes a partnership with Michigan 211, Family Resource Center (Family Futures) and Local Office Prevention teams who reaches out to families directly following a screened-out referral with one or more prevention indicators.
 - Phase two will include expanding partnership with the State of Michigan Family Resource Center Network to begin offering the screened-out pathway in additional counties across the state. As well as a Cross-Enrollment pathway in Tuscola County that will include a text message to families with a screened-out intake and a child under the age of 8 in the home with contact information for their local Family Resource Center to connect with for possible supports.
- 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 and underwent inter-rater reliability and field testing. Full implementation will be assessed as the transition from electronic case management systems evolve.
- An updated risk assessment model was selected by the risk assessment steering committee and tribal advisory groups. The next phase of this work will be to convene workgroups to develop definitions, policy, and procedures for the updated risk assessment model.
- Focus groups and surveys have begun to evaluate the utility of the risk reassessment. This work, along with case reads, will provide a framework for next steps in the risk assessment work.
- 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 2023, 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 case manager 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:
 - Case manager 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 case manager skills.
- A yearly conference in collaboration with the Governor's Task Force on Child Abuse and Neglect and Children's Advocacy Centers of Michigan 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 case managers who are concerned for their personal safety. A statewide survey is completed anonymously by case managers to identify how concerned they are for their physical safety and what would or did help them feel safe.

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 quarterly 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 were 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 case manager 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. With 14 Michigan Universities offering the Child Welfare Certificate, efforts were made in 23-24 to incorporate a Title IV-E reimbursement and stipend program to participating schools. These universities hired an outside consultant from Minnesota to assist with implementing and sustaining a Title IV-E stipend system. Graduating students from participating schools will receive a five- or ten-thousand-dollar incentive when they guarantee two years of their professional work at a public or private child welfare agency.
- In 2024, 1,618 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 case managers. MDHHS continues to explore alternative delivery methods for the knowledge-based segments of the training.

Progress in 2023 and 2024

- The Governor's Task Force on Child Abuse and Neglect holds an interagency agreement with the State Court Administrative Office to train child welfare

professionals. Through this agreement, training and resources were provided in 2022 and 2023 to address child welfare legal issues.

- 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.

Planned Activities for 2024

- In 2024, the Governor's Task Force on Child Abuse and Neglect in collaboration with the Children's Advocacy Centers of Michigan will host the first annual Justice for Children Conference, July 24 and July 25, 2024. The theme is "Forward Together Protecting Children".

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 aid 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 2023

The In-Home Services Bureau enhanced mandated reporter training through the following strategies:

- 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. This list is available on the MDHHS public website.

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.

- In the first year of the contract, an analysis of current mandated reporter training materials, laws, and policies will occur, 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. This analysis is currently ongoing by the vendor and the provided data is being used to identify trends in reporting across the state.

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
- Infants born exposed to substances
- Sentinel injuries

Planned Activities for 2024

- The Medical Advisory Committee developed training to assist case managers in assessing abuse and neglect. A webinar was created in 2022 for staff to access through the agency's learning management system. Trainings are also provided at the agency's Pre-Service Institute. Additional trainings are available/being developed at the request of the department and offer guidance on detecting injuries attributed to abuse and other medical considerations related to abuse and/or neglect, among others. One area of special interest in 2024 is the potential development of micro learning sessions that offer guidance and support to child welfare case managers as it relates to investigating abuse and/or neglect, seeking medical exams, and working with medical professionals, presented in short, succinct videos.
- 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 established condition that qualifies them for services.

MDHHS focuses on enhancing developmental information provided by CPS case managers about Early On to ensure appropriate services are provided. In 2023, the Early On consultant received 9,548 CAPTA referrals for review. Of those referrals, 9,232 (86 percent) met policy requirements and were transferred to Early On. Of these:

- 5,625 (59%) were substance exposed newborns or accidental ingestions of substances by children under age 3.
- 7,090 (74%) were infants less than 12 months of age.

Planned Activities for 2024

In 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.
- Training of MDHHS child welfare staff on the requirements of CAPTA reporting as it relates to substance exposed/affected newborns.
- The Dept. Analyst will attend and present at the statewide Early On conference in collaboration with Early On service providers and the Office of MiLEAP.
- Collaboration with the prevention services initiatives 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.

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 (formerly Children's Trust Fund—CTF) has administered the Citizen Review Panel for Prevention. The purpose of the panel is to develop and improve prevention services in response to identified needs in all 83 counties. 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. Toward this end, Children Trust Michigan

co-designed with prevention partners and community members three community cafés across the state in the Fall of 2023. These cafes were held in three regions, Marquette County, Clare County, and Calhoun County. Prevention partners and community members came together to co-design the cafés in their region. Several recommendations were harvested at the end of each community café. Lack of housing, Strengthen, recreate community/community spaces, and the need to Focus on fathers was prevalent in each community café.

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 multidisciplinary teams that came as a result of the recommendations. In 2021, the Citizen's Review Panel entered 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.

In 2023, the panel completed the third phase of their project. The Learning Center website supported by the Governor's Task Force on Child Abuse and Neglect in collaboration with the Children's Advocacy Centers of Michigan (CACMI) is now complete. A Virtual Ribbon Cutting occurred on February 22, 2024, immediately following the quarterly GTFCAN meeting. A comprehensive package release is scheduled for mid-2024.

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. 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.

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 case managers to readily identify other case managers assigned to activities with the dual ward youth to effectively collaborate and coordinate services with current information shared across programs.

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 case managers in obtaining and documenting sexual orientation, gender identity, and gender expression data.
- Providing training to child welfare and juvenile justice case managers 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 CSA In-Home Services Bureau 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.

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 case managers and supervisors and was completed in 2018. Additional in-service trainings continue to be available as requested.

A Safe and Together 2.0 pilot is scheduled to begin in 4 counties that have a high number of cases that include domestic violence. This pilot will provide additional training to case managers and service providers such as Families First and Family Reunification Program staff. Safe and Together principles include keeping children safe with the non-offending parent whenever possible, partnering with the non-offending parent, and intervention with the parent with dv assaultive behavior to reduce risk and harm to the children. As part of the pilot:

- On-going workgroups will be conducted with CSA and Division of Victims Services (DVS) membership to assess progress and address barriers.
- DVS to include CSA staff in new discussions regarding improving ‘batterer’ intervention services.

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. Case managers 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 several 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://www.michigan.gov/reports/evaluations/studies)

Michigan Child Death State Advisory Committee

The Child Death State Advisory is a multidisciplinary team which meets quarterly to analyze Michigan mortality data, local child death review findings, trends, and initiate prevention opportunities. The team makes recommendations on policy and statutory changes pertaining to child fatalities and to guide statewide prevention, education, and training efforts.

The local child death reviews, state team, and citizens review panel all inform the MPH annual fatality report-the latest of which can be accessed at: 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. In 2023, the OFA received 353 death alerts and completed 65 in-depth case reviews, called “Safe System Reviews” (SSR). 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 11 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. Between November 2023 and January 2024, 7 workgroups were established to target and develop the individual sections of the protocol:

1. Introduction
2. Nature of Child Fatality Case
3. Beginning the Investigation
4. Investigation
5. Interview
6. Family Supports
7. Resources

The final drafts of the above sections were finalized and are currently being compiled to create the first draft of the protocol. A smaller group of the subcommittee is designated to meet, edit, and flesh out the first draft.

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. Case managers 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.

- In 2024, CSA will focus on four counties in which domestic violence is most prevalent in Michigan and will determine if the training and additional supports are effective in enhancing practice in domestic violence cases. Enhanced supports include coaching calls, additional supervisor training, and use of the Safe & Together (S&T) mapping tool.
- 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 provides 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 case managers 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 was fully implemented in August 2023. The safety assessment draft underwent interrater reliability and field testing. Workgroups will convene to develop definitions, policy and procedures for the updated risk assessment model. The implementation timeline of the risk and safety assessments will be assessed as the transition from MiSACWIS to CCWIS evolves.

CHILDREN'S PROTECTIVE SERVICES WORKFORCE

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

In 2024, 1,618 CPS positions were allocated. The following CPS staffing ratios remain the standard for MDHHS:

- CPS cases per ongoing case manager: 17 to 1, for CPS Categories I, II and III
- CPS cases per investigation case manager: 12 to 1
- CPS case manager to supervisor: 5 to 1

CPS case managers 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 case managers 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 evaluation from their supervisor. In addition to program specific knowledge, new case managers receive training related to risk factors, cultural awareness, 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 case managers are assigned mentors from the local office. The mentors provide guidance to the case managers during the beginning phase of their career. The new hires shadow experienced case managers 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 case managers 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.

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-eighteen young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2023. 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 2023. As of February 23, 2024, there were 222 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.

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: The Children's Services Administration's In-Home Services Bureau is utilizing American Rescue Plan (ARP) dollars as follows and anticipates expending all allowable funding by the end of 2025 as outlined in the program requirements.

- **Front-End Prevention/Family Resource Centers with Children Trust Michigan** – The In- Home Services Bureau is partnering with Children Trust Michigan (formally Children's Trust Fund) and other key partners to develop a prevention track from Michigan's Centralized Intake, including the development and implementation of Family Resource Centers (FRCs), to connect children and families with quality community resources that are available, accessible, and culturally appropriate. ARP funds will help lift this vision off the ground by funding initial costs associated with development. Additional funding will be allocated toward this effort as additional funds are available.
- **Mandated Reporter Training Contract** – MDHHS has contracted with the Michigan Public Health Institute (MPHI), and their subcontractors, for the 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. This initiative will empower mandated reporters to connect children and families with preventative community resources to prevent child abuse and neglect and reduce the need for CPS intervention. ARP dollars will help fund this 3-year contract.
- **Plan of Safe Care training** – The In-Home Services Bureau is contracted with the Michigan Public Health Institute (MPHI) to develop, strengthen, and facilitate training of the legislatively mandated Plan of Safe Care (POSC) to support and safeguard families with substance use needs. Funds are also being utilized to build the POSC toolkit as part of the training implementation.
- **Development of Notification Pathway – Mandated Online Reporting System (MORS) Technical Enhancements** – ARP funds will be utilized to make enhancements to MORS to facilitate the implementation of a notification pathway for infants born exposed to substances, who meet specific criteria, and their families.

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

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 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.

Activities in FY 2023:

- The American Rescue Act funding served to attract state dollars through our collaboration with the Children's Services Administration (CSA) within the MI Department of Health and Human Services (MDHHS). While we have established a strong alliance with our colleagues in CSA, this relationship enabled CTM to be trusted and chosen to partner in the FRC programming. These critical collaborative dollars were matched with 1.9 million dollars from CTM, making it possible to expand the new Family Resource Center Network from six sites to 11.
- In addition to the FRC network expansion, we strengthened parent leadership and engagement opportunities within the prevention network, including the Family Resource Centers. CTM has also started researching and training to create a Parent Advisory Council within CTM to support and guide the prevention work.
- Increased local prevention programming and capacity to improve access to community services for all families and children.
- Through the CTF Alliance, CTM trained 20 trainers in "Bringing Your Protective Factors to Life in Your Work." CTM offered two training opportunities to our

funded prevention partners. The purpose of the training was to build capacity across the state.

Planned Activities:

Much of 2024 and 2025 will focus on building capacity across the state with the CTM prevention partners as HOPE Trainers and ACE Master Trainers.

- Offer an introduction to HOPE (Healthy Outcomes from Positive Experiences) and then move into the next phase of HOPE Facilitation to the prevention partners.
- HOPE Champion - By becoming a HOPE Champion, individuals will increase their organization and network's capacity to implement the HOPE framework sustainably and systematically. Champions will be the on-the-ground HOPE expert leading implementation projects and ensuring the HOPE framework results in actionable change in an organization.
- ACE Master Trainer ACE - Build the Michigan Prevention system's internal capacity to teach about, and effectively apply Adverse Childhood Experience and related scientific discoveries. At the core it is a train-the-trainer program that would prepare 30 people to teach the "Understanding ACEs" curriculum. This is sole source curriculum that includes neuroscience, epigenetics, ACEs and community resilience (NEAR) information that is directly applicable to substance abuse prevention. The ACE Interface curriculum is used in other disciplines throughout Michigan, so the work of your educators will align with, and add synergy to other ACE initiatives in your state.
- Continue to strengthen the existing 11 Family Resource Centers.
- Continue Parent Leadership and engagement.

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.

FY24 Allocated CPS - Statewide

	CPS
County Group	FY24
Alpena-Montmorency	8
Alcona-Iosco	6
Alger-Marquette-Schoolcraft	16
Antrim-Charlevoix-Emmet	14
Baraga-Houghton-Keweenaw	5
Cheboygan-Presque Isle	7
Chippewa-Luce-Mackinac	12
Crawford-Otsego-Oscoda	10
Delta-Dickinson-Menominee	15
Benzie-Manistee	9
Missaukee-Wexford	17
Gd Traverse-Kalkaska-Leelanau	21
Ogemaw-Roscommon	10
Gogebic-Iron-Ontonagon	6
BSC-1 Total	156
Arenac-Bay	21
Gladwin-Midland	20
Clinton-Eaton	23
Saginaw	36
Gratiot-Shiawassee	21
St. Clair-Sanilac	31
Clare-Isabella	19
Huron-Lapeer-Tuscola	22
Ingham	53
BSC-2 Total	246
Mecosta-Osceola	18
Mason-Oceana	10
Muskegon	48
Lake-Newaygo	16
Allegan-Barry	35
Berrien	22
Calhoun	34
Kalamazoo	49
Ottawa	30
Van Buren	15
Cass- St. Joseph	19
Ionia-Montcalm	29
BSC-3 Total	325

	CPS
County Group	FY24
Jackson	31
Branch-Hillsdale	19
Livingston	14
Washtenaw	29
Lenawee-Monroe	30
BSC-4 Total	123
Genesee	81
Kent	104
Macomb	68
Oakland	94
Wayne	260
BSC-5 Total	607
Statewide Total	1,457
Centralized Intake	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. The employee may function as a lead or senior worker. At this level, employees are responsible for overseeing the work assignments of other professionals or have regular assignments which have been recognized by Civil Service as having significantly greater complexity than those assigned at the experienced level.

Those functioning as a lead worker will be non-caseload carrying.

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. Lead workers are non-caseload carrying and aid managers.

Services Specialist 12 (Senior Worker)

Performs on a regular and recurring basis work that is identified by the agency and accepted by Civil Service as more complex than work performed at the experienced level.

Services Specialist 12 (Maltreatment in Care (MIC) Children's Protective Services 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.

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)

Knowledge of child welfare statutes, policies, and procedures.

Knowledge of group dynamics and processes.

Knowledge of risk assessment.

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 organize and facilitate meetings.

Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.

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

Job Code

SOCSESPLE

Job Code Description

SERVICES SPECIALIST

Position Title

Services Specialist-E

Services Specialist-A

Position Code

SOCSSPLE

SOCSSPLA

Pay Schedule

W22-079

W22-080

KM

02/19/2023

Citizen Review Panel Recommendations and Michigan Department of Health and Human Services (MDHHS) Responses

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.

Citizen Review Panel on Prevention (Children Trust Michigan)

Recommendation #1: The CRPP recommends MDHHS partners (collaborate) with the prevention programs across the state to increase knowledge of local housing supports and initiatives.

MDHHS Response: The Michigan Department of Health and Human Services (MDHHS) agrees with this recommendation and will collaborate with Children Trust Michigan to identify opportunities to partner with prevention programs across the state to increase knowledge of local housing supports and initiatives.

Recommendation #2: CRPP recognizes the need to strengthen and recreate community spaces for families. Many locations went virtual during the pandemic and are no longer available or less people are participating, particularly in rural communities. Adding additional Family Resources Centers that hold community activities would offer a place for children and families to come together for activities and seek resources.

MDHHS Response: The department agrees that Family Resource Centers (FRCs) and the services they provide are of great benefit to the communities they serve. The department will continue to collaborate with Children Trust Michigan to explore opportunities to add additional FRCs, with a focus on rural communities, and provide the necessary support these centers require. Federal American Rescue Plan (ARP) funds have been leveraged to help with initial development of FRCs across the state.

Recommendation #3: CRPP recommends that MDHHS and CSA continues its partnership with CTM to continue to strengthen fatherhood programs throughout the state. The need to engage and support fathers in Michigan is important for children to be safe, healthy, and happy.

MDHHS Response: The department agrees with the importance of engaging fathers and that all children should be safe, healthy, and happy. The department will continue to partner with Children Trust Michigan around efforts to strengthen fatherhood programs throughout the state.

Citizen Review Panel on Children's Protective Services, Foster Care, and Adoption

Recommendation #1: The committee recommends that MDHHS share widely the newly developed Learning Center which can be found at CACMI.org/learningcenter via Communication Issuance to stakeholders and targeted audiences once the final package is ready for distribution. Prior years recommendation #2 states: *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.* This Learning Center is for Medical/Clinical, Educators, Parents/Caregivers, Survivors, Child Welfare Specialists, 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.

MDHHS Response: The department agrees and recognizes the importance of education for those dedicated to keeping children safe. The department will partner with the Governor's Task Force on Child Abuse and Neglect and CRP to notify target audiences, including medical/clinical professionals, educators, parents and caregivers, survivors, child welfare case managers, and those currently impacted by abuse and neglect of the availability of the learning center.

Recommendation #2: The committee supports the revamp and relaunch of the Mandated Reporter training and recommends it be made broadly available to stakeholders, once complete.

MDHHS Response: The department agrees with this recommendation. The department has commenced a three-year contract with the Michigan Public Health Institute (MPHI) to develop a training designed to educate mandated reporters on the importance of reporting suspected child abuse and/or neglect while being aware of their own biases, disproportionality, and opportunities around prevention. This training will be made widely available upon completion.

Recommendation #3: The committee recommends starting roundtable discussions inspired by a Business Service Center (BSC) 5 initiative centered around office culture and the ways BSCs can offer support to local offices to foster a thriving and cohesive workplace environment. The aim is to ensure that every individual's voice is heard and valued thus cultivating an office culture that promotes positivity, inclusivity, and mutual growth. The purpose of these meetings would be to create a platform to collaboratively identify opportunities to strengthen office culture and enhance the support mechanisms available within each BSC. These should be solution-based discussions where suggestions, experiences and innovative ideas are brought to the table along with issues or questions they may have.

MDHHS Response: The department agrees with this recommendation. A thriving, cohesive, and safe work environment is paramount, and the voices of those performing the work are essential to establish and maintain a positive and inclusive atmosphere where all can grow and thrive. The Children's Services Administration (CSA) will partner with BSC directors across the state to determine what strategies are currently in place and encourage an assessment to address any opportunities identified by the CRP.

Follow up on prior year recommendations:

As follow up to prior years recommendation #3 which states: *The Committee recommended that the Mandated Reporter Training Guide (michigan.gov) be updated annually. Once reviewed, ensure the revised document is sent to stakeholders and outdated versions are removed from the MDHHS site.*

- Does the above mentioned (see recommendation #2) Mandated Reporter Training relaunch/revamp include the updating of the mandated reporter guide? **MDHHS**

Response: Yes.

- Will there be training that aligns with that update? **MDHHS Response:** Yes.
- Where will the guide be housed? **MDHHS Response:** Public-facing website.
- How will this be communicated once complete? **MDHHS Response:** Via Communication Issuance and other venues as identified by the contractor and various, diverse stakeholders.



Citizen Review Panel on Child Fatalities

Recommendation #1: Develop additional tools and resources to support mandated reporters in determining when filing a report is warranted in cases lacking obvious signs of physical abuse or neglect.

MDHHS Response: The department agrees with this recommendation. The department recently commenced a three-year contract with the Michigan Public Health Institute (MPHI) to develop enhanced mandated reporter training designed to educate and encourage mandated reporters to become part of a community prevention continuum, with an emphasis on addressing bias and disproportionality. Components of the training will encompass identifying signs of abuse and neglect, highlight the conflation of poverty and neglect, and situations where a report may not be necessary. In the interim, MDHHS has revised current mandated reporter training materials to address areas of opportunity related to bias and disproportionality which is available on the public-facing website.

Recommendation #2: Additional guidance addressing when and how to engage non-related adult household members should be developed.

MDHHS Response: The department agrees and acknowledges the need to engage non-related household members who have regular contact with children, who may have direct knowledge of circumstances and dynamics in the home, and/or who may be contributing to or responsible for child abuse and neglect. The department will consider enhanced policy guidance to highlight the importance of engaging non-related adult household members to help ensure child safety and family well-being.

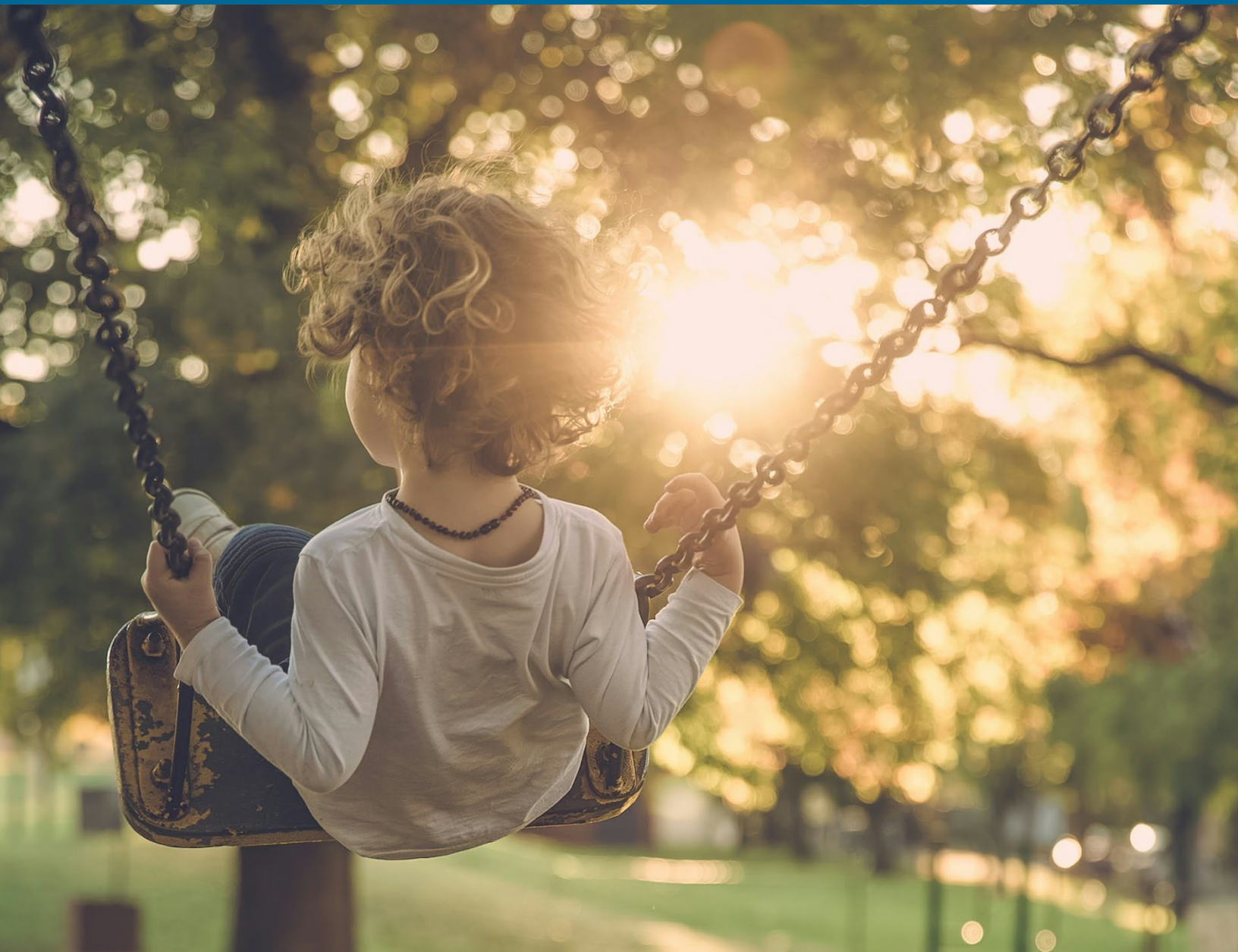
Recommendation #3: CPS investigators should thoroughly assess and link families to resources they may be eligible for, especially when the family has children with complex medical needs or any type of disability.

