



**Office of the Child Advocate
2024 Annual Report**



CONTENTS

Introduction to the OCA

OCA Team Information

Letter from the Advocate

Letter from our Deputy Director

OCA Process Overview

Points of Contact and Staff Training

2024 Case Statistics and Metrics

Emerging Issues

Advocacy and Education

2024 Legislative Recommendations

Partnering for Success

OCA and Cultural Competence

Our Projects

2024 MDHHS Annual Recommendations

Closing Statements

Appendix

INTRO

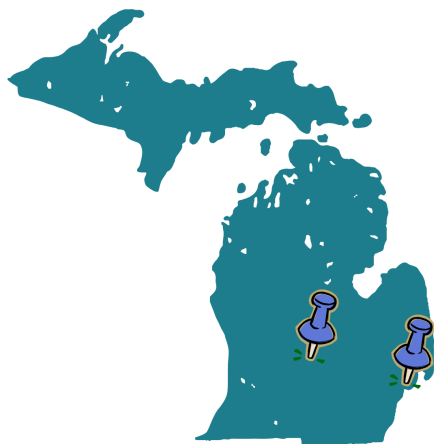
What is the Office of the Child Advocate?

The Office of the Child Advocate (OCA) was established by the Michigan Legislature in 1994 under the name Office of Children's Ombudsman, with the mission of enhancing transparency and accountability within Michigan's child welfare system.

The OCA was established as an independent state agency within the Michigan Department of Technology, Management & Budget. Its primary responsibilities are to advocate for children, educate the public on child welfare matters, ensure compliance with Michigan's child protection laws, and receive and investigate complaints regarding the administrative actions of the Michigan Department of Health and Human Services (MDHHS) and contracted entities that provide child protective services, foster care, and adoption, and state, county, court, or privately run residential facilities that provide juvenile justice services. The OCA is also responsible for reviewing administrative actions of MDHHS and residential facilities for children in cases where a child has died. In 2023, the Child Advocate Act was enacted, which changed the name to the Office of the Child Advocate (OCA) and expanded our oversight to include the juvenile justice system.

In addition to addressing citizen complaints, the OCA makes recommendations to the governor, the Legislature, certain residential facilities, and MDHHS for changes in child welfare laws, rules, and policies to improve outcomes for children. Michigan's child advocate is appointed by the governor with the advice and consent of the Michigan Legislature and is supported by a team of investigators from different disciplines.

As part of its commitment to advocating for Michigan's children, the OCA publishes an annual report. This report offers a comprehensive overview of the agency's structure, operations, and key activities. It highlights ongoing issues being monitored, projects in progress, and examples of advocacy efforts undertaken by the OCA team throughout the year. Importantly, the annual report serves as the primary platform through which the OCA publicly shares its formal recommendations to MDHHS, law enforcement agencies, and the Michigan Legislature. These recommendations play a vital role in driving meaningful changes to improve the child welfare system. Readers of the report will gain valuable insights into the OCA's operations and its unwavering dedication to protecting and advocating for the children of Michigan.



The Office of the Child Advocate serves the children of the State of Michigan from two offices. The Romney Building in Lansing and Cadillac Place in Detroit.

OUR TEAM

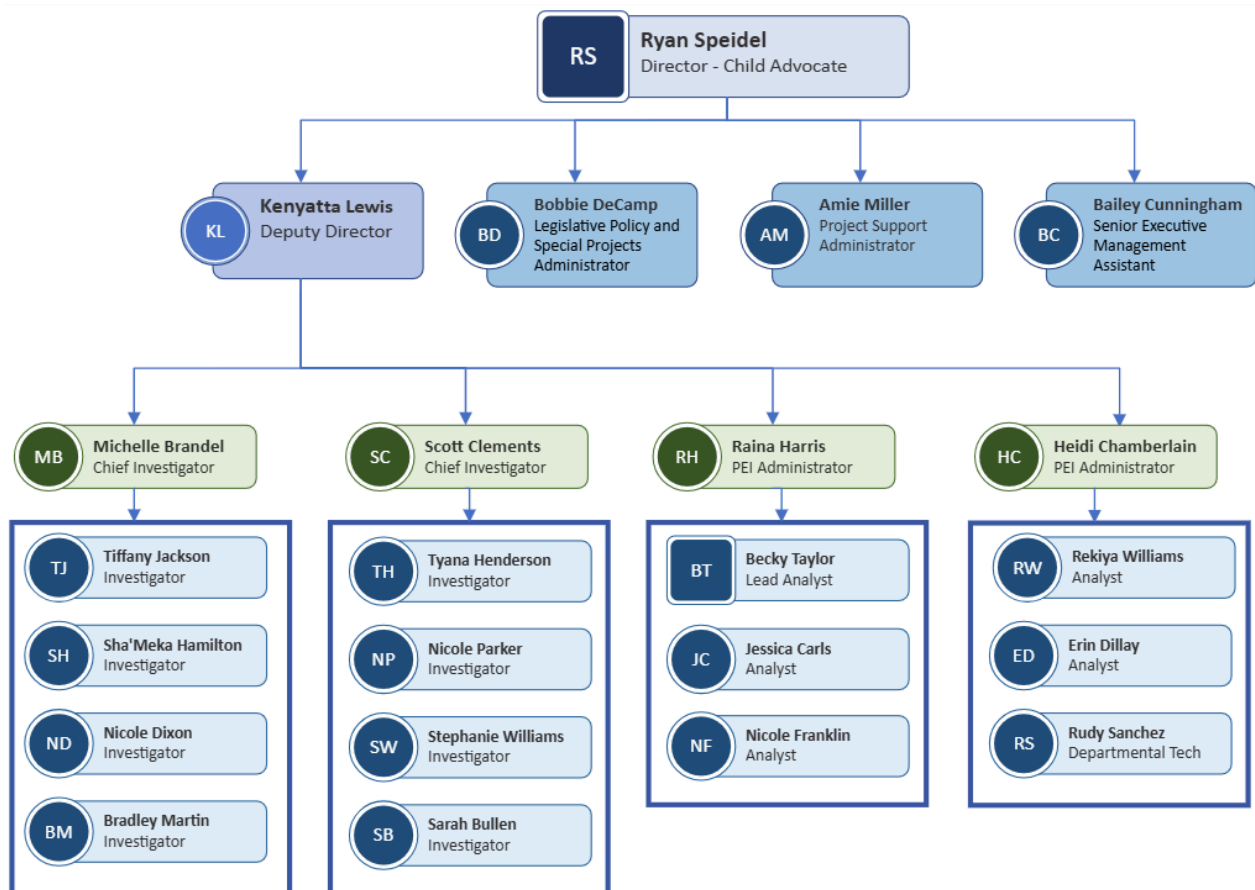
Ryan Speidel, the child advocate, has been instrumental in implementing a vision across the OCA that empowers its staff to support and speak on behalf of children, and to make a positive impact on the child welfare system. Along with the deputy director, Ryan manages three direct reports: the legislative policy and special projects administrator, the project support administrator, and the child advocate's executive management assistant.

Kenyatta Lewis, the deputy director, is responsible for managing the OCA's day-to-day operations. She oversees the divisions that make up the OCA, which includes two Investigative units and the Public Education and Intake unit. Kenyatta also leads the OCA in their diversity, equity, and inclusion efforts.

The Executive Team of the OCA includes the child advocate, the deputy director, a legislative policy and special projects administrator - Bobbie DeCamp, a project support administrator - Amie Miller, and a senior executive management assistant - Bailey Cunningham. Executive staff oversees the creation of our reports, communicates recommendations to state agencies and legislative offices, supports day to day operations and leads special projects.

The Public Education and Intake (PEI) Units handle intake of all complaints and death alerts received by the OCA. PEI staff are the first point of contact for the public and conduct preliminary investigations. In addition, the PEI units provide public education and resource information about the child welfare system in Michigan. The PEI units are managed by PEI Administrators Raina Harris and Heidi Chamberlain. The units are staffed by five analysts and one technician.