MDHHS Response: The department agrees with this recommendation. In late 2023, CPS policy was enhanced to capture a wider array of children considered vulnerable, requiring a vulnerable child assessment. This enhancement encourages the identification of child and family needs to assist with coordinating accessible and relevant services and support to help ensure child safety and well-being. The vulnerable child assessment also helps identify what resources parents and caregivers may need to strengthen their caregiving capacity and ability to care for children who are considered vulnerable or complex.

To offer relevant, accessible, and culturally sensitive services to various communities, MDHHS has also invested in the development and implementation of multiple FRCs across the state. The implementation of FRCs will offer additional community supports for children and families in need. Additionally, CSA is partnering with the Economic Stability Administration (ESA) within MDHHS to imbed family resource specialists into local office child welfare units across the state. This initiative will create an open door to economic concrete supports to provide immediate response capacity to poverty related challenges identified during child welfare engagements, including to families with children who have complex medical needs, disabilities, and/or other vulnerabilities.

Recommendation #4: In partnership with the panel, continue to review and reevaluate the process for CRP case selection and file sharing. The panel has explored ways to increase panel efficiency and is requesting measures be taken to reduce bias in case selection and decrease the time and resource burden of obtaining and preparing cases for panel review.

MDHHS Response: The department agrees and is committed to continuously reviewing and re-evaluating the process for CRP case selection and file sharing to ensure the process is efficient and effective for both the CRP and MDHHS. Discussions occur on a regular basis and will continue as needed.



Michigan Citizen Review Panel on Child Fatalities

2023 Annual Report & Recommendations

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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 in an effort to 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 technical assistance and staff support to coordinate panel meetings, facilitate in-depth case reviews, prepare these annual reports to document the panel's findings and recommendations, and present the reports to MDHHS for review, response, and action.

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 develop meaningful 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

Joe Kozakiewicz

Director, Michigan State University College of Law, Chance at Childhood Clinic

Seth Persky

Manager, Office of the Family Advocate, MDHHS

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 2023. The panel met on June 22, 2023, September 29, 2023, and March 6, 2024. The panel reviewed and discussed cases at the September 29, 2023 and March 6, 2024 meetings. Cases were provided to panel membership via a secure SharePoint site ahead of the meeting to allow members time to review the cases and come prepared to discuss findings and recommendations.

In addition, the MDHHS response to the panel's 2022 Annual Report & Recommendations were shared with the panel via email on May 1, 2023. At the June 22, 2023 meeting, the panel discussed the response and its implications for future panel direction.

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 meetings. Each member's service and expertise is valued and greatly appreciated by MPHI and MDHHS.

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 preliminary case review in order to determine if a case should be brought to the panel for in-depth review. Limited access to MiSACWIS was granted in August of 2022 and MDHHS provided training on the system to the panel coordinator and panel support staff at MPHI.

Limited access to MiSACWIS was of benefit to case ascertainment, but the time burden on MDHHS staff and the panel coordinator to request, organize, and prepare full case files from local child protection offices remained. MDHHS and MPHI continued discussions around how to ensure that the case request process moves forward in a way that adheres to MDHHS policy while improving efficiencies. In consultation with MDHHS, the panel established new case selection criteria to be implemented in 2024, which is discussed in detail on [page 10](#).

While navigating this barrier, the panel opted to finish reviewing the cases that were received from MDHHS related to 2021 fatalities. The panel reframed 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

A National Citizen Review Panel Conference was not held in 2023. The coordinator of the fatality panel is a member of the National Citizen Review Panel Advisory and assisted in the planning of the 22nd Annual National Citizen Review Panel Conference to be hosted by the state of California in May of 2024. The coordinator of the fatality panel manages and promotes the National Citizen Review Panel Advisory Facebook page.

Case Review Findings

Each panel member receives full (non-abstracted) redacted case files prior to each meeting to allow time 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 panel meetings.

Findings and recommendations are made based on the 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 two cases:

1. There was a failure to report suspected child abuse or neglect by a mandated reporter (physician).
2. There was a premature CPS case closure. The panel believed the case required further observation to ensure caregivers were compliant with the medical needs of the child.
3. The CPS investigator(s) failed to identify and address all of the family's needs and engage in proper safety planning. This included a failure to:
 - a. Better understand the status of a mental health diagnosis, treatment pathways, and medication adherences as it related to impacting caregiving abilities.
 - b. Explore and engage the caregivers support system when the caregiver expressed feeling overwhelmed and in need of assistance.
4. There was a lack of paternal engagement by the CPS investigator(s) as well as by medical professionals.
5. The CPS investigator(s) failed to file a petition for removal of the child when there were obvious signs of severe physical abuse.
6. There is a lack of available resources and referrals within some Michigan communities that are needed to meet family needs and strengthen protective factors.

Recommendations

Highlighted below are recommendations made to address the most significant findings that the panel felt MDHHS should prioritize. Rationales are included to illuminate why the panel chose these specific recommendations for MDHHS focus.

Recommendations based on case reviews

1. Develop additional tools and resources to support mandated reporters in determining when filing a report is warranted in cases lacking obvious signs of physical abuse or neglect.

Rationale: If a provider or agency serves a pediatric population, and encounters medically fragile patients, they should consider developing or adopting a protocol that addresses caregiver compliance with a child's medical needs. For example: if a patient does not attend an appointment for 'X' amount of time, misses 'X' number of appointments, or if needed prescriptions are not filled regularly, the provider or agency should consider reporting caregivers for suspected medical neglect. Medically fragile children may experience rapid decline and missed medical appointments or non-adherence with a medication regimen can impact quality of life or result in fatality.

2. Additional guidance addressing when and how to engage non-related adult household members should be developed.

Rationale: Over time, the panel has reviewed numerous fatality cases in which non-related adults, especially living together partners (LTPs), are involved. These individuals often engage in caregiving responsibilities; however, when investigative bodies become involved with the family, their engagement is often overlooked/not addressed. The panel has identified the following trend: The maternal caregiver is employed and their LTP provides care for the child(ren). The LTP is responsible for abusing the child(ren), which may lead to death.

The panel cannot ignore this trend and calls on agencies and investigators alike to develop new (and utilize existing) tools to engage non-related adults and LTPs living in a household during investigations. Furthermore, interviews with the maternal caregiver and the non-related adult or LTP household members should be held separately. Questions related to discipline and

what caregiving responsibilities are shared should be explored and documented so that investigators better understand the non-related adult or LTP's role. Per the Ombudsman representative on the panel, this request has also been made by a local CPS investigator who was seeking additional guidance on when or how to engage an LTP residing in a home.

3. CPS investigators should thoroughly assess and link families to resources they may be eligible for, especially when the family has children with complex medical needs or any type of disability.

Rationale: The panel believes that families with children with complex medical needs or a disability may require unique or additional supports. Families should be apprised of the services they may be eligible for, such as Supplemental Social Security (SSI) and respite care, as well as how to go about applying for or obtaining these services.

The panel has become aware of the Family Impact Teams project at MDHHS, which launched in late 2023. The Family Impact Teams project “embeds family resource specialists with child protection and foster care staff so they can support families in applying for benefits such as food assistance or Medicaid and connect them to other economic supports” ([Wheaton, 2023](#)). The panel fully supports this project and recommends expansion to connect families not only to economic supports, but respite care as well. Children with complex medical needs or disabilities require more time, energy and resources from caregivers, which causes additional stress for families. Respite care may offer caregivers for these children an opportunity for a break from caregiving responsibilities. Respite care can strengthen an entire family and lead to a decrease in stress and an increase in a family's health and wellbeing. The panel believes this will assist with reducing the risk of child abuse or neglect.

Recommendations to educational systems

1. Educational systems should invest in the completion of a social determinants of health assessment for children that are disabled, children that receive SSI, and children that are truant.

Rationale: The panel recognizes that the responsibility of supporting families and ensuring child safety cannot rest solely on CPS. Families may engage with many other systems before CPS becomes involved, all of which have an

opportunity to address needs and provide supports. Of note, the panel believes that the educational system can, and should, do more to support all children and families. The panel suggests inviting the National Association of School Resource Officers, the Michigan Department of Education, and local Family Resource Centers to discuss possible prevention pathways. These may include ways to support families, especially low-income households, as issues of poverty may sometimes be wrongly perceived as neglect. The panel believes that conducting social determinants of health assessments may be one way to accomplish this goal.

General recommendations (not case-specific)

1. In partnership with the panel, continue to review and reevaluate the process for CRP case selection and file sharing. The panel has explored ways to increase panel efficiency and is requesting measures be taken to reduce bias in case selection and decrease the time and resource burden of obtaining and preparing cases for panel review.

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 CPS offices, and the panel coordinator. Moving forward, the panel is requesting that the following case selection practices and criteria be utilized.

For 2022 case selection, the panel will review child fatalities from 01/01/2022–12/31/2022. The panel will focus on reviewing cases where there was a confirmed investigation for physical abuse (preponderance/category I, II, or III), with the deceased listed as the victim, within the 30 days prior to or after the deceased date and at least two prior investigations with an allegation of physical abuse, with the deceased listed as the victim (the two prior investigations can be confirmed or denied). To reduce bias, the panel is requesting that MDHHS pull a random sampling of cases which meet these criteria with broad geographical representation.

Planned Activities 2024

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 Community Action Team (CAT). A sub-committee of the panel could be established for the purpose of incorporating the voice of those with lived experience into the process.
- 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 by the State of California in 2024.
- Additional activities may be identified throughout the coming year.

Conclusion

With the facilitation and support of MPHI, panel members are willing to work with MDHHS administration on 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.

Similar recommendations have been made over the years, 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.

Images by [Johnny Cohen](#) (front cover) and [Markus Spiske](#) (back cover)



This report was created by the Center for Child and Family Health (CCFH) at the Michigan Public Health Institute (MPHI).

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://www.mifrp.org/) (URL: <https://www.mifrp.org/>)

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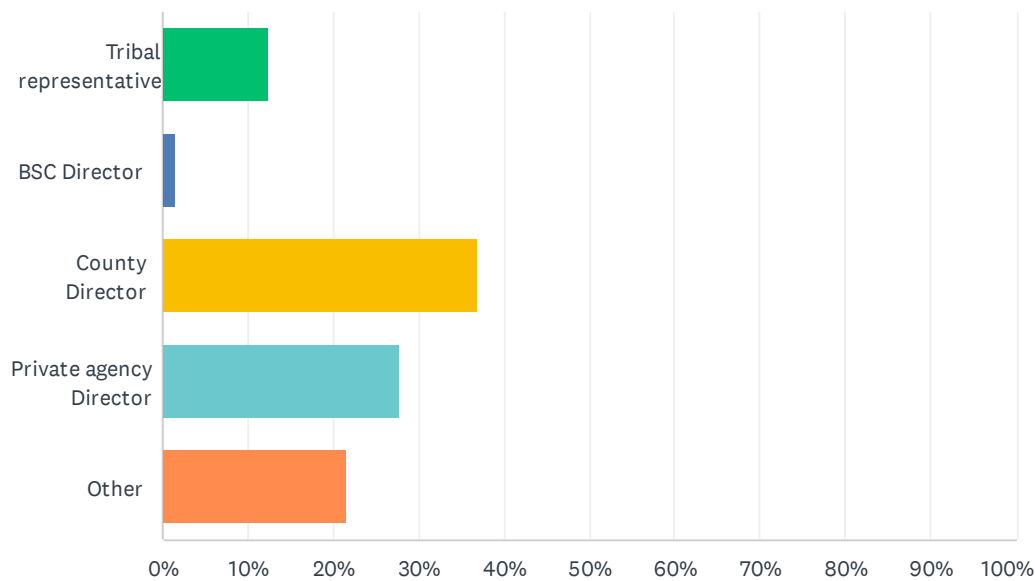
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Q1 What is your professional role in child welfare?

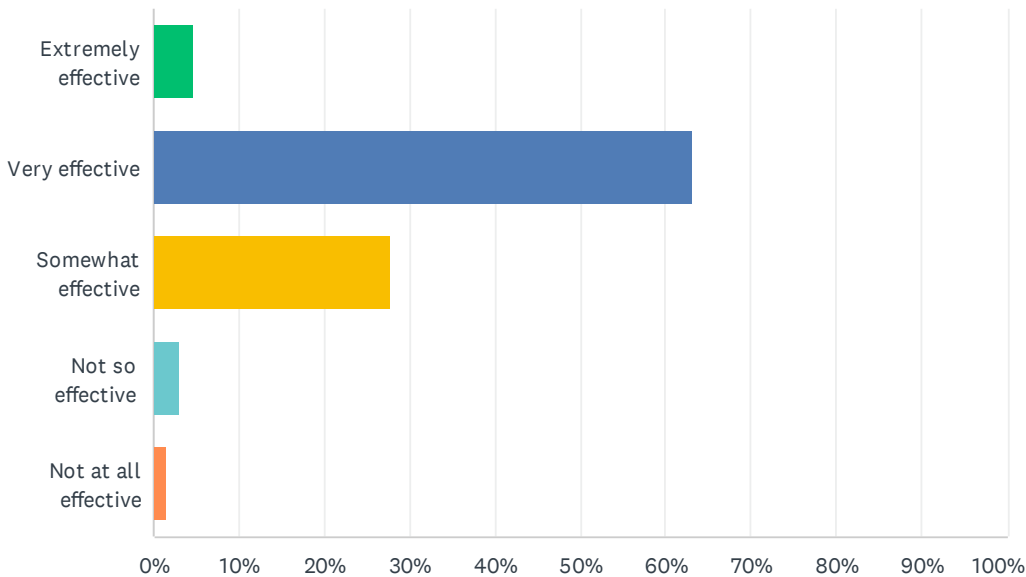
Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
Tribal representative	12.31%	8
BSC Director	1.54%	1
County Director	36.92%	24
Private agency Director	27.69%	18
Other	21.54%	14
TOTAL		65

Q2 How effective are the policies and practices that your staff have implemented when handling foster care cases involving Indian children?

Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely effective	4.62%	3
Very effective	63.08%	41
Somewhat effective	27.69%	18
Not so effective	3.08%	2
Not at all effective	1.54%	1
TOTAL		65

Q3 Examples of effective policies/practices are welcome.

Answered: 31 Skipped: 34

#	RESPONSES	DATE
1	Need decisions to be made on policy and practice, especially the 5598, so staff can be properly trained. The NAA policy needs updated so staff have the accurate policy/practice.	3/8/2024 10:21 AM
2	Regular staffings with our tribal partners, collaborating on service provision	3/4/2024 1:30 PM
3	maintaining consistent contact with state workers, identifying those involved in the case, service providers, attorneys, social workers, etc., building rapport with state workers.	3/1/2024 4:41 PM
4	Minimum of monthly emails/check ins with Tribal Rep	3/1/2024 11:42 AM
5	Only have had one case and was able to be assisted by tribe.	3/1/2024 10:17 AM
6	Policy requirements	2/29/2024 1:25 PM
7	N/A	2/27/2024 2:45 PM
8	There has not been an children who have been identified as Native American however, if a child was identified as Native American we would reach out to their Tribe, their Attorney/AG and the courts to ensure all policies are being followed.	2/26/2024 1:12 PM
9	Having a supervisor that is a local office expert in ICWA. We recently had the Native American Outreach worker stationed in Isabella County present at our staff meetings, and she will be a resource for all of our cases involving Native American families and children moving forward.	2/26/2024 11:47 AM
10	Close collaboration with our tribes including their participation in home visits, FTM's, and case conferencing. Maintaining the mindset that all cases should be handled with active efforts, which ensures tribal child cases are handled appropriately.	2/26/2024 8:33 AM
11	N/A, Have not serviced	2/24/2024 6:01 AM
12	Immediate contact between the Tribes and MDHHS. Free sharing of information between MDHHS and the Tribe for collaboration and case planning.	2/20/2024 3:14 PM
13	We are willing to work with the tribes and within tribal code. We are familiar with resources in the tribal areas and we are always willing to help with resource connection. We understand the importance of prudent parenting and tribal connections and so we are always willing to partner and communicate with the tribes.	2/19/2024 1:36 PM
14	ICWA, Tribal Enrollment Verification	2/19/2024 10:02 AM
15	Active efforts, engaging with tribal reps.	2/19/2024 9:46 AM
16	Following policy. Reaching out to tribe and tribal workers.	2/16/2024 12:01 PM
17	They are effective because they are developed to assist citizens that are going through a transitional period. The policies were put in place to help the children acquire identified needs, to help them get out into the community and participate in fun activities all while staying connected to their tribal community. This is all funded through the tribe.	2/16/2024 9:53 AM
18	Cross collaboration with Native American heritage specialist at local DHHS office.	2/16/2024 9:22 AM
19	Regular, comprehensive training opportunities for front line staff and supervisors would be beneficial.	2/16/2024 8:48 AM
20	As with many policy pieces, until you follow the practice/guidance a few times it takes a bit to remember them. We do not have many Native American youth/families in our county so my team struggles to remember everything. So when I answer somewhat effective it is based on local office not how the policy is written.	2/16/2024 8:37 AM
21	This is a hard one to answer, as it is subjective on self-reporting. We have a limited number of ICWA cases. Approximately a year ago, I reached out to our tribal partners get feedback, and	2/15/2024 6:05 PM

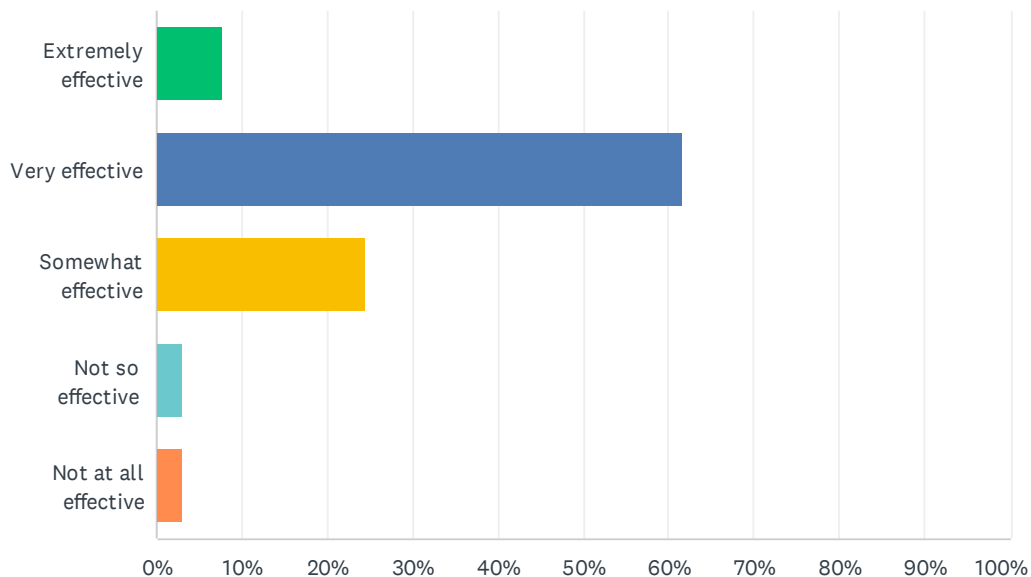
MDHHS Native American Affairs Collaborator Survey 2024

it was reported to me that Ingham County staff have done a great job communicating and working with the tribes. I believe this is a result of frequent check-ins and a teaming spirit.

22	Education and training in NAA policy. Creation of an ICWA binder that has checklists and tools to assist workers. Building relationships with local tribes. Focus on diversity, equity and inclusion training to ensure workers honor culture and provide appropriate services.	2/15/2024 5:36 PM
23	We have not had any Indian children at our agency.	2/15/2024 3:52 PM
24	Policy is clear about expectations ie when 120s need to be sent for hearings.	2/15/2024 2:28 PM
25	-Annual training conducted by local tribal government for MDHHS staff. -Monthly case reviews conducted on each open case	2/15/2024 2:21 PM
26	An example is that when we became aware of Native American Heritage, we take swift action to connect with the tribe and reconsider placements if needed. We meet monthly to discuss cases and what we can do resource wise, discuss active efforts and how to move forward on services and return home safely.	2/15/2024 2:10 PM
27	Active efforts	2/15/2024 1:42 PM
28	The practice of collaborating with MDHHS helps us to ensure we are complying with expectations.	2/15/2024 1:21 PM
29	Phone calls with their tribal worker regularly. (At least every other week)	2/15/2024 1:20 PM
30	active efforts, constant tribal communication and attendance at mtgs	2/15/2024 1:18 PM
31	Regular meetings with courts	2/15/2024 1:12 PM

Q4 How would you rate your agency's effectiveness in serving Indian children and their families who encounter the child welfare system?

Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely effective	7.69%	5
Very effective	61.54%	40
Somewhat effective	24.62%	16
Not so effective	3.08%	2
Not at all effective	3.08%	2
TOTAL		65

Q5 Examples of effectively serving Indian children are welcome.

Answered: 27 Skipped: 38

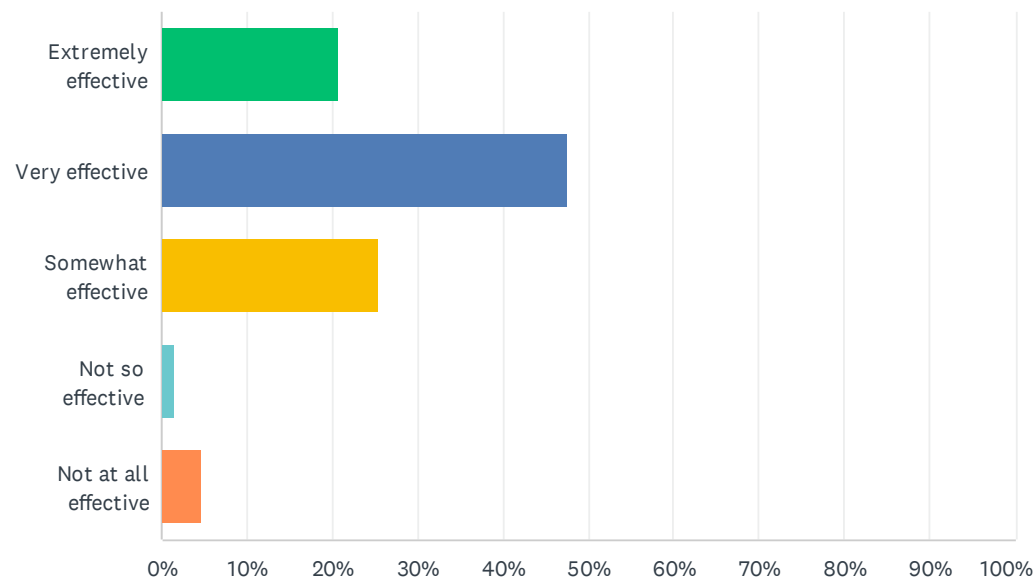
#	RESPONSES	DATE
1	Counties who have good relationships/collaborations with local tribal social services appear to be more effective. The counties who rarely serve Native American children are often engaging with the respective tribal social services at a much later date in the case which is problematic. If the respective tribal social services chooses not to intervene, there is confusion on how to continue to engage the tribal social services agency to ensure ICWA/MIFPA is being followed. Because a tribe chooses to not intervene, doesn't negate active efforts and other culturally competent services, policies and practices.	3/8/2024 10:21 AM
2	Connecting them to tribal resources and NAOW staff.	3/7/2024 1:40 PM
3	We work closely with our tribal partners to ensure the best service provision possible.	3/4/2024 1:30 PM
4	Understanding their needs and ensuring the services are provided to meet their needs.	3/1/2024 4:41 PM
5	We were able to provide services with help of tribe to make active efforts and return home.	3/1/2024 10:17 AM
6	Having the support of the tribal workers makes the cases managable.	2/29/2024 2:27 PM
7	Great tribal relationships and collaboration. Tribal court can be a barrier at times.	2/29/2024 1:25 PM
8	We serve very few Indian children but in a recent case that resulted in court involvement and a removal, the tribe was out of state. We had good communication with the tribal representative to determine tribal membership. We have an additional case that we have serviced in coordination with the tribe, providing active efforts, cultural perspective and seeking tribal input. The case is closing out soon.	2/28/2024 2:50 PM
9	Our agency hasn't had the opportunity to service this population	2/27/2024 2:45 PM
10	N/A	2/26/2024 1:12 PM
11	Close collaboration with our tribes including their participation in home visits, FTM's, and case conferencing. Maintaining the mindset that all cases should be handled with active efforts, which ensures tribal child cases are handled appropriately.	2/26/2024 8:33 AM
12	N/A, have not serviced	2/24/2024 6:01 AM
13	As a Tribe, we are able to partner with families to address barriers that too often include DHHS due to their policies and their legal team's interpretation of laws to exclude tribes from information about the tribal families and children tribes are serving...all under the guise of "confidentiality" and keeping government from interfering in parenting.	2/21/2024 11:24 AM
14	We are expanding our programs and we are always looking for new referral sources for our FPP department so we will be looking to the tribe for partnership and collaboration.	2/19/2024 1:36 PM
15	Connecting families in need to culturally appropriate services.	2/19/2024 10:02 AM
16	Collaboration with tribal reps.	2/19/2024 9:46 AM
17	Collaboration with other agencies	2/16/2024 12:01 PM
18	We have an emergency need program in place to assist our citizens and have the staff available to assist as soon as we are notified by MDHHS. We can provide additional resources in addition to what MDHHS can provide. These is a tribally funded program.	2/16/2024 9:53 AM
19	Our office places a high premium on placing children with relatives whenever possible. This truly helps children remain connected to family and their heritage.	2/16/2024 9:22 AM
20	Our agency does not service cases involving Indian children regularly. The ability to connect with available, culturally relevant resources for families without extensive searching would increase our effectiveness with servicing families.	2/16/2024 8:48 AM

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21	See above.	2/16/2024 8:37 AM
22	Partnering with the tribal representatives to provide culturally relevant services and reduce barriers. We have been able to locate and engage relatives and get them approved to be able to take placement.	2/15/2024 5:36 PM
23	We have a very positive working relationship with SCIT and the Grand Traverse Band that we have built over the last 2 years.	2/15/2024 4:00 PM
24	Weekly communication with tribal case management. Frequent collaboration with other team members.	2/15/2024 2:28 PM
25	Centralized Intake will transfer cases but when that gets missed and we see this should be sent to the tribe, we do so immediately.	2/15/2024 2:10 PM
26	The few cases that we do have, we take engagement and active efforts very seriously.	2/15/2024 1:42 PM
27	Tribal workers are included on FTMs/TDMs and court hearings and give great advice on services their tribe offers as additions to our agency's services and DHHS.	2/15/2024 1:20 PM

Q6 Please rate your working relationships among tribal representatives.

Answered: 63 Skipped: 2



ANSWER CHOICES	RESPONSES	
Extremely effective	20.63%	13
Very effective	47.62%	30
Somewhat effective	25.40%	16
Not so effective	1.59%	1
Not at all effective	4.76%	3
TOTAL		63

Q7 Examples of effective relationships or those that are most important are welcome.

Answered: 30 Skipped: 35

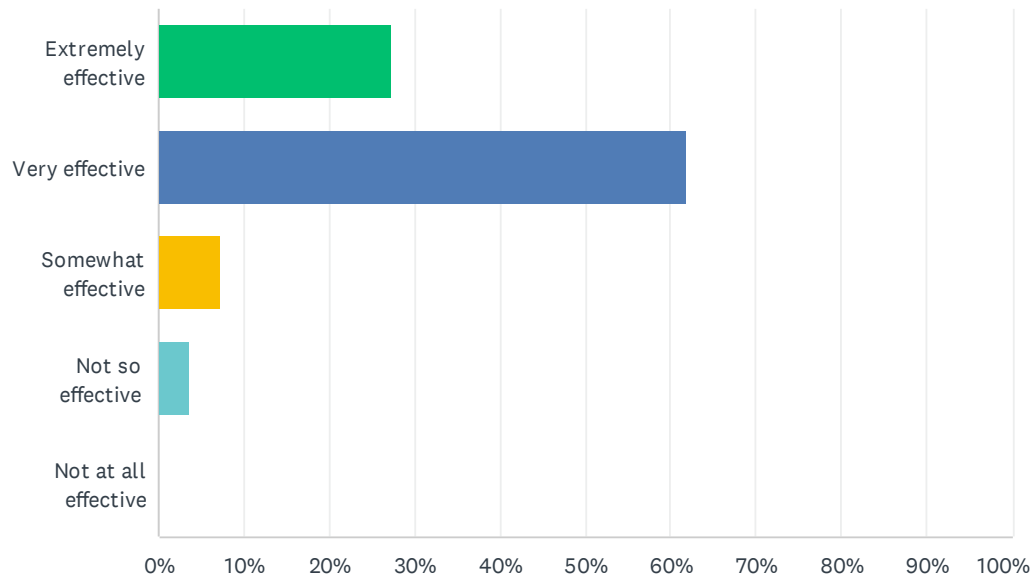
#	RESPONSES	DATE
1	Collaboration at the onset of a case. Monthly case conferences with tribal social services. Monthly management meetings with tribal social services. Tracking of ICWA cases at the local level for counties who do not have a lot of ICWA cases to ensure ICWA cases are not being missed. Training at the local level of why it's important to connect families with their respective tribal social services at the earliest possible point in a case.	3/8/2024 10:21 AM
2	Monthly meetings to address tribal family needs, share resources, and problem solve areas that we are missing when working with tribal families.	3/7/2024 1:40 PM
3	Monthly meetings between DHHS and local tribe. Staff do weeking staffings on open cases. We have built better trust over the past few years and are addressing issues immediately rather than waiting for crisis to occur.	3/4/2024 1:30 PM
4	When there is mutual respect and an understanding that what the child's tribe believes is in the child's best interest may not be what the worker believes is in the child's best interest, but both try to see it from the other's point of view.	3/1/2024 4:41 PM
5	We have primarily worked with Heidi from the Sault Tribe and have found her to be tremendously helpful	3/1/2024 11:42 AM
6	They were helpful with services and paying for services to get moving quicker.	3/1/2024 10:17 AM
7	They are often able to support the families and provide resources that our workers don't have access to on a regular basis.	2/29/2024 2:27 PM
8	Team meetings; case planning; goal setting	2/29/2024 1:25 PM
9	In one case we worked with a very a client who resorted to threats and verbal harassment. The tribal representative was supportive of our efforts to engage this client even with the challenges. The client did not cooperate with the tribal representative either to formalize tribal membership.	2/28/2024 2:50 PM
10	N/A	2/27/2024 2:45 PM
11	N/A	2/26/2024 1:12 PM
12	Tribal representatives are invited to all home calls, FTM's and case conferencing. We hold a monthly meeting just with the tribe to discuss all current cases FC and CPS cases to make sure we are serving the family appropriately.	2/26/2024 8:33 AM
13	N/A, have not serviced	2/24/2024 6:01 AM
14	The tribal directors share common frustrations and learn from one another as we each go through our various stages of infrastructure development and advocating for sovereignty.	2/21/2024 11:24 AM
15	We are the tribal representative.	2/20/2024 3:14 PM
16	We are aware that this is an area of need and we are working to gain more positive relationships with the tribes in the area.	2/19/2024 1:36 PM
17	All relationships in this line of work are most important and need to be cultivated.	2/19/2024 10:02 AM
18	It is helpful when the tribe is involved and can assist with resources with the family.	2/19/2024 9:46 AM
19	We do not have many cases involving the tribes but the workers are always helpful.	2/16/2024 12:01 PM
20	We collaborated as needed to assist the native community.	2/16/2024 9:53 AM
21	Establishing a collaborative relationship with the tribal case manager from day 1 is key!	2/16/2024 8:48 AM

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	Awesome resource.	
22	We recently were asked to partner with a tribe for prevention services. Even though a prevention case wasn't opened (per the request of the family), we are still working with them to find ways we can help.	2/15/2024 6:05 PM
23	We have been able to partner well with our local tribes. This includes regular communication, conducting home visits together, and ensuring they are part of team meetings and case planning. It has been more of a struggle to maintain good communication and partnerships with other tribes though.	2/15/2024 5:36 PM
24	N/A We work with youth who are aging out of foster care. We have not had any Indian Children in our agency.	2/15/2024 3:52 PM
25	We miss having our NAOW report to the local office and I feel he would say the same.	2/15/2024 2:21 PM
26	I meet with their director, email her and make her needs/questions a priority. We just had a MA problem with youth she has in CFC and she let me know. We had it fixed within 48 hours.	2/15/2024 2:10 PM
27	It is challenging because we have so few cases and clients often do not openly share Indian heritage information with us. We are happy to partner and work on the relationship other ways if there are suggestions. Usually worker to worker or supervisor to supervisor are the most active relationships.	2/15/2024 1:42 PM
28	When focusing on kinship care in Macomb County we had tribal representation.	2/15/2024 1:21 PM
29	Tribal Worker calls our agency regularly. Often our agency texts the tribal worker when good things happen with our shared client!	2/15/2024 1:20 PM
30	constant communication and attendance at mtgs	2/15/2024 1:18 PM

Q8 Please rate your working relationships with local MDHHS?

Answered: 55 Skipped: 10



ANSWER CHOICES	RESPONSES	
Extremely effective	27.27%	15
Very effective	61.82%	34
Somewhat effective	7.27%	4
Not so effective	3.64%	2
Not at all effective	0.00%	0
TOTAL		55

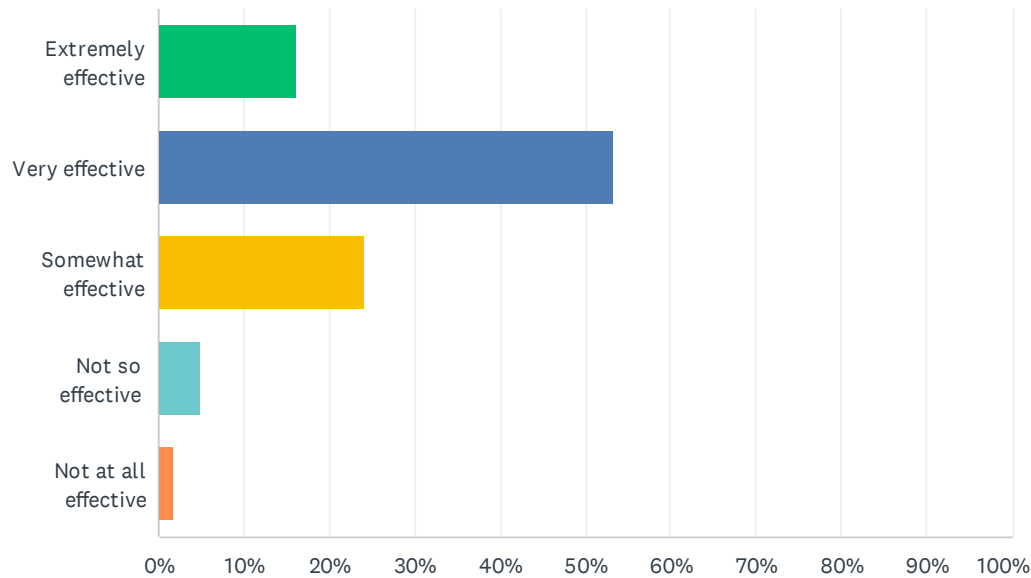
Q9 Examples of effective relationships or those that are most important are welcome.

Answered: 24 Skipped: 41

#	RESPONSES	DATE
1	Review with staff NAA policy and local office practices to be effective in serving tribal families.	3/7/2024 1:40 PM
2	maintaining consistent contact with state workers, identifying those involved in the case, service providers, attorneys, social workers, etc., building rapport with state workers.	3/1/2024 4:41 PM
3	This is a loaded question... some counties are easier to work with than others.	3/1/2024 11:42 AM
4	MOU for assistance when our staffing is low.	2/29/2024 1:32 PM
5	N/A	2/27/2024 2:45 PM
6	Maintaining contact through email, phone calls and FTM's.	2/26/2024 1:12 PM
7	We are MDHHS and work effectively with our partner offices.	2/26/2024 8:33 AM
8	We have built relationships between our agency and theirs.	2/24/2024 6:01 AM
9	We have a very effective working relationship with our local DHHS office due to our direct connections. We can call each other with questions and concerns and work through them to meet the needs of the families. This is not true of all of the DHHS offices within our service area, BSC or state.	2/21/2024 11:24 AM
10	Scheduled/standing monthly meetings for collaboration. Sharing program information. Ensuring staff roles/contact info are known to each other.	2/20/2024 3:14 PM
11	We have great communication and relationships with DHHS monitors and with CRCs at the local MDHHS offices.	2/19/2024 1:36 PM
12	All relationships in this line of work are most important and need to be cultivated.	2/19/2024 10:02 AM
13	POS monitors are great!	2/16/2024 12:01 PM
14	Recently developed a working relationship with our local MDHHS office (Allegan/Barry). Do not have a working relationship at all with the other MDHHS offices in our services area: Kalamazoo, Kent and Ottawa.	2/16/2024 9:53 AM
15	Utilizing experts in local DHHS offices helps tremendously.	2/16/2024 9:22 AM
16	The Native American Outreach Worker in a neighboring county is always very helpful when we ask questions.	2/16/2024 8:37 AM
17	Our county partners assist us and we help them as needed.	2/15/2024 6:05 PM
18	We conduct regular meetings to keep DHHS monitors up to date on the case plan.	2/15/2024 5:36 PM
19	Communication Problem-Solving Sharing task responsibilities	2/15/2024 3:52 PM
20	I am the local MDHHS representative.	2/15/2024 2:21 PM
21	We provide private agency perspective on local CQI groups and maintain consistent communication with MDHHS leadership within our BSC.	2/15/2024 1:21 PM
22	Our agency communicates with MDHHS regularly regarding all of our cases. Specifically regarding tribal cases, MDHHS worked closely with our agency to explain what is needed.	2/15/2024 1:20 PM
23	awesome partnership	2/15/2024 1:18 PM
24	N/A as I am MDHHS	2/15/2024 1:12 PM

Q10 Please rate your working relationships with private agency staff.

Answered: 62 Skipped: 3



ANSWER CHOICES	RESPONSES	
Extremely effective	16.13%	10
Very effective	53.23%	33
Somewhat effective	24.19%	15
Not so effective	4.84%	3
Not at all effective	1.61%	1
TOTAL		62

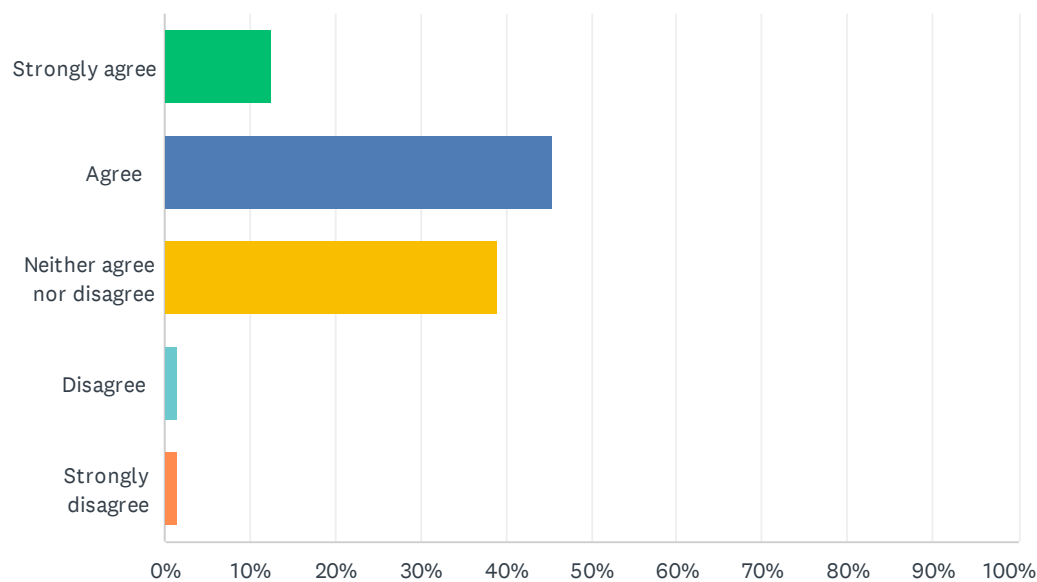
Q11 Examples of effective relationships with private agency staff are welcome.

Answered: 19 Skipped: 46

#	RESPONSES	DATE
1	Continued work to improve communication, partnership and collaboration.	3/8/2024 10:21 AM
2	Monthly meetings to address tribal family needs, share resources, and problem solve areas that we are missing when working with tribal families.	3/7/2024 1:40 PM
3	As with the various MDHHS county offices, the relationships with private agency staff, as well as strengths and weaknesses of those relationships vary from office to office and agency to agency.	3/1/2024 4:41 PM
4	We work well with our Private Agencies and have one case with tribal members that is purchased to PAFC. We have coordinated together for the children to ensure that we address any issues or barriers.	2/28/2024 2:50 PM
5	N/A	2/27/2024 2:45 PM
6	N/A	2/26/2024 1:12 PM
7	We maintain open communication with our partners though the life of all cases. We hold monthly meetings with our PAFC's to review all open cases to assure policy compliance and family needs are being met.	2/26/2024 8:33 AM
8	Communication is the key.	2/24/2024 6:01 AM
9	Thankfully, we do not work with private agencies very often. Recently we have a case that was transferred to a private agency, which has increased the challenges...private agency staff overturn, lack of understanding of tribes/ICWA/MIFPA, resistance to partner with tribe or even communicate with tribe.	2/21/2024 11:24 AM
10	We attend regular community meetings to make our presence known and we are always looking for collaboration and positive working relationships with other private agencies in the area!	2/19/2024 1:36 PM
11	All relationships in this line of work are most important and need to be cultivated.	2/19/2024 10:02 AM
12	Kent County is very collaborative	2/16/2024 12:01 PM
13	Not sure who the private agencies are, a contact list would be beneficial for coordination and collaboration purposes.	2/16/2024 9:53 AM
14	Not applicable. I am a PAFC.	2/16/2024 9:22 AM
15	This is an area I plan to focus on this year, to build stronger relationships and better outcomes with our private agency partners.	2/15/2024 6:05 PM
16	Communication Sharing Ideas	2/15/2024 3:52 PM
17	Our agency is a member of the Michigan Federation and that allows us to collaborate with other organizations.	2/15/2024 1:21 PM
18	n/a	2/15/2024 1:20 PM
19	Regular meetings, communications	2/15/2024 1:12 PM

Q12 In 2023, MDHS state level operations improved or sustained effective collaboration between tribal representatives, local MDHHS, and private agency staff.

Answered: 64 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	12.50%	8
Agree	45.31%	29
Neither agree nor disagree	39.06%	25
Disagree	1.56%	1
Strongly disagree	1.56%	1
TOTAL		64

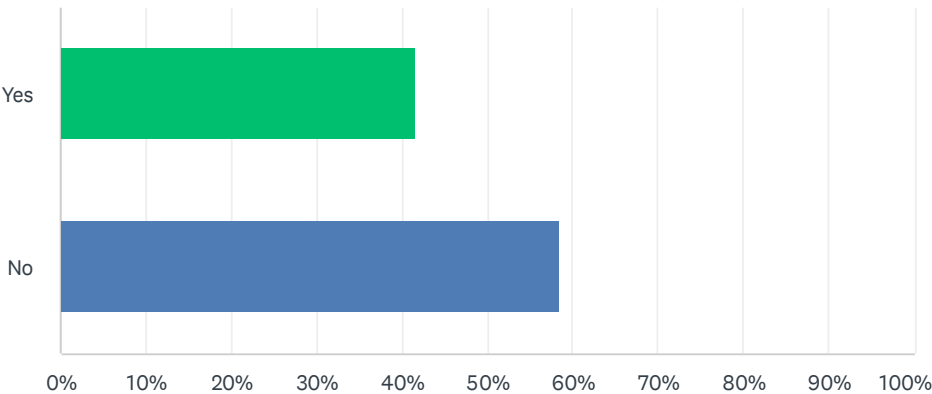
Q13 Examples of effective collaboration or suggestions for improvement are welcome.

Answered: 15 Skipped: 50

#	RESPONSES	DATE
1	Keeping the tribes involved in changes, updates, meetings, etc. I often do not have time to attend meetings, but am able to read the materials both before and after meetings. If I have a question or concern, I feel I can reach out.	3/1/2024 4:41 PM
2	I have not received anything about this and no training as working in a PAFC	3/1/2024 12:44 PM
3	I have appreciated the tribal partnership meetings where issues or policies are discussed, and new information is shared. Very informative.	2/28/2024 2:50 PM
4	N/A	2/27/2024 2:45 PM
5	N/A	2/26/2024 1:12 PM
6	Have smaller local meetings rather than the larger statewide meetings.	2/24/2024 7:31 PM
7	The DHHS legal teams' continued interpretations of laws under the guise of protecting confidentiality and government interference in parenting, has created additional obstacles that tribes believed were previously addressed by the law change related to DHHS sharing information with tribes about their specific tribal families and children. From a tribal perspective, it feels like DHHS legal team will continue to seek ways to prevent information sharing with tribes and this lack of genuine partnership and information sharing related to tribal families and children creates additional barriers for these families to be supported and offered services and resources.	2/21/2024 11:24 AM
8	There were numerous policy changes which limit the info that MDHHS is able to share with the Tribe for collaboration, causing more barriers to keeping families together.	2/20/2024 3:14 PM
9	I think that while MDHHS and private agencies work well together, I think we could do more to include the tribal representatives. I think the tribal representatives could also do more to be involved with MDHHS and private agencies so that we realize more collaboration and benefit from these working relationships.	2/19/2024 1:36 PM
10	Collaboration occurred at the TSP Meetings but did not seem to go beyond that.	2/16/2024 9:53 AM
11	I enjoy the learning opportunities during Tribal Partnership meetings. The struggle is being away from the office for 2 days, much of which is going over things that have already been addressed in leadership meetings. I see the value of being together though. If there was a way to take it to one full day rather than 2, half days that would be great.	2/16/2024 8:37 AM
12	Local DHHS office has community representatives attend Team Decision Making meetings. This includes tribal representatives.	2/15/2024 5:36 PM
13	I think local operations are critical in determining how successful my county's relationship is with our local Tribal government. We do not depend on state level operations.	2/15/2024 2:21 PM
14	None. Collaborating is hard and to honor and respect each sovereign Nation I understand that not all will want to move forward on various endeavors in the exact same manner.	2/15/2024 2:10 PM
15	MDHHS, private agency staff, and tribal representatives are always on every FTM/TDM. Sometimes MDHHS is absent when they already have a good relationship with our agency as our agency handles cases directly.	2/15/2024 1:20 PM

Q14 Have you reviewed the MDHHS Annual Progress and Services Report (APSR) 2024 Tribal Consultation submitted in 2023 pertaining to calendar year 2022?