The OCA has Investigators who staff two **Investigative Units**. Each of these OCA investigators report to one of two chief investigators. The investigative units conduct full investigations to provide detailed analysis reports to the Child Advocate, as well as make recommendations for handling each case based on its unique details. Investigators assist with public education and complaint intake as needed. The investigative units are managed by Chief Investigators Michelle Brandel and Scott Clements.



A letter from the Child Advocate

As Michigan's Child Advocate, it is my privilege to submit the 2024 annual report of the Office of the Child Advocate (OCA) to Michigan's governor, Legislature, and the director of the Michigan Department of Health and Human Services. This report reflects the work of our dedicated team, our ongoing commitment to Michigan's children, and the significant developments that have shaped our agency over the past year.

The OCA's principal mission is to strengthen and improve Michigan's child welfare system through independent oversight, advocacy, and systemic reform. The OCA's team of dedicated professionals fulfill this mission by conducting thorough and impartial reviews, elevating public awareness, and making evidence-based recommendations to drive meaningful change. Our work is rooted in integrity, accountability, and a steadfast commitment to the well-being of Michigan's children.

2024 brought about transformational changes and growth within the OCA. Public Act 303 of 2023 formally changed our agency's name from the Office of Children's Ombudsman to the Office of the Child Advocate, aligning our title more closely with our mission. This legislation also expanded our authority, granting us the ability to investigate complaints regarding the administrative actions of youth residential facilities providing juvenile justice services.

With these new responsibilities came an unprecedented increase in inquiries, complaints, and case reviews. To meet this growing demand, the OCA underwent a major expansion, doubling our workforce with the addition of 10 new staff members. This strategic growth has strengthened our capacity to conduct thorough investigations, engage in proactive oversight, and provide informed policy recommendations.

To enhance our effectiveness, we also established new positions focused on legislative advocacy, policy and legal analysis, information technology, and special projects. Additionally, we welcomed a dedicated website administrator to expand our public outreach and a system administrator to improve case management efficiency. These enhancements will allow us to extend our influence within state government, broaden our online outreach and public education, and foster our mission of ensuring a just and effective child welfare system.

As outlined in this report, I once again urge the Legislature to mandate simulation labs and experiential learning for Michigan's child welfare professionals. This recommendation, first presented in our 2023 annual report, remains a critical and unmet need. Hands-on, real-world training is essential to equipping child welfare professionals with the skills and judgment necessary to protect Michigan's most vulnerable children.

While 2024 presented new challenges, it was also a year of measurable progress. The achievements outlined in this report would not have been possible without the dedication of the OCA team and the collaboration of our partners across the child welfare system. As we move forward into 2025, I remain committed to strengthening our partnerships with the Michigan Department of Health and Human Services, the Legislature, and all stakeholders working to protect and serve Michigan's children.

I appreciate your continued support and look forward to working together to advance the safety, stability, and well-being of Michigan's children and families.

Sincerely,



Ryan Speidel
Child Advocate, Michigan Office of the Child Advocate



A letter from the Deputy Director

As the deputy director of Michigan's Office of the Child Advocate, I am proud to highlight the meaningful progress achieved over the past year, as outlined in this 2024 Annual Report.

Significant strides have been made in launching and strengthening juvenile justice (JJ) investigations. In collaboration with our Child Advocate Ryan Speidel, agency policies regarding JJ intake and investigations have been refined to ensure alignment with statutory requirements. Staff members have undergone comprehensive training to conduct thorough and effective investigations, reinforcing the agency's commitment to accountability in child welfare. Collaboration with county leadership at the Michigan Department of Health and Human Services (MDHHS) has remained a priority, ensuring compliance with the laws, regulations, and policies governing child welfare practices.