Answered: 65 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	41.54%	27
No	58.46%	38
TOTAL		65

Q15 Do you have any comments regarding the APSR 2024 Tribal Consultation submission?

Answered: 15 Skipped: 50

#	RESPONSES	DATE
1	No. It has been a while since I reviewed it, but nothing is standing out to me at this time.	3/1/2024 4:41 PM
2	N/A	3/1/2024 9:20 AM
3	Where is this found?	2/28/2024 2:50 PM
4	No	2/27/2024 2:45 PM
5	NO	2/26/2024 1:12 PM
6	This survey is hard for me to answer because we have to few tribal cases. We do our best to meet policies but have very little tribal interaction as a result. I marked somewhat effective because we handle these cases so infrequently, we always feel like we are relearning.	2/26/2024 10:49 AM
7	N/A	2/24/2024 6:01 AM
8	None at this time.	2/19/2024 1:36 PM
9	NA	2/16/2024 9:53 AM
10	No	2/15/2024 3:52 PM
11	No	2/15/2024 3:35 PM
12	No.	2/15/2024 2:10 PM
13	it would be helpful to know about the needs of our local tribal community and if or how we can collaborate to address needs.	2/15/2024 1:21 PM
14	Our Agency received our first tribal client in late 2023.	2/15/2024 1:20 PM
15	No	2/15/2024 1:12 PM



Native American Affairs
Tribal Service Area Matrix
(Legend Reference)



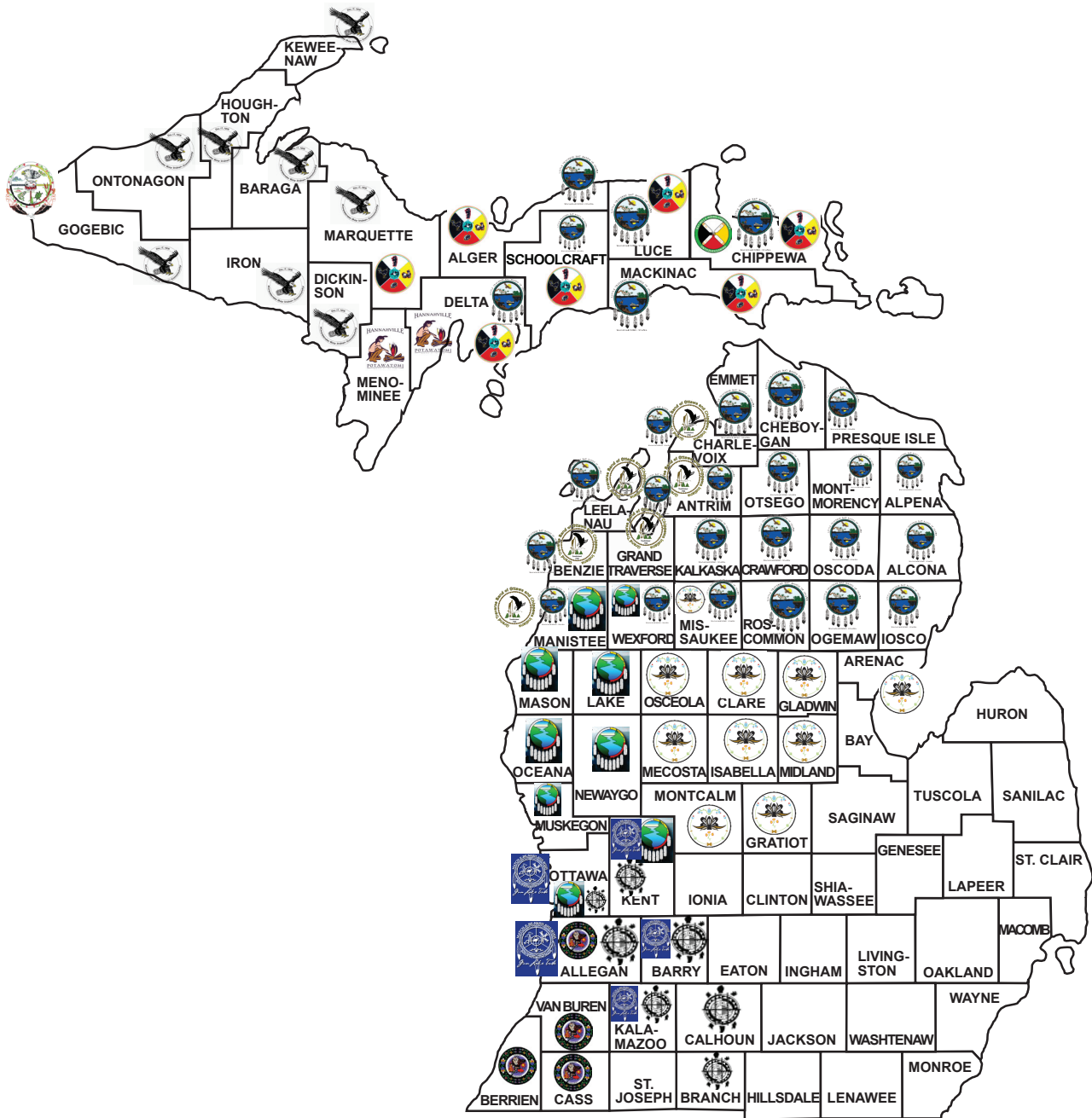
Counties Included in Tribes' Service Delivery Area

-  = 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 Pottawatomie (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.

Title IV-E Training Matrix
Initial Training

No training teaches how to address or treat child or family problems or behaviors, rather how to identify and make appropriate referrals. The CPS initial training below includes 18 hours of training on conducting child abuse and

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
Adoption PSTT	Adoption PSTT is a two week classroom training with one field week. During Adoption Pre-Services Transfer Training, workers receive training in Adoption Program Specific & Adoption MiSACWIS.	68		<ul style="list-style-type: none">•Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	Blended	OWDT	Child Welfare	49

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
Adoption Child Welfare Certificate and Phase II-PSI	Adoption CWC is a two week classroom training with two field weeks. Adoption Child Welfare Certificate Holders receive training in Forensic Interviewing, Adoption Program Specific Training, & Adoption MiSACWIS Training.	116		<ul style="list-style-type: none">•Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	Blended	OWDT	Child Welfare	0

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
CPS Child Welfare Certificate and Phase II-PSI	CPS CWC is a two week classroom training with two field weeks. CPS Child Welfare Certificate Holders receive training in Forensic Interviewing, CPS Program Specific Training, & CPS MiSACWIS Training & CPS Legal Training.	116	98	<ul style="list-style-type: none">•Eligibility determinations•Fair hearings and appeals•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Home studies•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.•Activities designed to preserve, strengthen, and reunify the family•Assessments to determine whether a situation requires a child's removal from the home•Ethics training and confidentiality requirements•SACWIS functionality that is closely related to allowable administrative activities•Referrals to services	75	Blended	OWDT	Child Welfare	1

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
CPS PSI	CPS PSI is a 4 week classroom training and 5 field weeks. During CPS PSI, new hires receive training in the Michigan's MiTEAM model, Trauma Training, Safety Planning, Exploring Family Team Meetings, CPS Program Specific Training, CPS MiSACWIS Training, MiSACWIS Payments Training, Forensic Interviewing, Managing Yourself in Child Welfare, Continuum of Care, CPS Legal (Court Preparation/Petition Writing, Mock Trial), Critical Thinking Training, Medical Training, ICWA, Family Engagement, Assessment, & Intervention, Engaging with our Customer Training, Cultural Awareness, Communication Training, Domestic Violence Training, & Families & Children at Risk Training.	270	252	<ul style="list-style-type: none">•Eligibility determinations•Fair hearings and appeals•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Home studies•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.•Activities designed to preserve, strengthen, and reunify the family•Assessments to determine whether a situation requires a child's removal from the home•Ethics training and confidentiality requirements•SACWIS functionality that is closely related to allowable administrative activities•Referrals to services	75	Blended	OWDT	Child Welfare	308

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
CPS PSTT	CPS PSTT is a two week classroom training with one field week. During CPS Pre-Services Transfer Training, workers receive training in Forensic Interviewing, CPS Program Specific, CPS MiSACWIS Training & CPS Legal Training.	68	50	<ul style="list-style-type: none">•Eligibility determinations•Fair hearings and appeals•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Home studies•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.•Activities designed to preserve, strengthen, and reunify the family•Assessments to determine whether a situation requires a child's removal from the home•Ethics training and confidentiality requirements•SACWIS functionality that is closely related to allowable administrative activities•Referrals to services	75	Blended	OWDT	Child Welfare	67

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
Foster Care Child Welfare Certificate and Phase II-PSI	Foster Care CWC is a two week classroom training with two field weeks. Foster Care Child Welfare Certificate Holders receive training in Forensic Interviewing, Foster Care Program Specific Training, Foster Care MiSACWIS Training & Foster Care Legal Training.	116		<ul style="list-style-type: none">•Eligibility determinations•Fair hearings and appeals•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Home studies•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.•Activities designed to preserve, strengthen, and reunify the family•Ethics training and confidentiality requirements•SACWIS system functionality that is closely related to allowable administrative activities•Independent living and the issues confronting adolescents preparing for independent living•Foster care candidate determinations and pre-placement activities directed toward reasonable efforts•Training on referrals to services	75	Blended	OWDT	Child Welfare	3

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
Adoption PSI	Adoption PSI is a 4 week classroom training and 5 field weeks. During Adoption PSI, new hires receive training in the Michigan's MiTEAM model, Trauma Training, Safety Planning, Exploring Family Team Meetings, Adoption Program Specific Training, Adoption MiSACWIS Training, Forensic Interviewing, Managing Yourself in Child Welfare, Continuum of Care, Adoption Legal (Court Preparation/Petition Writing, Mock Trial), Critical Thinking Training, Medical Training, ICWA, Family Engagement, Assessment, & Intervention, Engaging with our Customer Training, Cultural Awareness, Communication Training, Domestic Violence Training, & Families & Children at Risk Training.	270		<ul style="list-style-type: none">•Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	Blended	OWDT	Child Welfare	33

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
Foster Care PSI	Foster Care PSI is a 4 week classroom training and 5 field weeks. During Foster Care PSI, new hires receive training in the Michigan's MiTEAM model, Trauma Training, Safety Planning, Exploring Family Team Meetings, Foster Care Program Specific Training, Foster Care MiSACWIS Training, MiSACWIS Payments Training, Forensic Interviewing, Managing Yourself in Child Welfare, Continuum of Care, Foster Care Legal (Court Preparation/Petition Writing, Mock Trial), Critical Thinking Training, Medical Training, ICWA, Family Engagement, Assessment, & Intervention, Engaging with our Customer Training, Cultural Awareness, Communication Training, Domestic Violence Training, & Families & Children at Risk Training.	270		<ul style="list-style-type: none">•Eligibility determinations•Fair hearings and appeals•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Home studies•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.•Activities designed to preserve, strengthen, and reunify the family•Ethics training and confidentiality requirements•SACWIS system functionality that is closely related to allowable administrative activities•Independent living and the issues confronting adolescents preparing for independent living•Foster care candidate determinations and pre-placement activities directed toward reasonable efforts•Training on referrals to services	75	Blended	OWDT	Child Welfare	423

Title IV-E Training Matrix Initial Training										
Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023	
Foster Care PSTT	Foster Care PSTT is a two week classroom training with one field week. During Foster Care Pre-Services Transfer Training, workers receive training in Forensic Interviewing, Foster Care Program Specific, Foster Care MiSACWIS Training & Foster Care Legal Training.	68		<ul style="list-style-type: none">•Eligibility determinations•Fair hearings and appeals•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Home studies•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.•Activities designed to preserve, strengthen, and reunify the family•Ethics training and confidentiality requirements•SACWIS system functionality that is closely related to allowable administrative activities•Independent living and the issues confronting adolescents preparing for independent living•Foster care candidate determinations and pre-placement activities directed toward reasonable efforts•Training on referrals to services	75	Blended	OWDT	Child Welfare	70	
Juvenile Justice Program Specific Transfer Training	This multi-day training is designed for experienced child welfare workers that have completed the Child Welfare Pre-Service Institute and are now transferring to Juvenile Justice. Week 1 of this course is conducted in the classroom with week 2 completed at the trainees' local office. Supervisors attending this course are not required to complete week 2.	60.00		<ul style="list-style-type: none">•Eligibility determinations•Fair hearings and appeals•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Cultural competency related to children and families.•Title IV-E policies and procedures.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.•Activities designed to preserve, strengthen, and reunify the family•Ethics training and confidentiality requirements	75	Blended	OWDT	Juvenile Justice	41	

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
New Supervisor Institute Adoption	This 3 day supervisory course will focus on the essential tasks necessary to effectively manage an adoption team as well as identify MDHHS policies and laws related to adoption. New supervisors will gain a better understanding of the Michigan performance based contract as well as complete hands on activities using the MDHHS Adoption Contract and managing financial expectations. Guided exercises in MiSACWIS will also be covered including approving reports, applying for Adoption Assistance and requesting consent. Other topics and hands-on exercises include ISEP requirements specific to adoption, types of Adoptive Family Assessments and appropriate application, adoption Standards of Promptness and managing an adoption disruption. New Supervisors will be provided with an Excel timeline tool to assist in managing staff performance.	18		<ul style="list-style-type: none">•Case Management and Supervision Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	ILT	OWDT	Child Welfare	17

Title IV-E Training Matrix
Initial Training

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New Supervisor Institute Child Welfare Topics V2	This course is designed for all newly hired child welfare supervisors, including Child Protective Services, Foster Care, Licensing, and Adoption Supervisors. The course contains the following topics: Time Management for Child Welfare Supervisors, Office Culture, Trauma Informed Supervision, Assessing Staff for Performance, Data Driven Decision Making, Continuum of Care: Collaborating in Child Welfare, Onboarding and Support of New Workers, Creating Support Plans, MiTEAM Fidelity Tool , ICWA, and the Office of Family Advocate.	32		<ul style="list-style-type: none">•Case Management and Supervision Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	ILT	OWDT	Child Welfare	129

Title IV-E Training Matrix
Initial Training

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New Supervisor Institute Children's Protective Services - 3 day	This 3 day supervisory course is the program specific portion of NSI for Children's Protective Services (CPS). The new CPS supervisor will be guided through staff monitoring strategies, reviewing and approving service plans, effectively using reports to track work, calculating caseload weights for compliance, assigning work to staff, meeting with staff, and improving overall staff performance.	18		<ul style="list-style-type: none">•Case Management and Supervision Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	ILT	OWDT	Child Welfare	47

Title IV-E Training Matrix
Initial Training

Training Title	Training Description	Training Hours	Total Hours Reimbursable	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completion s Jan 1, 20232 - Dec 31, 2023
New Supervisor Institute Foster Care - 3 day	This is a 3-day Supervisory Course designed for new hired Foster Care Supervisors. Topics covered will include; Policy Resource Manuals, Collaboration with Specialty roles, CPS to Foster Care transfer process, Case Assignments, Determination of Care (DOC) and Payments, Initial Service Plan (ISP) and Updated Service Plan (USP), Implementation, Sustainability and Exit Plan (ISEP), Quality Service Review (QSR), Monitoring Staff Compliance and Workload Organization for Supervisors.	18		<ul style="list-style-type: none">•Case Management and Supervision Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	ILT	OWDT	Child Welfare	95

Title IV-E Training Matrix
Initial Training

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New Supervisor Institute Leadership Topics	<p>NSI is a curriculum of training modules designed around management core competencies. It is comprised of classroom, live webinar, and computer-based training presented by Leadership Development trainers and subject matter experts. The Institute spans two weeks, allowing for participants to learn incrementally and supporting workplace application of the knowledge and skills learned in training.</p> <p>Classroom topics include: Engaging and Motivating, Building a Successful Team, One on Ones and Coaching, Trust, Managing Change, Conflict Resolution, Labor Relations and Interviewing, Selection and Hiring. There will be three webinars that include: Managing Diversity, Performance Management and Office of Inspector General. There will be two CBTs; Discriminatory Harassment: Promoting a Respectful Workplace for Managers and Labor Relations:</p>	70		•General supervisory skills or other generic skills needed to perform specific jobs	50	Blended	OWDT	MDHHS staff	155

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Initial Training

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New Supervisor Institute Licensing	This 2 day supervisory course is the program specific portion of NSI for Licensing. The new Licensing supervisor will be guided through staff monitoring strategies, reviewing and approving Initial 3130s, meeting with staff, planning for the yearly Adoptive and Foster Parent Recruitment and Retention report, and improving culture.	12		<ul style="list-style-type: none">•Case Management and Supervision Eligibility determinations and re-determinations•Fair hearings and appeals•Rate setting•Referral to services•Preparation for and participation in judicial determinations•Placement of the child•Development of the case plan•Case reviews•Case management and supervision•Recruitment and licensing of foster homes and institutions•Grievance procedures•Negotiation and review of adoption assistance agreements•Post-placement management of subsidy payments•Home studies•A proportionate share of the development and use of adoption exchanges•Social work practice, such as family centered practice and social work methods including interviewing and assessment.•Cultural competency related to children and families.•Title IV-E policies and procedures.•Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.•Permanency planning including using kinship care as a resource for children involved with the child welfare system.•General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.•Effects of separation, grief and loss, child development, and visitation.•Communication skills required to work with children and families.	75	ILT	OWDT	Child Welfare	35

Title IV-E Training Matrix
Ongoing Training

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A Guide to Critical Thinking in Child Welfare, DHS-3130a and DHS-588	This training will assist child welfare specialists and supervisors in understanding the basics of critical thinking and help support the development of critical thinking skills utilized in the completion of thorough home assessments.	1.00	Referral to services, development of the case plan, assessments to determine whether a situation requires a child's removal from the home, Assessments of home safety, Social Work Practice	75	CBT		Child Welfare	165	
Abbreviated Licensing Training For Child Welfare specialists	A brief training to help CPS and Foster Care specialists define the basic licensing application process, list pertinent licensing rules that apply to CPS and Foster Care placements, learn about the Family Incentive Grant (FIG) can help when licensing barriers exist.	1.00	Recruitment & licensing of foster homes and institutions	75	CBT		Child Welfare	103	
Absent Parent Protocol	The Absent Parent Protocol was developed to provide 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 absent parents to ensure that all viable placement options for children are considered.	1.00	Fair hearings and appeals, development of case plan, preparation for judicial determinations	75	CBT		Child Welfare	622	
Accessing Resources for Child Welfare Families: MiBridges and United Way 211	This webinar is to assist child welfare staff in navigating the MiBridges application to ensure staff have the skills to provide over-the-shoulder support to families with MiBridges accounts.	1.13	Eligibility determination, referral to services	75	CBT		Child Welfare	105	
Achieving Health Requirements for Children in Foster Care Recorded Webinar	The purpose of this training is to provide practical/hands on training in the tools specialists use to improve the well-being of children in foster care.	2.50	Placement of the child, effects of separation and child development, Child social and emotional development and well being	75	CBT		Child Welfare	106	
Adoption Assistance Negotiation Recorded Webinar	This training describes the process for adoption assistance applications as described in ADM 200 & 500. If the child is determined eligible for adoption assistance, the DHS-4113, Adoption Assistance Agreement, is issued by the Adoption Subsidy office. The adoption assistance rate is negotiated between the parent(s) and DHHS or a contracted private adoption agency.	2.00	Negotiation and review of adoption assistance agreements	75	CBT		Child Welfare	35	
Adoption Overview Training	This ½ day training will give participants understanding of MDHHS adoption policy related to reports, timeframes, and general steps when processing adoption cases.	3.00	Permanency planning	75	ILT	OWDT	Child Welfare	0	
Anti-Bias Child Welfare Practice	Anti-Bias Child Welfare Practice is a 6-hour workshop in two 3-hour sessions over two consecutive days. Participants will learn about the rationale for and requirements of the race data policy; understand the importance of collecting data about race, ethnicity, and culture; learn accurate language and build skills for discussing these topics with families; learn how to use the data system; and explore how to use that information to determine effective services.	6.00	Cultural competency related to children and families.	75.00	ILT	OWDT	Child Welfare	447	
Applying for State ID Cards and Driver's Licenses in Michigan	Michigan Department of State developed training intended to assist Michigan Department of Health and Human Services foster care casespecialists with understanding the documentation requirements for assisting youth in foster care with receiving a driver's license or state ID, and understanding the Graduated Driver Licensing process.	1.00	Independent living and issues facing adolescents preparing for independent living	75.00	CBT		Child Welfare	0	
Assisting Youth in Foster Care with applying for State ID Cards and Driver's Licenses – Recorded Webinar	This session will include presenters from the Michigan Department of State to help foster care caseworkers with understanding the documentation requirements for assisting youth in foster care with receiving a driver's license or state ID, and understanding the Graduated Driver Licensing process.	1.50	Independent living and the issues confronting adolescents preparing for independent living	75.00	CBT		Foster Care	168	

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Behavioral Health and Wellness: Casework Practice	This CBT is for all public and private foster care specialists who were unable to attend the Behavioral Health and Wellness: Casework Practice conferences in the summer of 2019 and for those interested in the information presented. The course has two parts and will cover behavioral health services including when and how to access, and what to expect. Also discussed are psychotropic medication trends, uses, and expectations. This is the first of two PowerPoint presentations required for course completion.	3.00	Child social and emotional development and well being, referrals to services	75.00	CBT		Child Welfare	92	
Behavioral Health and Wellness: Psychotropic Medications	This CBT is for all public and private foster care specialists who were unable to attend the Behavioral Health and Wellness: Casework Practice conferences in the summer of 2019 and for those interested in the information presented. The course has two parts and will cover behavioral health services including when and how to access, and what to expect. Also discussed are psychotropic medication trends, uses, and expectations. This is the second of 2 PowerPoint presentation and both are required for course completion.	0.75	Child social and emotional development and well being, referrals to services	75	CBT		Child Welfare	84	
Building Safety for Youth and Families: Recognizing and Affirming SOGIE – Introduction V2	This module introduces the Ruth Ellis Center and the Family Acceptance Project's work with LGBTQ youth and their families. Statistics explain the need for this work.	0.50	Cultural competency	75	CBT		Child Welfare	1621	
Building Safety for Youth and Families: Recognizing and Affirming SOGIE – Part 1 v3	Participants will learn the results of the Family Acceptance Project's in-depth studies with LGBTQ children and families. They will learn best practices to help families, foster families, guardians, and caregivers nurture, support, and promote the health and well-being of their LGBTQ youth.	0.50	Cultural competency	75	CBT		Child Welfare	1575	
Building Safety for Youth and Families: Recognizing and Affirming SOGIE – Part 2 V2	Participants will develop a framework for identity that will help them navigate conversations and create safe and healthy spaces for LGBTQ youth.	1.00	Cultural competency	75	CBT		Child Welfare	1502	
Building Safety for Youth and Families: Recognizing and Affirming SOGIE – Part 3 V2	Participants will view a video about seven LGBTQ youth who were in the foster care system. Their stories will help us understand some of the challenges LGBTQ foster children face. We'll also discuss three tools that participants can use when working with LGBTQ youth.	0.50	Cultural competency	75	CBT		Child Welfare	1376	
Building Teams Utilizing the PERMA Model	This course is designed for first line supervisors to identify the best way to apply the PERMA Model when building their team. The PERMA model is based on seeking positive emotion in our day, engagement or flow when completing tasks, building relationships, finding meaning in what we do, supporting staff with goals and rewarding accomplishments. Participants will also be able to recognize ways to offer active constructive feedback with their staff.	3	Case management and supervision	75	ILT	REDI	Child Welfare	44	
Case Manager Training: Introduction to Motivational Interviewing (Phase 2.5)	This hands-on, interactive training introduces casespecialists to Motivational Interviewing and helps prepare them in supporting families and caregivers through the process of using Motivational Interviewing.	9.00	FFPSA Evidencece based	50%	ILT	contractor	Child Welfare	759	
Case Services Payment Training	specialists will learn the process for paying for case services for foster care and CPS (protective services) cases. specialists will learn troubleshooting techniques for when issues arise.	1.50	Post-placement management of subsidy payments	75%	ILT	CSA	Child Welfare	249	
Caseworker Training: Introduction to Motivational Interviewing (Phase 2.3)	This hands-on, interactive training introduces casespecialists to Motivational Interviewing and helps prepare them in supporting families and caregivers through the process of using Motivational Interviewing.	9.50	FFPSA Evidencece based	50%	ILT	contractor	Child Welfare	503	
Caseworker Training: Introduction to Motivational Interviewing (Phase 2.4)	This hands-on, interactive training introduces casespecialists to Motivational Interviewing and helps prepare them in supporting families and caregivers through the process of using Motivational Interviewing.	9.50	FFPSA Evidencece based	50%	ILT	contractor	Child Welfare	553	
Caseworker-Child Visits	Find out what happens when MDHHS does not meet the federal goal for casespecialist visits with children. Review your knowledge of policy for casespecialist-child visits by playing a fun trivia game. Discover the seven items that casespecialists commonly miss when documenting their visits in MiSACWIS.	1.00	Development of the case plan, Title IVE polices and procedures	75	CBT		Child Welfare	108	
Child Protective Services Maltreatment in Care	This training provides an overview of what constitutes maltreatment in care and how to respond.	2.00	Assessments to determine whether a situation requires a child's removal from the home	75.00	CBT		Child Welfare	117	

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Child Sexual Abuse	The course provides a general overview of child sexual abuse, how sex offenders groom, how a sex offense evolves in a family, impact on child and family, working with non-offending parents, safety planning, and dealing with secondary traumatic stress.	5.00	Child abuse and neglect issues	75.00	CBT		Child Welfare	875	
Child Welfare Funding Specialist (CWFS) Annual Refresher Training	The Child Welfare Funding Specialist (CWFS) Refresher Training is provided annually. All CWFS and CWFS supervisors are required to attend one session. The training will cover frequently asked questions, policy, procedures and MiSACWIS updates.	6.00	Contract negotiation, monitoring, or voucher processing	75	ILT	CWFO	CWFS	93	
Child Welfare Funding Specialist (CWFS) Training Day 1	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system. Participants should bring their laptop with them to all days of the training.	6.00	Contract negotiation, monitoring, or voucher processing	75	ILT	CWFO	CWFS	35	
Child Welfare Funding Specialist (CWFS) Training Day 2	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system. Participants should bring their laptop with them to all days of the training.	6.00	Contract negotiation, monitoring, or voucher processing	75	ILT	CWFO	CWFS	33	
Child Welfare Funding Specialist (CWFS) Training Day 3	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system. Participants should bring their laptop with them to all days of the training.	6.00	Contract negotiation, monitoring, or voucher processing	75	ILT	CWFO	CWFS	33	
Children at Risk v2	This course focuses on understanding the impact the child welfare experience has on children and how it affects bonding and child development.	3.00	Effects of separation, grief and loss, child development, and visitation	75.00	CBT		Child Welfare	1031	
Civil Rights FY 2022	The Civil Rights training for fiscal year 2022 covers the civil rights requirements found in laws, regulations, policy bulletins, handbooks, and procedures. Federal and state requirements are covered, as well as, how to file a civil rights complaint.	0.50	Fair hearings and appeals, Ethics training and confidentiality requirements	75.00	CBT		Child Welfare	4,954	
Completing the DHS-1927 - Child Adoption Assessment	A description of how to complete the DHS-1927 to assure timely permanence.	0.50	Assessments and Permanency Planning	75.00	CBT		Child Welfare	96	
Complying with the Multiethnic Placement Act (MEPA) of 1994 and the Interethnic Adoption Provisions (IEAP) of 1996	Provides information about MEPA and IEAP that adoption specialists and foster care specialists need to know to provide for culturally relevant placements.	1.00	Cultural competency	75	CBT		Child Welfare	526	
Confidentiality Training for Child Welfare Workers	As a result of this training, attendees will be able to identify and protect sensitive case information. Attendees will develop a working knowledge of redaction and the methods of releasing protected information.	3.00	Case management, ethics training	75.00	ILT	OWDT	Child Welfare	35	
Connecting the Dots with Families of Infants & Young Children	This training will cover where to locate resources that provide supportive services to families with infants and young children. It will cover the elements of an effective referral to services. It will cover how to develop safe plans of care for infant sleep.	1.00	Referral to services, case plan development	75.00	ILT	DHHS Safe Sleep Program Coordinator	Child Welfare	106	
Continuum of Care	This course is an introduction to the continuum of care. Participants will learn the essential components of the CPS, Foster Care, Licensing, and Adoption roles along the continuum, common challenges that exist, and how the programs address those challenges differently. The course prepares learners for further discussion in the classroom.	1.00	Assessments, referrals to services, development of case plan	75	CBT		Child Welfare	161	

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County Director Approvals of Placement Exception Requests	*THE INFORMATION CONTAINED IN THIS RECORDING IS SPECIFIC FOR COUNTY DIRECTORS.* Webinar training for County Director approval of Placement Exception Requests (PERs) in MiSACWIS. The training provides information on 1) Policy on PERs, 2) Where and when to route or approve PERs per policy, 3) How to review PERs and case information in MiSACWIS, and a 4) MiSACWIS demonstration.	1.00	Placement of a child	75.00	CBT		County Directors	1	
Court Appointed Special Advocates	Court Appointed Special Advocates are dedicated to improving the lives of the children in the Michigan foster care system. Specially trained volunteers strive to become a positive, stable influence for Michigan children while ensuring they have a voice and the services they need for a stable future.	1.00	Fair hearings and appeals, development of case plan	75	CBT		Child Welfare	67	
Court Rule Amendments- Personal Identifying Information	This CBT introduces Child Welfare specialists to policy and techniques regarding the redaction process of Personal Identifying Information (PII) that will be submitted directly to the courts. This CBT is specific to court-related redaction.	0.50	Ethics training associated with title IV-E state plan requirements	75.00	CBT		Child Welfare	13	
COVID 19 - Successful Video Visits With Young Children	This PowerPoint is a resource to assist specialists with modifying face-to-face visit practices, due to Covid-19 regulation	0.50	Case management and supervision	75	CBT		Child Welfare	12	
COVID-19: Child Welfare Safety Assessment and Planning and Social Distancing	This PowerPoint is a resource to assist specialists with modifying face-to-face visit practices, due to Covid-19 regulation	0.50	Assessments to determine if removal is necessary	75	CBT		Child Welfare	7	
CPS Assessing Staff Performance-Data Warehouse	BSC In Service: Utilize the Data Warehouse as a tool for assessing staff performance	3.00	State agency personnel policies and procedures	50	ILT	REDI	Child Welfare	1	
CPS Policy Changes Associated With SCP	This course provides an overview of the policy changes related to the Supervisory Control Protocol	1.50	General supervisor skills	50	CBT		Child Welfare	348	
CPS Safety, Risk, FANS, CANS Assessment	This course will provide refresher training on the completion of the Safety, Risk, Fans and CANS assessments for CPS.	3.00	Assessments	75	ILT	OWDT	Child Welfare	31	
CPS Supervisor Reviewing and Approving Initial Service Plans	Verify that all policy requirements of an Initial and Updated Service Plan have been met. Additionally this segment will provide job aids and resources.	1.50	Case reviews, Supervisory skills	50.00	CBT	REDI	Child Welfare	0	
Creating Office Culture–BSC In-Services	This workshop will assist Child Welfare supervisors in identifying key factors that encourage a positive office culture and climate, develop strategies to create office culture, and identify ways to mitigate secondary traumatic stress	3.00	Team building, worker retention	50.00	ILT	REDI	Child Welfare	3	
Creating Support Plans–BSC In-Services	This workshop will assist Child Welfare Supervisors with offering effective support to staff through the development of individualized support plans.	3.00	Worker retention	50.00	ILT	REDI	Child Welfare	2	
Cultural Awareness-Full Day	Trainees will learn about the dynamics and importance of Cultural Awareness and become more aware of one's own world view and how it effects how we engage in our roles at MDHHS. Individuals will explore being conscious of one's own culturally shaped values, beliefs, perceptions, and biases. This course attempts to teach participants about how the messages they received early in life intersect with present day decision making.	6.00	Cultural competency related to children and families	75.00	ILT	OWDT	Child Welfare	33	
Domestic Violence	Discusses definitions relating to domestic violence/intimate partner violence relationships, rationale and tactics used by abusers, impact of exposure to domestic violence, when domestic violence becomes lethal, protective strategies, and barriers to leaving DV/IPV relationships.	1.00	General domestic violence issues related to children and families	75	CBT		Child Welfare	332	

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Domestic Violence - FP	This training will provide the Family Preservation and Child Welfare specialist with knowledge about domestic violence, its manifestations and effects on the family. How to identify domestic violence and conduct an assessment of the potential lethality of the situation will be covered, in addition to intervention techniques, the role of the family preservation provider and safety planning with survivors. The training will include use of case scenarios developed based on actual case situations, role playing exercises, handouts and video. The training also focuses on the work, which can be done with perpetrators of domestic violence. Participants will learn to use the guiding principles for work with domestic violence in families, assessment skills and specific interventions developed for working to support the non-offending parent and the children. Attendees will also experience the strength-based perspective as applied to domestic violence.	18.00	General domestic violence issues related to children and families	75	ILT	OWDT	Family Preservation/Child Welfare	125	
Domestic Violence Enhancement Training – MiTEAM	The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioral focus of the model highlights the “how” of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including recent correlations with a reduction in out of home placements in child welfare domestic violence cases. This training is designed to provide staff and supervisors with the knowledge and tools to confidently and effectively work with victims, perpetrators, and children of domestic violence. TRAINING IS A COMBINATION OF ONLINE AND CLASSROOM SESSIONS. PARTICIPANTS MUST COMPLETE THE ONLINE SESSION PRIOR TO PARTICIPATION IN THE CLASSROOM SESSION. PARTICIPANTS MUST BRING THEIR PRINTED MATERIALS TO THE CLASSROOM SESSION. LINKS TO THE ONLINE MODULE AND MATERIALS WILL BE PROVIDED TO REGISTERED CLASSROOM PARTICIPANTS APPROX. 2 WEEKS PRIOR TO CLASSROOM TRAINING.	12.00	General domestic violence issues related to children and families	75	ILT	OWDT	Child Welfare	54	
Domestic Violence Laws 1/2 Day	This HALF-DAY training is devoted to an examination of the law related to domestic violence, as well as a review of the Personal Protection Order. Participants will learn how to advocate for women with the legal system, as well as establishing and activating the order of protection. An attorney who is knowledgeable in the area of domestic violence is the presenter for this session.	3.00	domestic violence, development of case plan, referral to services, preparation for and participation in judicial determinations	75	ILT	contractor	Family Preservation/Child Welfare	29	
Dual Wards	The various interactions of crossover youth, including dual wards, will be addressed during this course. MDHHS responsibilities for both the Juvenile Justice and Foster Care programs will be reviewed, including a comparison of duties required for each of the program types. Topics of focus in this field include legal status, visit requirements, Placement Exception Requests, court orders, and policy requirements.	3.00	Placement of the child, development of the case plan, effects of separation and visitation	75	ILT	OWDT	Child Welfare and juvenile justice	14	
Education 101: Policy Requirements for Children and Youth in Foster Care – Recorded webinar	This course will provide information about federal and state law/policy regarding education and children/youth in foster care. Topics will include the importance of keeping children in the school of origin, making education best interest determination, arrangement and payment of school transportation, and collaboration with school district liaisons. Those required to complete this session are those who have been identified by the County Director to be the Education Point-of-Contract for the local school districts. It is highly recommended for all foster care case workers and supervisors.	2.00	Development of the case plan, Independent living and the issues confronting adolescents preparing for independent living	75.00	CBT		Child Welfare	308	

Title IV-E Training Matrix
Ongoing Training

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Education Point-of-Contact Recorded Webinar	This course will provide information about federal and state law/policy regarding education and children/youth in foster care. Those required to complete this session are those who have been identified by the County Director to be the Education Point-of-Contract for the local school districts.	1.00	Development of case plan, referral to services	75	CBT		Child Welfare	43	
Effective Communication	In this class participants will be able to be able to recognize how to improve their communication practices by understanding the four degrees of the intercultural awareness spectrum and be able to identify three effective ways to utilize asking questions and clarifying statements in the workplace. In this class participants will be able to be able to recognize how to improve their communication practices by understanding the four degrees of the intercultural awareness spectrum and be able to identify three effective ways to utilize asking questions and clarifying statements in the workplace.	3	Communication skills required to work with children and families	75	ILT	REDI	Child Welfare	105	
Emerging Leader Implementation Goals Presentation (Full Day)	This course will allow participants to showcase their communication skills. Participants will provide a presentation to the class using hand-outs or visual aids. The intended purpose is to have the participants share at least one way that they have applied leadership to the job through the creation of an Implementation Goal. Participants will learn from one another and have time to ask questions. (See the Implementation Goal Ideas document and the Implementation Goal Presentation Instructions for further details	6	Job performance enhancement skills, General supervisory skills or other generic skills needed to perform specific jobs	50	ILT	REDI	MDHHS Staff	51	
Emerging Leader: Behaviors That Exemplify Your Leadership Skills	This class is based on the teachings of Robin Sharma the author of, "The Leader Without A Title." Participants will learn that they have the opportunity to exemplify leadership behaviors without having a supervisory role. The class instructs participants how to apply the Three I's Practice, which is how to inspire, influence, and impact others as well as how to build healthy relationships with clients, coworkers and supervisors.	3	Job performance enhancement skills, General supervisory skills or other generic skills needed to perform specific jobs	50	ILT	REDI	MDHHS Staff	5	
Emerging Leader: Communication Techniques for Effective Leadership	This course will allow participants to recognize how to improve their interpersonal communication skills as well as how to give active constructive feedback. The class will allow participants to practice their communication skills by presenting one of the implementation goals they have created to the class.	3	Job performance enhancement skills, General supervisory skills or other generic skills needed to perform specific jobs	50	ILT	REDI	MDHHS Staff	67	
Emotional Intelligence: Why it Matters and How to Improve Yours	This is an interactive introductory workshop about emotional intelligence. We explore theories of emotional intelligence. We discover the brain's capacity to change and introduce the 5 Components of Emotional Intelligence. We focus on the 4 Core Skills of Emotional Intelligence and practice ways we can increase our skills.	6.00	Job performance enhancement	50.00	ILT	REDI	MDHHS Staff	94	
Engaging the Family	This training teaches specialists how to use MiTEAM practice skills to engage the family in assessments and planning.	1.00	Communication skills required to work with children and families	75	CBT		Child Welfare	849	
Enhanced MiTEAM Virtual Learning Site – Assessment Module	The Enhanced MiTEAM Virtual Learning Site, Assessment Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the Assessment competency and key assessment skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to assessment.	0.75	assessments	75.00	CBT		Child Welfare	830	
Enhanced MiTEAM Virtual Learning Site – Case Plan Implementation	The Enhanced MiTEAM Virtual Learning Site, Case Plan implementation Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the Case Plan Implementation competency and key assessment skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to case plan implementation.	0.75	Case plan development, management, supervision	75	CBT		Child Welfare	881	
Enhanced MiTEAM Virtual Learning Site – Case Planning	The Enhanced MiTEAM Virtual Learning Site, Case Planning Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the Case Planning competency and key assessment skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to case planning.	0.75	Development of case plan	75	CBT		Child Welfare	878	

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Enhanced MiTEAM Virtual Learning Site – Engagement Module	The Enhanced MiTEAM Virtual Learning Site, Engagement Module, includes a tutorial, Application Exercises, and Resources. You will learn how the engagement competency is defined and key engagement skills, fidelity indicators and QSR measures. You will also be provided with exercises to practice the skills you learn, and important resources related to engagement.	1.00	Communication skills required to work with children and families	75	CBT		Child Welfare	832	
Enhanced MiTEAM Virtual Learning Site – Mentoring	The Enhanced MiTEAM Virtual Learning Site, Mentoring Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the mentoring competency and key placement planning skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to mentoring.	0.75	Job performance enhancement, skill development, team building	50.00	CBT		Child Welfare	928	
Enhanced MiTEAM Virtual Learning Site – Overview Module	The Enhanced MiTEAM Virtual Learning Site Overview Module will cover the purpose of the virtual learning site, a description of the MiTEAM practice model, a description of CQI; a description of fidelity measures, and a description of QSR measures.	1.25	Policy and procedures	50	CBT		Child Welfare	898	
Enhanced MiTEAM Virtual Learning Site – Placement Planning	The Enhanced MiTEAM Virtual Learning Site, Placement Planning Module, includes one tutorial, one individual automated application exercise and a resource section. It defines the placement planning competency and key placement planning skills, fidelity indicators, and QSR measures. It also provides exercises to practice the skills learned and important resources related to placement planning.	0.75	Development of case plan, placement of the child	75	CBT		Child Welfare	920	
Enhanced MiTEAM Virtual Learning Site – Teaming Module	The Enhanced MiTEAM Virtual Learning Site, Teaming Module, includes a tutorial, Application Exercises, and Resources. You will learn how the teaming competency is defined and key teaming skills, fidelity indicators and QSR measures. You will also be provided with exercises to practice the skills you learn, and important resources related to teaming.	0.75	Team building	50.00	CBT		Child Welfare	856	
Enhanced MiTEAM Virtual Learning Site – Trauma Module	The Enhanced MiTEAM Virtual Learning Site, Trauma Module, includes one tutorial and a resource section. The tutorial provides users with the basic information needed to practice the MiTEAM model using a trauma-informed lens. The resources provide essential tools, tips and guidance related to the trauma-informed approaches use in Michigan.	0.75	Trauma issues	75	CBT		Child Welfare	851	
Every Student Succeeds MDHHS Point-of-Contact Training Recorded Webinar	This webinar was a required training for those individuals identified as the Education Point-of-Contact for their county. The information provided will help these staff provide for the educational needs of children in the child welfare system.	1.00	Development of case plan	75	CBT		Child Welfare	8	
Families at Risk	This course focuses on understanding the issues of abuse and neglect and the impact it creates for families (Mental Health, substance abuse and physical health).	3.00	Impact of child abuse and neglect	75.00	CBT		Child Welfare	909	
Family Engagement BSC In Service	This training is designed to discuss family engagement in Child Welfare	3.00	Communication skills required to work with children and families	75.00	CBT		Child Welfare	4	
Family First Prevention Service Act Overview	The webinar will offer an overview and assist the viewer in understanding the purpose and intent of FFPSA and upcoming policy and practice changes that will impact child welfare professionals.	0.25	FFPSA	50% with no eligibility rate applied	CBT		Child Welfare	60	
Family Preservation	This training provides child welfare specialists with an overview of the Family Preservation programs available to help keep children safely in their homes, or return them safely from foster care.	1.00	Activities designed to preserve, strengthen and reunify the family	75	CBT		Child Welfare	873	
FC Reunification, Safety, FANS and CANS	This course will provide refresher training on the completion of the Reunification, Safety, Fans and CANS assessments for Foster Care.	3.00	ssessments to determine whether a situation requires a child's removal from the home,	75.00	ILT	OWDT	Foster Care	11	
FC Safety, Risk, FANS, CANS Assessment	This course will provide refresher training on the completion of the Safety. Risk, Fans and CANS assessments for Foster Care.	3.00	Assessments	75	ILT	OWDT	Child Welfare	2	

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Forensic Interviewing	This training is designed to give specialists the skills and ability to use the State of Michigan Forensic Interviewing Protocol as developed by the Governor's Task Force on Children's Justice and the Department of Human Services.	12.00	Communication skills related to working with children & families, social work practice, assessments to determine whether a situation requires a child's removal from home	75	ILT	OWDT	Child Welfare	14	
Forensic Interviewing Refresher Training	This training is designed to review the skills and abilities that child welfare specialists use while conducting and following the State of Michigan Forensic Interviewing Protocol as developed by the Governor's Task Force on Children's Justice and the Department of Human Services.	6.00	Communication skills related to working with children & families, social work practice, assessments to determine whether a situation requires a child's removal from home	75	ILT	OWDT	Child Welfare	18 (of these 10 attended the newer full day training; 8 attended the former half day training.	
Foster Care Assessing Staff Performance-Data Warehouse	BSC In Service: Utilize the Data Warehouse as a tool for assessing staff performance	3.00	State agency personnel policies and procedures	50.00	ILT	REDI	Child Welfare supervisors	4	
Foster Care Review Board	The Foster Care Review Board Program (FCRBP) is a system of third-party review initially established by Public Act 422 of 1984, and most recently amended in Public Act 170 of 1997. The program was established by the Legislature to help ensure safe and timely permanency for children in the state foster care system. The program is administered by the State Court Administrative Office of the Michigan Supreme Court and is comprised of citizen volunteers who serve on local review boards throughout the state.	1.00	Policy and procedures, permanency planning, case review	75	CBT		Child Welfare	458	
Foster Care Review Board for Supervisors	Designed for Foster Care Supervisors, the presentation provides detailed information about the Foster Care Review Board (FCRB), its purpose and function, the services it provides, and how Foster Care agencies will interact with the FCRB. Contact and forms information are included.	0.50	Policy and procedures, permanency planning, case review	75	CBT		Child Welfare	56	
Foster Care Supervisor Service Planning	This workshop will allow Supervisors to review and identify common errors in Foster Care case service plans and assessments. This includes understanding all values needed to be present in assessments and case service plan narratives in order to successfully process a report utilizing the online policy manual. Additionally, Supervisors will be provided with job aids and have an opportunity to research policy and MiSACWIS Communications Websites for additional resources.	3.00	Case management and supervision, development of the case plan, Case reviews	75	ILT	REDI	Child Welfare Supervisors	1	
GROW	The goal of the GROW pre-service training curriculum is to prepare foster, adoptive, and kinship parents to establish culturally-responsive relationships with infants, children, and youth in foster care, with attention to the impacts of trauma exposure and developmental needs; and to develop co-parenting relationships with birth families that support the future relational health of all infants, children, and youth.	24.00	Recruitment and licensing of foster homes and institutions	75.00	ILT	OWDT and Foster Parent/Contractor	Child Welfare	16	
Helping Adoptive Parents Apply for Adoption Assistance Programs V2	This web-based training will show you how the Adoption and Guardianship Assistance Office determines adoption assistance eligibility and how you can help adoptive parents apply for adoption assistance programs.	0.50	Negotiation and review of adoption assistance agreements	75	CBT		Child Welfare	86	
Human Trafficking of Children	Provides instruction on using the Human Trafficking of Children Protocol to identify and serve victims of human trafficking.	0.50	Title IV-E policies and procedures	75	CBT		Child Welfare	324	
IEP: A Closer Look	The workshop takes a closer look at the Individualized Education Program (IEP) process. This workshop will help you (1) take a more in depth look at the core areas of the IEP (2) learn how to address concerns through the IEP process, and (3) improve your ability to have productive conversations. There will also be time set aside to ask questions.	2.00	Referral to services, development of the case plan	75.00	CBT		Child Welfare	105	

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Indian Child Welfare: Applying ICWA and MIFPA to Cases v3	Learn the history leading up the passage of the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA) and gain an appreciation for why it's necessary to follow ICWA/MIFPA when working with Indian children and families. Learn about eight ICWA mandates that child welfare specialists must follow and apply them to fictional case scenarios. Explore links to additional learning and references. LMS Note: this module replaces the former "ICWA" online training.	1.00	Cultural competency related to children and families, preparation for and participation in judicial determinations, activities designed to preserve, strengthen, and reunify the family, foster care candidate determinations and pre-placement activities directed toward reasonable efforts	75	CBT		Child Welfare	1237	
Informed Consent for Psychotropic Medications for Emotions, Behaviors, Thinking, and Sleep	The Child Welfare Medical and Behavioral Health (CWMBH) unit developed a psychotropic medication course for child welfare supervisors. This training is mandatory for all public and private child welfare supervisors who monitor direct case managers with foster care cases of abuse/neglect wards, dual wards and/or YAVAC based on MISEP CAP 6.33 - Psychotropic Medication, Informed Consent.	1.50	Case management and supervision, mental health issues related to children	75.00	CBT		Child Welfare supervisors	276	
Interstate Compact on the Placement of Children (ICPC)	This training describes the process for placing children out of state.	1.00	policy and procedures, placement of children	75	CBT		Child Welfare	416	
Introduction to Child Welfare for Migrant Workers v3	Introduction to Child Welfare for Migrant specialists provides information for migrant specialists who are not able to attend the in-person training.	3.00	Cultural competency	75	CBT		Child Welfare	11	
Introduction to Mental Health V2	This training introduces child welfare specialists to diagnoses for common mental illnesses and describes the resources available for referral to services.	1.00	Social work practice, referrals to services	75	CBT		Child Welfare	866	
Introduction to SCP 1.1	This webinar provides an overview and walkthrough of the changes associated with version 1.1 of the CPS Supervisory Control Protocol (SCP).	1.00	State agency personnel policies and procedures	50	CBT		Child Welfare supervisor	11	
Introduction to Substance Abuse v2	This training introduces child welfare specialists to common substances of abuse and describes the resources available for referral to services.	1.00	Substance abuse issues, referral to services	75	CBT		Child Welfare	852	
Leading Change for Supervisors	In this course participants will identify how they personally respond to change and understand how their staff may respond to change. Participants will recognize ways to inspire action and learn how to turn their followers into leaders, based on the teachings of Simon Sinek. Lastly, participants will construct a plan to communicate change to their staff. This course is designated for MDHHS first line supervisors.	3.00	General supervisory skills or other generic skills needed to perform specific jobs	50	ILT	REDI	MDHHS Staff	52	
Learning Lab: CPS Report Writing	This learning lab is designed to teach you about report writing for CPS. Job performance enhancement skills (e.g., writing, basic computer skills, time management).	3.00	Preparation for and participation in judicial determinations, Case management and supervision	75%	ILT	OWDT	Child Welfare supervisor	47	
Learning Lab: Adoption Assessment	This learning lab will give participants understanding of MDHHS adoption policy related to adoption assessment including Family Assessments as well as the Child Adoption Assessment, Quarterly Adoption Progress Report, and Supervisor Summary Report. Participants will recognize standards of promptness associated with each report and well as best practices when writing the reports.	3.00	State agency personnel policies and procedures	50%	ILT	OWDT	Child Welfare supervisor	12	
Learning Lab: Consent and Subsidy	This learning lab is designed to will give participants understanding of MDHHS adoption policy related to the Adoption Assistance (subsidy) and Michigan Children's Institute (MCI) consent. Time will be spent reviewing proper completion of DHHS forms for each process.	3.00	State agency personnel policies and procedures	50%	ILT	OWDT	Child Welfare supervisor	6	
Learning Lab: Customer Service in Child Welfare	This course is for Child welfare specialist working with families in CPS, FC, & Adoption. This course will provide the framework and guidelines for engaging our customers in Child Welfare.	3.00	Development of the case plan, social work practice	50.00	ILT	OWDT	Child Welfare	5	
Learning Lab: Exploring Family Team Meetings	As a result of this training, specialist work together to create a plan for safety, placement, and permanency tailored to the individual needs of each child. This process provides a forum to share ideas and opinions and stresses the importance of the family's perspective and involvement. In addition, this process encourages full participation of all participants, honest communication, and promotes dignity and honesty.	3.00	Placement of the child, development of the case plan	75.00	ILT	OWDT	Child Welfare	3	

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Learning Lab: FC Report Writing	This learning lab is designed to teach you about report writing for FC. Job performance enhancement skills (e.g., writing, basic computer skills, time management).	3.00	Preparation for and participation in judicial determinations, Case management and supervision	75%	ILT	OWDT	Child Welfare supervisor	19	
Learning Lab: How to Stay Organized	This learning lab is designed to provide hands on techniques to stay organized to improve productivity and SOP's.	3.00	Job performance enhancement skills	50%	ILT	OWDT	Child Welfare supervisor	32	
Learning Lab: Ongoing CPS Training	As a result of this training, specialist will have knowledge of the on-going services that are provided to cases where there is confirmed child abuse and/or neglect (CA/N) and the family needs services.	3.00	Referral to services	75.00	ILT	OWDT	Child Welfare	9	
Learning Lab: Safety Planning	This learning lab is designed to provide hands on techniques to effective safety planning. Trainees will be given hands on assistance on drafting Safety Plans in Child Welfare.	3.00	Referral to services, placement of the child, Development of the case plan	75%	ILT	OWDT	Child Welfare supervisor	9	
Management and Data-Driven Decision-Making Training specialist	During this webinar, attendees will learn the importance of data in child welfare. They will learn what data we use, why we use the data and how the data will improve case management.	1.00	SACWIS that is closely related to allowable administrative activities	75	CBT		Child Welfare	16	
Management and Data-Driven Decision-Making Training Supervisor	During this webinar, attendees will learn the importance of data in child welfare. They will learn what data we use, why we use the data and how the data will improve case management.	1.00	SACWIS that is closely related to allowable administrative activities, case management and supervision	75	CBT		Child Welfare	6	
Mandated Reporter	To introduce Department of Human Services (DHS) staff to support the topic of Mandated Reporters. To define for staff, Who are Mandated Reporters? To highlight information contained in the Child Protection Law (CPL) 1975 PA 238 pertaining to Mandated Reporters, the reporting process, and penalties for failure to report child abuse and neglect. To highlight information contained in the Social Welfare Act, 1939 PA 280 pertaining to Mandated Reporters, the reporting process, and penalties for failure to report abuse, neglect or exploitation of an adult.	1.00	General skills and knowledge required for overall job performance	50.00	CBT		MDHHS Staff	559	
MDHHS Early On Referrals	The purpose of this training is to inform child welfare staff on the process and procedure regarding mandated Early On referrals. PSM 714-1 will be covered as well as navigating MiSACWIS to generate the referrals. The training will cover policy requirements and reasons for rejections.	0.50	Referral to services, development of the case plan	75%	CBT		Child Welfare supervisor	20	
MDHHS Supervisory Control Protocol (SCP) 2.0 – ICWA Activities Overview (Recorded Webinar)	Overview of SCP 2.0 ICWA Activities (1-16)	2.00	FFPSA	50%	CBT		Child Welfare supervisors	48	
Medical Issues Related to Child Abuse and Neglect Investigations	Understand medical assessment policies & protocols; document successful completion of cps policy requirements; know what information medical providers need from specialists when seeking medical attention; recognize signs of physical abuse/neglect; know where to obtain helpful resource and medical assessments.	3.00	Social work practice, such as family centered practice and social work methods including interviewing and assessment, child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect	75	ILT	CSA Medical unit	Child Welfare	76	
Meeting Them Where They Are: Recognizing and Responding to the Needs of Our Foster Parents	This training is designed to assister specialists with retaining existing foster parents.	1.00	Recruitment and licensing of foster homes and institutions	75	CBT		Child Welfare	3	
Mental Health I - Interventions	This one-day training focuses on working with families with mental health issues, such as schizophrenia, depression, bipolar disorder, or borderline personality disorder. Workers are given resources to help them protect the rights of family members who may be suffering from mental illness and safety planning.	6.00	Mental health issues related to children and families	75.00	ILT	OWDT	Child Welfare	58	

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Mental Health II - Mental Health for Kids	This one-day workshop focuses on providing FPS workers with information regarding the issues of Bi-Polar Personality Disorder and Autism as these conditions relate to children. Emphasis will be on teaching FPS workers in ways to assist parents/caretakers in finding resources in regards to treatment and support for their child(ren). Focus will be on equipping workers with skills to advocate with their child's school and the mental health system. An overview of both topics will be discussed along with research findings.	6.00	Mental health issues related to children and families	75.00	ILT	OWDT	Child Welfare	46	
Mentoring PSI New Hires	This online course is intended for experienced caseworkers (CPS, Foster Care, and Adoption) who are or will be assigned to mentor a newly hired caseworker. They will learn the importance and benefits of mentoring.	1.50	Job performance enhancement skills	50	CBT		Child Welfare	64	
Middle Management Training Track	Middle Management Training Track (MMTT) is a program designed for MDHHS middle level managers to build their leadership skills. This 31 - hour program includes both classroom training as well as online training through Franklin Covey.	31	General supervisory skills or other generic skills needed to perform specific jobs	50	ILT	REDI	MDHHS Staff	18	
MiTEAM Domestic Violence Enhancement Blended Core	The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioral focus of the model highlights the "how" of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including recent correlations with a reduction in out of home placements in child welfare domestic violence cases.	6.00	Referral to services, Development of the case plan	75	ILT	CSA	Child Welfare	0	
MiTEAM Domestic Violence Enhancement Introduction V3	This training will provide an introduction to the MiTEAM Domestic Violence Enhancement Training that is being rolled-out statewide. It is designed to prepare participants for participation in 2-days of in-class training pertaining to practice application. The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioral focus of the model highlights the "how" of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including recent correlations with a reduction in out of home placements in child welfare domestic violence cases.	6.00	Referral to services, Development of the case plan	75.00	CBT		Child Welfare	696	
MiTEAM Domestic Violence Enhancement One Hour Refresher	This training is designed as a review session for individuals who have already completed the full MiTEAM Domestic Violence Enhancement training. The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioral focus of the model highlights the "how" of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including recent correlations with a reduction in out of home placements in child welfare domestic violence cases.	1.00	Referral to services, Development of the case plan	75.00	ILT	CSA	Child Welfare	0	
MiTEAM Fidelity Tool	Overview of MiTEAM Updated Fidelity Tool for Phase 1 supervisors trained in Motivational Interviewing.	4.00	FFPSA	50	ILT	CSA	Child Welfare supervisors	3	
MiTEAM Specialist and Liaison - Roles and Responsibilities	This course is a high-level introductory overview for the MiTEAM specialist position—previously known as a peer coach.	1.00	State agency personnel policies and procedures	50.00	CBT		Child Welfare	49	

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Mobile Investigator How to Create Social Work Contacts	Provides an overview on how to create a social work contact via the Mobile Investigator mobile application.	0.25	State agency personnel policies and procedures	50.00	CBT		Child Welfare	155	
Mobile Investigator How to Upload Documents and Photos	Provides an overview on how to upload documents and/or photos via the Mobile Investigator mobile application to MiSACWIS.	0.25	State agency personnel policies and procedures	50.00	CBT		Child Welfare	145	
Money Whisperer	Focuses on teaching strategies for families to learn basic money management. Child welfare staff, including FPS Workers are given tools, such as, creating spending plans, suggestions for dealing with landlord/tenant issues, meal planning, couponing, creating opportunities to save, and other methods, to help families begin the road to financial self-sufficiency.	6.00	Activities designed to preserve, strengthen, and reunify the family	75	ILT	OWDT	Family Preservation/Child Welfare	17	
Monitoring Worker Case Review Tool – Recorded Webinar v2	Case Review: is an aspect of a quality assurance process intended to assess some degree of quality and compliance with policy expectations to assure child specific information is documented in MiSACWIS. Information gathered will be used to notify the PAFC specialist and supervisor of missing data, resolve pending authorizations and identify any trends to inform ongoing technical assistance and training needs.	1.00	case reviews	75.00	CBT		Child Welfare	20	
Motivational Interviewing, Part 1 Webinar Recording	An introduction to the Evidence Based Motivational Interviewing Model	0.50	FFPSA Evidence based	50.00	CBT		Child Welfare	25	
Motivational Interviewing, Part 2 Webinar Recording	An introduction to the Evidence Based Motivational Interviewing Model	0.50	FFPSA Evidence based	50.00	CBT		Child Welfare	12	
MSP Personal Safety Training	This training will be conducted by the Michigan State Police. This training will provide Child Welfare Specialist the basic personal safety skills and de-escalation skills needed when working with hostile clients.	3.00	worker safety	50.00	ILT	MSP	Child Welfare	330	
New Maltreatment Types Training BSC	The Children's Services Agency's (CSA) In-Home Services Bureau's Prevention, Preservation, and Protection Division is dedicated to making improvements to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. This initiative, MiFamily, Stronger Together, will require a significant culture shift, moving away from a reactive child protection system and toward a prevention-oriented, family well-being system. Two important steps in effectively shifting the culture in child welfare is to ensure that: -The department is only intervening in the lives of families when necessary. -The services provided by the department effectively address the impact of maltreatment on child well-being. In preparation for these policy changes, this training will educate specialists on the goals for maltreatment type changes, data from previous maltreatment types, old maltreatment types vs. new maltreatment	3.00	Eligibility determinations, activities designed to preserve the family	75.00	ILT	CSA	Child Welfare	1477	
New Maltreatment Types Training Virtual	The Children's Services Agency's (CSA) In-Home Services Bureau's Prevention, Preservation, and Protection Division is dedicated to making improvements to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. This initiative, MiFamily, Stronger Together, will require a significant culture shift, moving away from a reactive child protection system and toward a prevention-oriented, family well-being system. Two important steps in effectively shifting the culture in child welfare is to ensure that: -The department is only intervening in the lives of families when necessary. -The services provided by the department effectively address the impact of maltreatment on child well-being. In preparation for these policy changes, this training will educate specialists on the goals for maltreatment type changes, data from previous maltreatment types, old maltreatment types vs. new maltreatment types, operational definitions, threatened harm application, maltreatment type definitions and examples, and vulnerable child and egregious act updates.	3.00	Eligibility determinations, activities designed to preserve the family	75.00	ILT	CSA	Child Welfare	1052	

Title IV-E Training Matrix
Ongoing Training

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New Maltreatment Types Training Webinar - CPS, MIC, DCWL, and Licensing-Comprehensive	<p>The CSA In Home Services Bureau's Prevention, Preservation, and Protection Division is dedicated to making improvements to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. This initiative, MiFamily Stronger Together, will require a significant culture shift, moving away from a reactive child protection system toward a prevention-oriented, family well-being system.</p> <p>Two important steps in effectively shifting the culture in child welfare is to ensure that:</p> <ul style="list-style-type: none">• The department is only intervening in the lives of families when necessary• The services provided by the department effectively address the impact of maltreatment on child wellbeing. <p>In January 2023, this shift will be initiated by a change in policy related to maltreatment types.</p>	3.00	Eligibility determinations, activities designed to preserve the family	75.00	CBT		Child Welfare	286	
New Maltreatment Types Training Webinar – FC Overview	<p>The CSA In Home Services Bureau's Prevention, Preservation, and Protection Division is dedicated to making improvements to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. This initiative, MiFamily Stronger Together, will require a significant culture shift, moving away from a reactive child protection system toward a prevention-oriented, family well-being system.</p> <p>Two important steps in effectively shifting the culture in child welfare is to ensure that:</p> <ul style="list-style-type: none">•The department is only intervening in the lives of families when necessary.•The services provided by the department effectively address the impact of maltreatment on child wellbeing. <p>In January 2023, this shift will be initiated by a change in policy related to maltreatment types.</p>	3.00	Eligibility determinations, activities designed to preserve the family	75.00	CBT		Child Welfare	248	
Non-Discrimination Settlement Agreement Training	This training provides an overview of the provisions outlined in the Settlement Agreement for Dumont et al. v. Gordon et al. pertaining to non-discrimination in the delivery of foster care and adoption services.	0.25	cultural competency	75	CBT		Child Welfare	182	
Onboarding and Supporting New Workers	In this course, managers will examine the resource for creating an onboarding plan with ongoing support of your staff.	3.00	General supervisory skills or other generic skills needed to perform specific jobs	50.00	ILT	REDI	Child Welfare	8	
Opioid Use Disorder Child Welfare Response Recorded Webinar v2	Information about opioid use disorder, the use of medication assisted treatment and neonatal abstinence syndrome. Consideration for CPS and FC include case planning for safety and support, permanency planning decision making and reunification during treatment/recovery.	1.00	Substance abuse issues, referral to services	75	CBT		Child Welfare	72	
OWDT LEIN	Understanding access and statutory authority understand your role and responsibility as a LEIN user learn how to complete a DHHS-269 read and understand the information available from LEIN learn how to properly dispose of the documents and what information can be disseminated.	1.00	Policy and procedures, specialist safety	50	CBT		Child Welfare	511	
PAFC Director Approvals of Placement Exception Requests v2	*THE INFORMATION IN THIS RECORDING IS INTENDED FOR PAFC DIRECTORS ONLY.* Webinar training for PAFC Director approval of Placement Exception Requests (PERs) in MiSACWIS. The training provides information on 1) Policy on PERs, 2) Where and when to route or approve PERs per policy, 3) How to review PERs and case information in MiSACWIS, and a 4) MiSACWIS demonstration.	1.00	child placement	75.00	CBT		Child Welfare	4	

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Personal Safety for Workers - FP	Focuses on teaching child welfare, including FPS specialists basic strategies for ensuring safe encounters, while performing home visits, traveling, and in office contacts. Child welfare, including FPS specialists are given tools, such as, but not limited to: Safety during home visits, recognizing the signs of anger, diffusion, dog safety, safety while traveling, and various other strategies, to help keep them safe, while working with families.	6.00	worker safety	50	ILT	OWDT	Family Preservation/Child Welfare	19	
Petition Writing for Child Welfare Workers	This training will help a specialist identify the purpose for a court petition, when to file one and how to draft and file one. It will also provide a base knowledge for establishing a legal and putative father.	0.25	Preparation for and participation in judicial determinations	75	CBT		Child Welfare	362	
Placement Payment Training	specialists will learn the process for paying a foster parent or a PAFC for the daily maintenance rate. specialists will learn troubleshooting techniques for when issues arise.	1.50	Placement of the child	75.00	ILT	CSA	Child Welfare	227	
Planning and Managing for an Adoption Disruption	As a result of this training, Adoption Specialist will have a understanding of Preparing Children and Families for Adoption, Disruption & Dissolution Tracking, & Post Adoption Services.	3.00	Permanency planning, activities designed to preserve the family	75.00	ILT	OWDT	Adoption	1	
Policy Requirements and Procedures for Children and Youth in Foster Care - Recorded Webinar v2	This course will provide information about federal and state law/policy regarding education and children/youth in foster care. Topics will include the importance of keeping children in the school of origin, making education best interest determination, arrangement and payment of school transportation, and collaboration with school district liaisons. Those required to complete this session are those who have been identified by the County Director to be the Education Point-of-Contract for the local school districts. It is highly recommended for all foster care case specialists and supervisors.	2.00	Post-placement management of subsidy payments, development of the case plan	75.00	CBT		Child Welfare	25	
Post-Secondary Opportunities and Resources for Youth in Foster Care – Recorded Webinar	There are a variety of college/vocational resources for youth who have experienced time in foster care. But it can be complicated to figure it all out. This session will walk you through these resources and how to access them and when to do so. Resources include the Education and Training Voucher (ETV), the Tuition Incentive Program (TIP), the Fostering Futures Scholarship, and important FAFSA information. It is not ONLY financial resources that help students who have experienced time in foster care achieve success in college, but the comprehensive and tailored support offered at many colleges and universities statewide. This training will explore the importance of campus based support programs, and your individual role in helping students from foster care access higher education.	2.00	Referral to services, development of the case plan	75.00	CBT		Child Welfare	13	
Poverty	This training helps specialists understand the differences between neglect and poverty and describes the challenges families in poverty face.	1.00	social work practice, child abuse and neglect issues, case planning	75	CBT		Child Welfare	899	
Practical Guide to Obtaining and Documenting Informed Consent v2	This recorded webinar describes the principles behind informed consent and its connection to well-being, describes the importance of casework in successful engagement between prescribing physicians, children and consenting adults, provides practical tips and tools for completing consent successfully and provides resources to get help with barriers.	1.00	Case plan development and referral to services	75	CBT		Child Welfare	7	
Prevention Learning Series – Title IV-E: FFPSA versus Foster Care	Review Title IV-E and how it is used for Foster Care and FFPSA Prevention Services. Email MDHHS-FFPSAPrevention@michigan.gov for support.	0.30	FFPSA Evidence based	50.00	CBT		Child Welfare	11	
Prevention Learning Series: Closing a CPS Ongoing Case	Close Prevention IV-E Program Type and CPS Ongoing Program Type to remove case from caseload. Email MDHHS-FFPSAPrevention@michigan.gov for support.	0.30	FFPSA Evidence based	50.00	CBT		Child Welfare	17	
Prevention Learning Series: Closing a Foster Care Case	Close Prevention IV-E Program Type and Foster Care Program Type to remove case from caseload. Email MDHHS-FFPSAPrevention@michigan.gov for support.	0.30	FFPSA Evidence based	50.00	CBT		Child Welfare	9	
Prevention Learning Series: Closing a Juvenile Justice Case	Close Prevention IV-E Program Type and Juvenile Justice Program Type to remove case from caseload. Email MDHHS-FFPSAPrevention@michigan.gov for support.	0.30	FFPSA Evidence based	50.00	CBT		Child Welfare	5	

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Ongoing Training**

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Prevention Learning Series: Prevention At All Levels	Prevention is a continuum – watch this for an overview and the services that apply within each level. Email MDHHS-FFPSAPrevention@michigan.gov for support.	0.30	FFPSA Evidence based	50.00	CBT		Child Welfare	21	
Prevention Services Case Management for MDHHS and PAFC Workers	This training provides an overview for the new Family First Prevention Services Act (FFPSA) program. New functionality has been added to MiSACWIS to document prevention services including new case service plans, case services and service types. This training will demonstrate how to create a new prevention record, generate a prevention program type, create prevention case services, create a prevention initial case service plan and end date a participant from a prevention record.	1.00	FFPSA	50.00	CBT		Child Welfare	35	
Program Manager Training 4: Facilitating Motivational Interviewing Learning Groups (Phase 2.1)	Program Managers will be trained on facilitating MI learning groups for their supervisors.	12.00	FFPSA	50.00	ILT	contractor	Child Welfare supervisor	87	
Program Specific Refresher for CPS-BSC In Service	BSC In Services: This course will provide instruction on CPS and teach about required case management items such as standard of promptness, petition writing, policy definitions, report timelines, etc.	12.00	Case management and supervision	75.00	ILT	OWDT	Child Welfare	8	
Program Specific Refresher for Foster Care	This course will provide updates on Foster Care along with refresher training on required case management items such as standard of promptness, petition writing, policy definitions, report timelines, etc.	6.00	Case management, preparation for judicial determinations	75.00	ILT	OWDT	Foster Care	9	
Reasonable and Prudent Parenting Training for Child Welfare and Residential Providers	Training for Child Welfare and Residential Facility specialists in the Reasonable and Prudent Parenting Standard.	0.50	Protective factors	75	CBT		Child Welfare	817	
Report Writing	This training provides specialists instruction on how to document visits and other casework in reports.	1.00	Job performance enhancement skills	50	CBT		Child Welfare	477	
Safe Sleep: What Every Parent Needs to Know	Sue Snyder, former first lady of Michigan and three families who've lost young children to unsafe sleep environments share their thoughts.	0.25	Development of the case plan	75.00	CBT		Child Welfare	41	
Safety Planning-BSC In Service	BSC In Service: Thorough and inclusive safety assessment and planning increases immediate child safety, assists in better placement decisions and can enhance specialist relationships with families, courts and other community partners. Enhance understanding of safety assessment and planning, as well as threatened harm policy and practice. Provide frontline staff the opportunity to identify obstacles to the application of these policies and practices.	3.00	Social work practice, such as family centered practice and social work methods including interviewing and assessment, Development of the case plan	75	ILT	OWDT	Child Welfare	49	*Updated description
SCP Demonstration and CPS Policy Changes Recorded Webinar	This webinar provides an overview of the CPS Policy changes, the Supervisory Control Protocol (SCP) and expectations of use, as well as the Mobile Investigator mobile application.	2.00	State agency personnel policies and procedures	0.50	CBT		Child Welfare supervisor	19	
Secondary Trauma	Course Objectives: Identify what Secondary Trauma is Review how Secondary Trauma works in the human brain Identify the specific realms in which Secondary Trauma affects us List coping strategies to help manage Secondary Trauma Review ways to exercise self-care in order to manage Secondary Trauma	6.00	specialist retention and specialist safety	50.00	ILT	OWDT	Family Preservation/Child Welfare	28	
Self Awareness - FP	Focuses on bringing awareness to ones perceptions of other cultures, beliefs and practices that child welfare staff, including FPS specialists may encounter while servicing families. Through various exercises, trainees examine and challenge their own beliefs, how those beliefs were formed, and how to overcome biases, in order to provide the highest level of service to the customer as possible	12.00	Case management and supervision, cultural competency	75	ILT	OWDT	Family Preservation/Child Welfare	89	
Self Care for Workers - FP	Focuses on providing child welfare staff, including FPS specialists with strategies to help prevent specialist burn out. Trainees are given strategies, such as, stress relief, relaxation techniques, time management, developing healthy work habits, help seeking, delegation of responsibilities, and various other strategies. Trainees are provided with job aids, that they develop themselves, to take back to their agencies to remind them to practice the strategies learned in this class.	6.00	specialist retention and specialist safety	50	ILT	OWDT	Family Preservation/Child Welfare	27	

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Solution Focus - FP	Focus is on the Solution-Focused Brief Therapy approach developed by Stephen DeJong and Insoo Kim Berg. Both theory and practice will be taught. Emphasis is also placed on skill-building in the areas of engagement, goal-setting, communication, documentation, and safety-planning.	6.00	Social work practice, such as family centered practice and social work methods including interviewing and assessment, Development of the case plan	75	ILT	OWDT	Family Preservation/Child Welfare	87	
Special Education Evaluation and Eligibility	Evaluation is the first step in the special education process is to determine if a student qualifies to receive special education services. This workshop will help you to (1) understand when and why a parent might seek an evaluation (2) how to request a comprehensive evaluation (3) understand the purpose of the evaluation process (4) explain eligibility category criteria, and (5) review of timelines. We will cover important terms parents need to know, like REED, Notice, and IEE, as well as parent's rights during the evaluation process. There will also be time set aside to ask questions.	2.00	Referral to services, development of the case plan	75.00	ILT	CSA	Child Welfare	0	
Substance Affected Families-FP	Focuses on working with families in which children are at imminent risk of removal for abuse, neglect, or delinquent behavior due to the existence of substance abuse. It is designed to examine system and individual specialist values while teaching behavior based techniques of engagement, assessment and intervention. Emphasis is placed on the specialist's role in working with substance-affected families, as well as, ways to overcome obstacles that may be encountered during the intervention.	12.00	social work practice, impact of child abuse and neglect, referral to services, activities designed to preserve, strengthen, and reunify the family	75	ILT	OWDT	Family Preservation/Child Welfare	83	
Supervisor/Program Manager Training 1: Introduction to Motivational Interviewing (Phase 2.3)	This hands-on, interactive training introduces supervisors and program managers to Motivational Interviewing and helps prepare them in supporting families and caregivers through the process of using Motivational Interviewing.	9.00	FFPSA Evidence based	50.00	ILT	contractor	Child Welfare supervisor	161	
Supervisor/Program Manager Training 1: Introduction to Motivational Interviewing (Phase 2.4)	This hands-on, interactive training introduces supervisors and program managers to Motivational Interviewing and helps prepare them in supporting families and caregivers through the process of using Motivational Interviewing.	9.00	FFPSA Evidence based	50.00	ILT	contractor	Child Welfare supervisor	176	
Supervisor/Program Manager Training 1: Introduction to Motivational Interviewing (Phase 2.5)	This hands-on, interactive training introduces supervisors and program managers to Motivational Interviewing and helps prepare them in supporting families and caregivers through the process of using Motivational Interviewing.	9.00	FFPSA Evidence based	50.00	ILT	CSA	Child Welfare	293	
Supervisor/Program Manager Training 2: Small Group Coaching for Motivational Interviewing (Phase 2.3)	This hands-on, interactive training guides supervisors and program managers through the small group coaching model and provides them with effective strategies for supporting direct reports in Motivational Interviewing.	9.00	FFPSA Evidence based	50.00	ILT	contractor	Child Welfare supervisor	150	
Supervisor/Program Manager Training 2: Small Group Coaching for Motivational Interviewing (Phase 2.4)	This hands-on, interactive training guides supervisors and program managers through the small group coaching model and provides them with effective strategies for supporting direct reports in Motivational Interviewing.	9.00	FFPSA Evidence based	50.00	ILT	contractor	Child Welfare supervisor	156	
Supervisor/Program Manager Training 2: Small Group Coaching for Motivational Interviewing (Phase 2.5)	This hands-on, interactive training guides supervisors and program managers through the small group coaching model and provides them with effective strategies for supporting direct reports in Motivational Interviewing.	9.00	FFPSA Evidence based	50.00	ILT	CSA	Child Welfare	290	
Supervisor/Program Manager Training 3: MiTEAM Fidelity Training inc. Motivational Interviewing (Phase 2.3)	Interactive learning sessions to: Introduce supervisor-level staff to the principles and application of the Motivational Interviewing fidelity process as it is incorporated into MiTEAM, including an overview of the revised MiTEAM fidelity tool, an in-depth training on Motivational Interviewing fidelity questions and scoring, and how to use the tool in coaching.	12.00	FFPSA Evidence based	50.00	ILT	contractor	Child Welfare supervisor	112	

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Supervisor/Program Manager Training 3: MiTEAM Fidelity Training inc. Motivational Interviewing (Phase 2.4)	Introduce supervisor-level staff to the principles and application of the Motivational Interviewing fidelity process as it is incorporated into MiTEAM, including an overview of the revised MiTEAM fidelity tool, an in-depth training on Motivational Interviewing fidelity questions and scoring, and how to use the tool in coaching.	9.00	FFPSA Evidence based	50.00	ILT	contractor	Child Welfare supervisor	160	
Supervisor/Program Manager Training 3: MiTEAM Fidelity Training inc. Motivational Interviewing (Phase 2.5)	Interactive learning sessions to: Introduce supervisor-level staff to the principles and application of the Motivational Interviewing fidelity process as it is incorporated into MiTEAM, including an overview of the revised MiTEAM fidelity tool, an in-depth training on Motivational Interviewing fidelity questions and scoring, and how to use the tool in coaching.	9.00	FFPSA Evidence based	50.00	ILT	contractor	Child Welfare supervisor	292	
Targeted Recruitment for Children of Color	This ½ day training will give participants understanding of Disproportionality and Disparities of children of color in the child welfare system as well as ways to focus on targeted recruitment for children of color when it comes to placement.	3.00	Recruitment and licensing of foster homes, cultural competency	75.00	ILT	OWDT	Child Welfare	116	
Testifying in Court - FP	Testifying in court training is recommended for child welfare, including FP staff with six (6) months casework experience after completion of CORE. Training reviews the court process, legal terms used in juvenile court and tips for testifying.	6.00	Preparation for and participation in judicial determinations	75	ILT	OWDT	Family Preservation/Child Welfare	20	
Time Management for Supervisors–BSC In-Services	This workshop will assist Child Welfare supervisors in identifying different methods of organizing their work, planning and time management, and identify items to include in a workflow organization plan that is best suited to their individual style of supervision.	3.00	Job performance enhancement skills (e.g., writing, basic computer skills, time management)	50.00	ILT	REDI	Child Welfare supervisors	15	
Training for the Revised MiTEAM Fidelity Tool (Sups, PM's, MQAA's)	Supervisors and Program Managers from DHHS as well as private agency partners along with MiTEAM Quality Assurance Analysts will learn about the revised MiTEAM Fidelity Tool. As a result, participants will have an increased knowledge of the MiTEAM Fidelity Tool purpose, process, and data. Participants will also be provided with the opportunity to practice skills necessary to complete the tool.	3.50	Case management and supervision, social work practice	75.00	ILT	CSA	Child Welfare supervisors	622	
Trauma Checklist	Trauma screening is a foundational part of the State of Michigan becoming trauma informed. The vast majority of children and families involved in child welfare have been impacted by the cycle of trauma. Screening helps us identify for each child (in ongoing CPS or foster care), what trauma they have been exposed to, and how trauma is impacting the children and family. 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. Using the screen gives us the best opportunity to engage parents and children, increase awareness of trauma, provide effective support and interventions, and increase resilience and healing for families.	3.00	Impact of trauma, Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75.00	ILT	OWDT	Child Welfare	69	
Trauma Informed Checklist Training	Trauma screening is a foundational part of the State of Michigan becoming trauma informed. The vast majority of children and families involved in child welfare have been impacted by the cycle of trauma. Screening helps us identify for each child (in ongoing CPS or foster care), what trauma they have been exposed to, and how trauma is impacting the children and family. 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. Using the screen gives us the best opportunity to engage parents and children, increase awareness of trauma, provide effective support and interventions, and increase resilience and healing for families.	3.00	Impact of trauma, Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75.00	ILT	OWDT	Child Welfare	79	

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Trauma Informed Child Welfare Practice	This course focuses on child trauma and the impact of trauma on child development, including physical, emotional, behavioral, and cognitive effects. Participants will explore the impact of trauma on the family, including birth parent trauma and secondary traumatic stress, as well as specific strategies of trauma informed child welfare specialists.	6.00	Impact of trauma, Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75.00	ILT	OWDT	Child Welfare	39	
Verbal De-Escalation	Verbal De-escalation Training is an interactive three hour training focused on practical strategies in diffusing hostile and aggressive client behaviors.	3.00	Communication skills required to work with children and families.	75	ILT	OWDT	Child Welfare	144	
Waiver for Children with Serious Emotional Disturbance (SEDW): Child Welfare Role	This CBT is designed for all public and private child welfare and juvenile justice staff who serve children with Serious Emotional Disturbance (SED). Information includes the importance of the SED waiver, current overview and 10/1/19 changes, eligibility requirements, covered services, referral and application process, payment approval, and additional support.	1.00	Eligibility determinations, referrals to services	75	CBT		Child Welfare and juvenile justice	13	
When to use a Personal Curriculum for Youth in Foster Care – Recorded Webinar	This course will provide information the requirements of the Michigan Merit Curriculum (MMC) and the Personal Curriculum (PC). Topics will include an overview, history and current legislation regarding both the Michigan Merit Curriculum and the Personal Curriculum. Participants will better understand how and when they advocate for a PC for their youth in foster care. Information provided will help staff better apply the requirements of the MMC and PC to both general and special education students with the ultimate goal of post high school readiness upon graduation for ALL students.	1.50	Referral to services, development of the case plan	75	CBT		Child Welfare	24	
Women in Leadership Conference	This one day, women's only training is comprised of two parts and was created for public assistance and child welfare staff and supervisors seeking to gain leadership skills. The morning session is led by an OWDT trainer with group discussion and activities, designed to allow participants to gain/enhance their knowledge and skills in becoming effective leaders. The afternoon session is a panel discussion comprised of local women leaders who share insights and lessons learned about being a women in a leadership role and balancing work and home. Update 2018: Through the development of a plan and group discussion, Women in Leadership is a one day training designed to provide leaders at all levels with the tools needed to grow and cultivate their leadership skills.	6.00	General skills and knowledge required for overall job performance	50	ILT	REDI	MDHHS Staff	79	
Women in Leadership Part 2: Conflict Management	Training will be centered on accepting that conflict can be discomforting and at times unavoidable; however, it can reveal and provide measures of opportunity for all parties involved. This will be explored by: Identifying how and why women view conflict differently than our men counterparts. Proactively recognizing sources that bring and/or create	6.00	General skills and knowledge required for overall job performance	50	ILT	REDI	MDHHS Staff	37	
Women in Leadership Part 2: Enhancing Your Plan to Reach Your Goals	The Enhancing Your Plan to Reach Your Goals training is a one day, instructor led training. The training takes a deeper dive into the plan that was created during the original Women in Leadership training and introduces participants to SWOT analysis, the benefits to obtaining a mentor, creating a vision and mission statement, and more. All workshop activities are designed to enhance your leadership plan and keep you focused on your journey.	6.00	General skills and knowledge required for overall job performance	50	ILT	REDI	MDHHS Staff	26	
Women in Leadership Part 2: Preparing for the Job	This is an instructor led workshop for women to grow their capability in leadership. With a concentration on preparing for the job and how to move to the next level of leadership. We will cover writing your resume and cover letter along with discussing interviewing tips. The workshop will conclude with a panel discussion with current women in leadership positions.	7.00	General skills and knowledge required for overall job performance	50	ILT	REDI	MDHHS Staff	26	
Working Safe Working Smart (WSWS) v2	Working Safe, Working Smart is provided to MDHHS specialists to help fulfill the requirements of Lisa's Law. The training focuses on the interaction between MDHHS staff and customers or the general public. It presents an approach for determining safety needs within MDHHS and identifying a broad outline of areas that might require safety planning. Formerly in Pathlore as SAW190. Please allow five hours to complete this training in its entirety.	5.00	specialist safety	50	CBT		Child Welfare	1375	

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Training Title	Training Description	Training Hours	Title IV-E Administrative Function	FFP Rate	Venue (ILT, CBT, Blended)	Trainer	Target Audience	Completions Jan 1, 2023 - Dec 31, 2023	Red - not offered in this FY Yellow - offered newly starting this FY
Working with LGBTQ Clients and Their Families	This course covers definitions of sex/gender, sexual orientation, sexual behavior, sexual identity and gender identity. Participants will use practice exercises to apply concepts. Videos of negative reactions, misguided reactions and positive specialist responses are used. Participants learn about the unique needs of and learn tips to being an advocate for LGBTQ youth. Common language pitfalls are reviewed.	6	cultural competence	75	ILT	OWDT	Child Welfare/family preservation	19	
Working with Medically Fragile Children & Their Caregivers (Recorded Webinar)	Medically fragile foster children are a significantly vulnerable population who require specialized interventions in order to ensure their safety and well-being. This training will provide attendees information on how to best serve children who have significant and complex medical needs. Topics will include how to create individualized treatment plans for the children and caregivers, educational and medical advocacy, available services, and permanency planning. This training is intended for Foster Care, Adoption, Licensing direct staff and supervisors at both MDHHS and PAFCs	2.50	Case planning, management, and supervision, permanency planning, referrals to services	75.00	CBT		Child Welfare	62	
Working with the LGBTQ Community V2	Working with the LGBTQ Community" is an appropriate course for staff who work directly with children in the child welfare system. Staff will learn about LGBTQ youth, the unique risks that LGBTQ youth in the child welfare system face, and the specific things staff can do to advocate for them. The course also covers how the new marriage equity laws apply to the work of foster care and adoption.	3.00	Social work practice, cultural competency, referral to services, case planning	75	CBT		Child Welfare	880	
Young Adult Voluntary Foster Care (YAVFC) – Revised	Young Adult Voluntary Foster Care (YAVFC) training open to MDHHS and PAFC specialists, supervisors and other working with this population. The training will cover the YAVFC program requirements, policy guidelines and entry into MiSACWIS.	5.50	Independent living and the issues confronting adolescents preparing for independent living	75	ILT	CSA	Child Welfare	233	
Young Adult Voluntary Foster Care V2	Young Adult Voluntary Foster Care (YVAC) is a program for young adults to successfully achieve adulthood with support provided by the foster care specialist. The youth is offered monthly contact, daily rates, assistance with housing and continued education opportunities. This training is to both introduce and support specialists through the requirements for the program.	1.00	Independent living and issues facing adolescents preparing for independent living	75	CBT	CSA	Child Welfare	463	

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 78 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 2024. 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:

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- Targeted Recruitment
 - Overview of data-driven targeted recruitment.
 - Effective Messaging Techniques.
 - Rural recruitment Strategies.
 - Finding families for children/teens with developmental disabilities.
 - Recruiting for marginalized/overrepresented youth.
 - Recruiting for teens.
 - Recruitment strategies for keeping siblings together.
 - 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.
 - Customer service and satisfaction during recruitment.
- Utilizing data to enhance the value of a recruitment and retention plan.
- Understanding the data being evaluated for annual recruitment goal establishment.
- Retention
 - Caregiver engagement, support, and development strategies to increase foster home retention.
 - Introduction of the values and strategies inherent in Michigan's foster parent retention framework.

In 2023, 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 2023, 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 1911 new foster home licenses, a decrease of 238 from 2022.
- Of new licenses, 747 accept unrelated placements, a decrease of 108 from 2022.
- On Oct. 1, 2022, there were 4,697 licensed foster homes. On Sept. 30, 2023, 3,245 of those licensed foster parents remained licensed, which is a 69 percent retention rate, consistent with the retention rate from FY 2022.
- The number of homes that closed was 1,429, a decrease of 351 from FY 2022.
- Each month, approximately 150 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, which 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.
- Burnout/frustration.
- Demands of fostering/stress.

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The chart below details the trend of licensure and closed homes in urban counties:

County	New Licenses			Closed Homes		
	FY 2021	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023
Genesee	45	49	43	65	66	61
Kent	116	72	47	130	144	104
Macomb	88	60	54	83	85	64
Oakland	103	104	94	122	117	113
Wayne	178	145	101	157	205	144
Total	530	430	339	557	616	486

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	7	36	43
Kent	3	44	47
Macomb	14	40	54
Oakland	20	74	94
Wayne	26	75	101
Total	70	269	339

Statewide and Regional Recruitment Progress in 2023

- Regional Resource Teams were implemented in 2018 and continued to provide services in FY 2023. 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.
 - The Regional Resource Teams continued to host online informational sessions to accommodate prospective foster families. These sessions were regionally advertised on social media and other online platforms and included general information on becoming a foster parent, Online Q and A sessions for the public via Facebook live that were marketed to families in the region, myth-busting sessions, and sessions on parenting children with specific needs.
 - The Regional Resource Teams were tasked with developing targeted events to recruit families for children with autism and intellectual disabilities and delays. Some examples of strategies implemented include:
 - Lunch and Learn presentations with therapy offices.

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- Lunch and Learn presentations with Community Mental Health staff.
- Special needs dance class.
- Presentations at schools for teachers.
- Volunteer/table at Special Olympic tournament.
- Presentation/Lunch and Learn with Head Start/Great Start Readiness Program staff.
- Presentations with a homeschool group.
- Presentation at Intermediate School District teacher conferences.
- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2023 Heart Gallery Opening was held in person on Sept. 16, 2023, and featured 96 children who were photographed by 30 photographers from around the state.
- The Michigan Adoption Resource Exchange (MARE) hosted Heart Gallery events statewide.
- MDHHS held its tenth annual Foster, Adoptive, and Kinship (FAK) Parent Conference in collaboration with the Foster, Adoptive, and Kinship Parent Collaborative Council. The FAK Conference resumed in-person on May 6-7, 2023, for the first time since 2019. Approximately 250 foster, adoptive and kinship parents were in attendance.
- The Community and Faith-Based Initiative on Foster Care and Adoption (CFBI) continues to collaborate with the Faith Communities Coalitions (FCC) on Foster Care, located in the metro Detroit area. The foster and adoptive donations and resources continued to be provided by community and faith-based outreach efforts statewide.
- 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. As the result of the trainings, congregations began providing respite nights for foster families.
- ICare4Children, previously established in 2019, reengaged with community and faith leaders in Nov. 2023 at a dinner sponsored by SheWolf Restaurant in Detroit, MI. ICare4Children seeks to actively connect those who are part of the foster care system to services that prioritize a safe environment and create a lasting impact. The goals of MDHHS in partnership with ICare4Children are to build awareness of the needs of children in foster care, including having an adequate array of adoptive and foster homes that reflect the ethnic and racial diversity of children in care; recruiting Court Appointed Special Advocates (CASA); and increasing housing, community volunteers, advocates, funding, and support for MDHHS and placement agency foster care (PAFC) agencies.

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- MDHHS partnered with The Send, a collaborative faith-based organization, during a large-scale event in Grand Rapids, MI in Sept. 2023. During the event, 5,600 attendees were asked to consider becoming a foster or adoptive parent. More than 500 signed up, indicating an interest in volunteer opportunities to support children in foster care and their families, and 183 attendees indicated an interest in becoming a foster parent. Follow up calls were made by Foster Care Navigators within 2 weeks of the event.
- In Sept. 2023, Rhonda Trask, Statewide Advisory Chair for the Community and Faith-Based Initiative on Foster Care and Adoption, began implementing the Family Advocacy Ministries (FAM) model within her non-profit organization, Heart's CRI Michigan, Inc., whose mission is to connect, resource and inspire on behalf of children in foster care, as well as those from at-risk, low income households or communities, and to partner with those working to save young people from sex trafficking.
 - The FAM model was developed by Promise 686, an organization that equips churches to do the following:
 - Raise awareness around the needs of vulnerable children.
 - Help prevent children from going into foster care by supporting biological families in need.
 - Recruit and equip foster and adoptive families.
 - Create Care Communities for those caring for at-risk children.
 - FAM creates support systems for foster, adoptive families and biological families experiencing crisis situations.
 - Brighton Assembly of God, co-pastored by Rhonda Trask and her husband, became the first church to launch the Care Communities program.
 - Following Rhonda Trask's introduction of the FAM model, eight churches have shown interested in launching Care Community teams in the late Spring / Summer 2024, and five additional churches have expressed interest in doing so after Summer 2024.
- Rhonda Trask hosted four Foster Family Fun Day trainings resulting in congregations signing up to provide ongoing respite care.
- In October 2023, CFBI Coordinator, Trina Richardson, met with a member of the National Association of Pediatric Nurse Practitioners, who also chairs their philanthropy committee. As a result of this meeting, 33 initial emergency kits are scheduled to be distributed to children entering foster care or experiencing a change of placement with limited belongings.
- CFBI scheduled monthly meetings with the Permanency and Regional Recruitment Support and Develop (RRSD) Manager to re-establish relationships and build new relationships with community and faith leaders statewide.
- CFBI began working with the Business Service Center Director for Region 2 to strategically plan community and faith efforts, including follow-up events initiated by a county director's presentation to district pastors for the African Methodist Episcopal church.
- 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

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adoption without an identified adoptive family.

Using Foster and Adoptive Parents for Recruitment Progress in 2023

- 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 2023, more than 1,500 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 fulfill its purpose as a mentoring program for families working toward licensure. Since 2021, all Foster Care Navigator regions offer 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.
- Michigan implemented a Foster Parent Referral Incentive Program, effective Apr. 1, 2023, through Sept. 30, 2024, offering a financial incentive to licensed foster families referring new families that become licensed and to referred families that maintain their first placement for at least 6 months.

Addressing Barriers to Adoption Progress in 2023

- MDHHS continued to provide post-adoption services statewide in 2023 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 2023, the Match Support Program continued to serve 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.

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- 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 2023, 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. This was addressed through the LPI process to include policy changes for who to consider for adoption as well as training to support the workforce specific to the new policies.

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 2023

- 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 collaboration with AdoptUSKids, Michigan developed and introduced its Foster Parent Retention Framework to agency leaders, highlighting the correlation between satisfaction of existing families and recruitment of new families to provide homes for children and youth in foster care.
- 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.
- MDHHS added information on diverse Sexual Orientation, Gender Identity and Expression (SOGIE) to its pre-service GROW Training for prospective foster families.
- The Bureau of Out-of-Home Services added a regional SOGIE consultant to evaluate and enhance assessment and support for youth and families with diverse SOGIE.
- Michigan worked with the University of Chicago to begin performing a gap analysis of the characteristics and needs of children in foster care and available foster homes.

Planned Activities for 2024

- In FY 2024, the six Regional Resource Teams are required to facilitate targeted events to recruit families that meet service area placement needs for a specific population of children, such as teens, sibling groups, children with developmental delays, or children of a specific race, culture, or religion, 75% of the time. General recruitment events without a specific target population in mind must be planned and facilitated no more than 25% of the time.
- 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' service plan with AdoptUSKids will end to begin a service plan under the National Center for Diligent Recruitment. A primary goal of the service plan will be development and implementation of 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.
- 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.
- MDHHS will add to policy contact timeframes for child-placing agencies to engage with families. These new timeframes are intended to reduce the number of families lost during the licensing process due to lack of communication.
- 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.
- MDHHS will host a two-day conference for licensing and adoption specialists and supervisors, focused on recruitment and support of foster and adoptive families.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Providing well-coordinated, comprehensive, trauma-informed health services to children in foster care while attending to Diversity Equity and Inclusion principles 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 foster care case managers 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.

Child and Family Services Review

The CFSR standard for items 17 and 18 is 90%. Michigan created goals for FY 2025-2029 to address items 17 and 18.

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 in foster care.
Outcome: Addressing the physical and dental health of children in foster care will maintain and may improve their health status.
Measure: CFSR Case Review
Baseline-2024: 83% CFSR Case Review
Benchmarks 2025-2029: Demonstrate improvement each year
- **Objective:** MDHHS will address the mental/behavioral health of children in foster care.
Outcome: Addressing the mental/behavioral health of children in foster care will maintain and may improve their mental health status.
Measure: CFSR Case Review
Baseline-2024: 83% CFSR Case Review
Benchmarks 2025-2029: Demonstrate improvement each year

Health Care Oversight and Coordination Plan for Improvement

- Parents, case managers and children will engage in an informed consent process with prescribing physicians.
Outcome: Engaging parents, case managers and children in an informed consent process for psychotropic medications will ensure all parties understand the effects of the medication on children.
Measure: Medicaid claims and Foster Care Psychotropic Medication Oversight Unit database.

Baseline: 74% informed consent documentation for each prescribed psychotropic medication prior to medication fill (average July 2020 to June 2023)
Benchmarks: Will increase by 1% each year.

Well Being 3 Planned Activities for 2025-2029

- Maintaining HLOs that focus on addressing system barriers to the provision of quality physical and behavioral health care at the county level.
- Holding regular conference calls and meetings between the Child Welfare Medical and Behavioral Health unit and the HLOs.
- Providing training and technical assistance to local office staff to ensure timely Medicaid opening, and accurate/timely documentation of health care activities in MiSACWIS.
- Providing foster and relative caregivers the brochure “Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services” at placement to outline health care requirements.
- Providing ongoing outreach/education/technical assistance to the primary care community.
- Requiring trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- Conducting a behavioral health screening for children in foster care to determine eligibility for behavioral health specialty services using the MichiCANS screener developed by the Praed Foundation and customized for Michigan’s use.
- Maintenance and expansion of the www.michigan.gov/childwelfare website.
- Hosting an exhibit table at three physician group annual conferences with information about psychotropic medication informed consent when children are in foster care.
- Conducting quarterly case reads of 10% of cases when children are prescribed psychotropic medication to ascertain whether children in foster care are being monitored within policy requirements. MDDHS 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.
- Producing and sending monthly reports to business service centers to track compliance with informed consent documentation when children in foster care are prescribed psychotropic medication.
- Continue implementation and quality improvement activities to support the dissemination of youth health information documentation during care transitions.
- Collect and analyze data from the enhanced treatment foster care pilot to consider possible expansion to other sites.
- Continue to collaborate with BPHASA members who participated in the Centers for Medicare and Medicaid Services Affinity Group to improve compliance with timely medical and dental exams for children in foster care.
- Collaborate with Medicaid Health/Dental Plans to institute a protocol that requires HLOs to notify plans when children enter care so health plans can contact caregivers to schedule timely appointments.
- 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.

- The Community Reintegration Analyst will facilitate monthly meetings with child teams for a cohort of children entering QRTPs to discuss proactive discharge planning and address barriers.
- CSA will participate in CSA/BCCHIPS Partnership meetings to promote the connection of youth in child welfare to mental health services, stabilize foster care and adoptive placements, prevent escalation to congregate care through treatment in the community and to promote better communication and collaboration between entities at the local level.

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 case manager must ensure recommended follow-up health care.
- The foster care case manager 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 behavioral/social/emotional screening per the American Academy of Pediatrics Periodicity Schedule.
- The MichiCANS screener will be utilized by CSA to determine behavioral health eligibility for specialty behavioral health services in Michigan based on the identification of needs and strengths of children and youth in foster care.
- Foster care case managers 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 case manager 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 policy language guides 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 identifies Medicaid claims for opioid medications and enter these into MiSACWIS then provides 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.
 - Requirement of Medicaid Health and Dental Plans to collaborate with HLOs to ensure timely completion of medical and dental 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 managers 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.
- Medicaid Health/Dental Plan contracts require collaboration with CSA to meet the health needs of children in foster care.

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 case managers 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](http://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 service providers (CMHSP) and MDHHS local offices when a youth is transitioning to adult foster care.

Data Analysis/Tracking Timeliness

MDHHS ensures that all children in foster care receive routine comprehensive medical examinations according to nationally accepted Early and Periodic Screening, Diagnosis and Treatment guidelines as outlined by the American Academy of Pediatrics. Foster care policy outlines expectations for completion of medical and dental examinations and immunization status. MDHHS actions to meet this goal include:

- Monitoring and addressing any systemic barriers to the assignment of a child to a Medicaid Health Plan at placement.
- Providing data to local offices through the Monthly Management Report and Book of Business to help gauge adherence to policy and assist with local planning efforts to address any gaps.

Ensuring Accurate Documentation and Sharing of Child Health Information

Health providers must have a comprehensive health history of a child to make accurate diagnoses and develop an appropriate care plan. The medical passport is one of several tools that child welfare and health care provider teams employ to communicate health history, needs and services during the time children are in foster care.

- The medical passport must be provided to a new health provider at or before the first appointment with the child. The medical passport prints from MiSACWIS and includes the following information:
 - Current primary care physician, dentist, and insurance information
 - Allergies
 - Diagnosis (active and resolved)

- Medications
- Health history
- Health appointments, including behavioral health appointments in the last 18 months
- Developmental/behavioral concerns
- CareConnect360 is a software system that allows authorized users to view health-related information from Medicaid claims. HLOs, county-based foster care case managers and supervisors, private agency foster care case managers and supervisors and juvenile justice case managers 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.
- Case managers 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:

- Case manager 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 placement 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. Required screening for behavioral/social/emotional mental health problems during yearly and periodic well-child examinations may provide the first indication of need for children in foster care. Beginning in 2024, there will be a phased-in requirement for CSA to complete a MichiCANS screening tool for children entering or in foster care to determine behavioral health eligibility for specialty behavioral health services.

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 and recommended 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 is available statewide. The Child Welfare Behavioral Health Analyst and the Home and Community Based Services Policy and Implementation Section Analyst continue to provide technical assistance to local and regional partners to enroll eligible children in services.
- The Bureau of Children's Coordinated Health, Policy, and Supports provides a collaborative clinical review process with CSA for children and youth with complex behavioral health needs and their families to provide treatment recommendations and ensure access to needed services, supports and interventions.

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 consentor 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 triggering criteria for 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, 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.
- 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.
- Monthly meetings conducted by the community reintegration analyst on a cohort of children placed in QRTPs to begin proactive aftercare planning at the time of placement
on a cohort of children placed in QRTPs to begin proactive aftercare planning at the time of placement.

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, case managers must prepare a Placement Exception Request that documents supervisor and county director review and approval.
- The child and family case manager must provide comprehensive information about the child and family to the Regional Placement Unit (RPU) which reviews and approves a potential QRTP referral.
- An independent assessment is 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:

- Bureau of CSA Administration
- Continuous Quality Improvement
- CSA In-Home Services Bureau
- CSA Out-of-Home Services Bureau
- Office of Workforce Development and Training
- Behavioral and Physical Health and Aging Services Administration
- Bureau of Medicaid Policy, Operations, and Actuarial Services
- Pharmacy Management Division
- Office of Medicaid Health Information Technology
- Bureau of Children's Coordinated Health Policy and Supports
- Family and Community Partnerships Section
- Home and Community-Based Services and Policy & Implementation Section

- CCWIS 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 2024

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 2023. No counties or agencies experienced a disaster in 2023 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.

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 2024 does not specifically address disparities for marginalized groups at this time.

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MDHHS Emergency Operations Base Plan

[MDHHS EOP Base Plan 2020 Final 710680 7.pdf \(michigan.gov\)](#)

Contacting MDHHS for Assistance

- Free language assistance services: 517-241-2112
- Hearing impaired or TTY users: 711
- Cash, food, medical, or home and burial assistance: 855-275-6424 (855-ASK-MICH)
- Child support: 866-540-0008
- Report abuse and neglect: 855-444-3911
- General Information: 517-241-3740

Contacting Local MDHHS Offices

[Use our County Office Map to find your local contacts](#)

Guidance for Face-to-Face Contacts During an Emergency Due to Public Health Concerns:

- CSA leadership will work collaboratively with the field to generate solutions surrounding changes in face-to-face contact and visitation guidelines and will communicate these changes through Communication Issuances.
- Guidance for face-to-face contacts and parenting time/sibling visits, including CPS investigations, CPS ongoing, foster care, juvenile justice, adoption, Independent Living Plus contractors, parenting time and sibling visits:
 - Face-to-face visits must occur to assess or respond to an immediate child health or safety concern, regardless of program or placement setting. In these instances, caseworkers should communicate with their supervisor for guidance on how to proceed with in-person contact to mitigate risk of exposure to and spread of COVID-19 or other communicable disease. For all required contacts that are not intended to address an immediate child health or safety concern, allowable alternatives should be used.
 - Allowable alternatives include phone calls, Skype, FaceTime, or other technology that allows verification of child safety and ability to address identified concerns and to allow contact among family members.

Emergency Response Planning for State-Level Child Welfare Functions

MDHHS incorporates the following elements into an integrated emergency response:

- **Coordination with the Michigan Emergency Coordination Center.** The state-level Emergency Coordination Center is activated by the MDHHS emergency management coordinator during a state-declared emergency or at the request of a local MDHHS director or designee. The coordination center is a central location for coordination of services and resources to victims of a disaster.
- **Local shelter and provision of emergency supplies.** MDHHS requires all MDHHS local offices to have a plan for disasters that provides temporary lodging

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and distributes emergency supplies and food, as well as an emergency communication plan. The state plan must address widespread emergencies and the local plan must address local emergencies.

- **Dual and tri-county emergency plans.** In large counties with more than one local office site or in local offices located in dual or tri-counties, each local office site is required to have an emergency or disaster plan designed to address unique local needs.
- **Local and district MDHHS offices.** MDHHS local and district offices submit their emergency office procedures to their associated BSC for approval and to the MDHHS emergency management coordinator. MDHHS local offices review their disaster plans annually and re-submit updated plans.
- **Foster parent emergency plans.** According to licensing rules for foster family homes and foster group homes for children, licensed foster parents must develop and maintain an emergency plan. This must include plans for relocation, if necessary, communication with MDHHS and private agency caseworkers and birth parents as well as a plan to continue the administration of any necessary medications to foster children and a central repository for essential child records. The plan must also include a provision for practicing drills with all family members every four months.
- **Institutional emergency plans.** According to licensing rules for child caring institutions, an institution shall establish and follow written procedures for potential emergencies and disasters including fire, severe weather, medical emergencies, and missing persons.

Local Office Emergency Procedures

Each MDHHS local office is required to create their own emergency plan that addresses local needs and resources. The required elements of local office emergency plans include:

- As part of the local office emergency plan, the county or agency will designate an alternate office, which, in emergencies that affect a local office or agency's ability to perform its normal functions, will be responsible for performing necessary and emergency tasks associated with newly assigned investigations and essential administrative functions. The local office or agency will notify Centralized Intake of the name and contact information for the alternate office on a yearly basis.
- Resource list including local facilities suitable for temporary lodging and local resources for emergency supplies, clothing, and food. The licensing certification worker updates and distributes this list annually and as needed in an emergency.
- An emergency communication plan that includes the person to contact in case of emergency. When there is an emergency or natural disaster, a communications center in a different region from the disaster area shall be established as a backup for the regional/local office. The selected site should be far enough away geographically that it is unlikely to be affected directly by the same event.

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- 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.

State and Regional Communication and Coordination Protocol

- When an emergency occurs in a community that requires mobilization of the disaster plan, the local office or agency director or designee shall inform their BSC director and include the nature of the emergency, the status of any contingency planning including evacuation/sheltering, and other necessary information.
- The BSC director of the area affected by the emergency shall notify all BSC directors, the CSA director, the Bureau of In-Home Services director, the Bureau of Out-of-Home Services, and the Division of Child Welfare Licensing (DCWL). The communication should include details regarding shelter plans for residents.
- BSC directors shall ensure their county directors follow up with any children placed in the affected area to ensure they are safe and relocated.
- The BSC 5 director shall notify the BSC 5 deputy director and the Regional Placement Unit (RPU) so that they can then follow their respective emergency plans. The RPU will be on alert to assist with shelter placements and/or residential moves if needed.
- The Bureau of In-Home Services director shall inform Centralized Intake of the nature of the emergency, the status of any contingency planning including evacuation/sheltering, and other information necessary for Centralized Intake to address emergent communication needs of callers to the hotline.
- The DCWL shall immediately notify BSC directors and the RPU if any institutions are being evacuated and if so, where the affected children will be sheltering.
- The DCWL will follow up with any children in institutions they have in the affected area to ascertain the child's location, evaluate the need for moving the child and ensure their safety needs are being addressed.
- The RPU will develop a plan to identify all children in any facility that is evacuated and send it to the county directors statewide to alert them to follow up as needed.

Local Staff Communication and Coordination Protocol

- During an emergency, the local office or agency director will mobilize a protocol to communicate with staff to ascertain their safety and ability to come to the work site (or an alternative site) and perform emergency and routine duties. The local office director or designee will maintain contact

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with the MDHHS emergency management coordinator to synchronize services and provide updates.

- The protocol will include instructions that unless they have received previous instructions from their local or state-level director or designee, all staff in the affected area should call in to a locally designated communication center to inform the agency of their safety and location. If communication channels are compromised, the Centralized Intake telephone lines may be used to share instructions.
- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform their local MDHHS of their foster children's whereabouts and status using telephone service, cell phone, email or another means of communication when normal methods of communication are compromised. Centralized Intake's toll-free number, (855) 444-3911, may be used for this purpose when other means of communication are inoperable.
- The foster caregiver guidelines for responding to emergencies shall include the MDHHS Centralized Intake toll-free number, (855) 444-3911, to be used as a clearinghouse to ascertain the location and well-being of foster children and youth in the affected area, as well as the safety and location of staff in their agency if they have not been otherwise notified by the county or agency staff.
- Centralized Intake will track the location and well-being of foster children and youth as well as staff in the affected area through the use of an Emergency/ Disaster Plan Relocation Spreadsheet.
- Centralized Intake Second Line Managers will send a copy of the Emergency/Disaster Plan Relocation Spreadsheet to the county and BSC director that is affected by the emergency/disaster within twenty- four (24) hours.

The local emergency/disaster plan shall include:

1. The person whom staff and clients may contact for information locally during an emergency during normal work hours as well as after hours.
2. The expectation that all staff not directly affected by an emergency shall report for work unless excused.
3. The person whom clients may contact during an emergency when all normal communication channels are down.
4. The person designated to contact the legal parent to inform them of their child's status, condition, and whereabouts if appropriate.
5. The minimum frequency that all caregivers shall communicate with the designated communication site during emergencies or natural disasters.
6. The necessary information to be communicated in emergencies.
7. How and where in the case record the information is to be documented.
8. The method of monitoring the situation and the local person

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- responsible.
9. Procedures to follow in case of voluntary or involuntary closure of facilities.
 10. Any additional requirement as specified by the local or regional office.

Foster Parents' Responsibilities Developing an Emergency Plan

- **Family emergency plan.** Licensed foster parents shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing home study. Foster parents must update and review their plans annually. The plan should include:
 1. An evacuation plan for various disasters, including fire, tornado, and serious accidents.
 2. A meeting place in a safe area for all family members if a disaster occurs.
 3. Contact numbers that include:
 - a. Local law enforcement.
 - b. Regional communication plan with contact personnel.
 - c. Emergency contacts and telephone numbers of at least one individual likely to be in contact with the foster parent in an emergency. It is preferable to list one local contact and one out-of-county contact.
 - d. MDHHS Centralized Intake toll-free number or another emergency number to be used when no other local/regional communication channels are available.
 4. A disaster supply kit that includes special needs items for each household member (as necessary and appropriate), first aid supplies including prescription medications, a change of clothing for each person, a sleeping bag or bedroll for each foster child, battery-powered radio or television, batteries, food, bottled water, and tools.
 5. Each local office designates a contact person as the disaster relief coordinator. In the event of a mandatory evacuation order, foster parents must comply with the order insofar as they must ensure they evacuate foster children in their care according to the plan and procedures set forth by the state emergency management agency and MDHHS.
- **Communication with MDHHS caseworkers during emergencies.** Foster parents and MDHHS caseworkers have a mutual responsibility to contact each other during an emergency that requires evacuation or displacement to ascertain the whereabouts, safety and service needs of the child and family, as described above. If other methods of communication are not operating, the Centralized Intake telephone line will be mobilized to serve as a communications clearinghouse.
- **School response.** As part of the disaster plan, each foster parent will identify what will happen to the child if he/she is in school when an emergency occurs, such as an arrangement for moving the child from the school to a safe,

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supervised location.

- **Review plan with each foster child.** Foster parents will review this plan with each of their foster children regularly and the worker will update this information in the provider's file.

Federal Disaster Response Procedures

Following is a listing of the required procedures for disaster planning and Michigan's procedures that address those requirements:

1. To identify, locate and continue availability of services for children under state care or supervision.

- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform MDHHS of their foster children's whereabouts, status, and service needs, utilizing telephone service, cell phone, email, or the Centralized Intake number when normal methods of communication are compromised.
 - Following declaration of a public emergency that requires involuntary evacuation or shelter, the assigned caseworker or another designated worker will contact the legal parent to ascertain the whereabouts, condition and needs of the child and family.
 - The local office must provide information on where to seek shelter, food and other resources and coordinate services with the MDHHS emergency management coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child-placing agencies (R 400.12412 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

- If current CPS staff is displaced or unable to provide CPS investigative or ongoing services, alternate counties designated in local MDHHS disaster plans shall be prepared to provide CPS investigation and ongoing services to new child welfare cases and to children under state care or supervision displaced or adversely affected by a disaster.
- The toll-free Centralized Intake number will remain the primary means of initiating CPS investigations for new child welfare cases.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

- In an emergency, caseworkers and caregivers must attempt to call their local office to report their status and receive information or instructions. If local office phone lines are unavailable, caseworkers and caregivers will contact the alternate local office. In offices covering multiple counties, they will call the designated county.
- Caseworkers may use cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers to maintain cell phone service.
- If the local Emergency Coordination Center is activated by the MDHHS emergency management coordinator, the toll-free Centralized Intake

number will be available as a backup communication method for current and new child welfare cases.

4. Preservation of essential program records.

- MDHHS maintains essential records in the MiSACWIS database and can access records statewide. MDHHS caregivers enrolled in electronic funds transfer will not have a disruption in foster care payments, since payments are made to their account electronically.
- To safeguard the database itself, the servers are located in Michigan's secure data center. Schedules are configured to perform a full system backup for both onsite and offsite storage. The databases are also configured for live replication in case of a disaster that involves loss of the primary server. The Department of Technology, Management and Budget retains one quarterly update per year and maintains an annual backup indefinitely. That code base is backed up as well, so in case of a catastrophic event that affects the computer system, the application can be rebuilt with minimal loss of time.

5. Coordinate services and share information with other states.

- In the event of an emergency, the MDHHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the state MDHHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.
- The MDHHS Office of Communications will coordinate communication on the MDHHS emergency response to the news media, MDHHS executive staff and human resources, persons served and the public.

STAFF AND PROVIDER TRAINING PLAN 2024

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

Week	Training Format Effective Jan. 1, 2022
	(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.