A proactive approach has led to improvements not only in our investigative processes but also in assessing and making recommendations to refine policies and procedures within the children's services system. These efforts enhance protections for youth while providing necessary support to families in need. By incorporating Early Resolution investigations into our offerings, we have discovered an efficient method for swiftly addressing inquiries. This streamlined approach involves collaborating with statewide child welfare agencies to effectively resolve concerns. To further expand the agency's reach and effectiveness, 10 new team members have been hired, including three intake

analysts, five investigators, a legislative policy liaison, and a special projects coordinator. This expansion strengthens the agency's ability to meet the evolving needs of Michigan's children and families.

This past year also saw participation in key training sessions and advocacy efforts. Engagement with the United States Ombudsman Association (USOA) and the Child Welfare League of America (CWLA) Conference in Washington, DC, provided opportunities to advocate for increased federal funding for child welfare programs. Additional training through the National Certified Investigator Training (NCIT) by the Council on Licensure, Enforcement, and Regulation (CLEAR), as well as attendance at the Michigan Justice for Children Conference, helped bring valuable insights and best practices to our programs.

A steadfast commitment to diversity, equity, and inclusion remains central to the agency's mission, particularly in addressing disparities affecting children of color within the foster care system. By recognizing and addressing implicit bias, efforts continue to create more equitable outcomes and reduce the disproportionate impact on minority children in care.

Staff members actively participate in national and statewide training sessions, as well as committees focused on child welfare, ensuring that OCA remains informed and responsive to emerging trends and policy changes. By learning from other ombudsman offices and adopting best practices from across the country, the agency remains at the forefront of child advocacy and system reform.

Moving forward, OCA remains dedicated to strengthening its impact and advancing meaningful improvements in child welfare systems across the state. Progress will continue to be shared as the agency works toward ensuring a safer, more just future for Michigan's children.

Sincerely,



Kenyatta Lewis

Deputy Director, Michigan Office of the Child Advocate



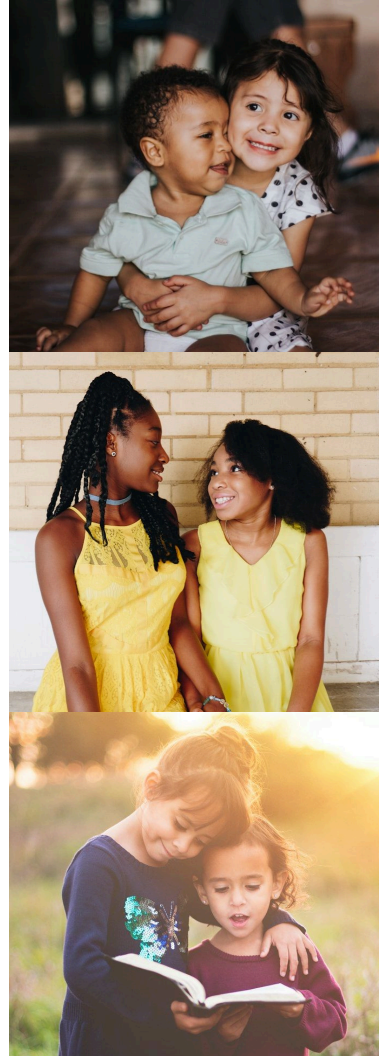
OUR WORK

Advocacy: The OCA speaks on behalf of children as it works with state policymakers and elected officials to raise awareness of issues facing Michigan's child welfare system. We make recommendations for improvement based on casework and investigations. The child advocate can pursue all necessary action, including legal action, to protect the rights and welfare of a child under the jurisdiction, control, or supervision of a residential facility or a child who is the victim in a Children's Protective Services maltreatment in care investigation.

Investigations: The OCA has the authority to investigate complaints regarding the child welfare system, which includes Children's Protective Services, foster care, adoption, child-placing agencies, childcaring institutions, and residential facilities providing juvenile justice services. The OCA may present relevant recommendations to Michigan Department of Health and Human Services (MDHHS), the governor, the Legislature, or state officials. The child advocate can review policies and procedures of the Department of Health and Human Services, and certain residential facilities involved with children and may make factual findings and recommendations for improvement.

Compliance: The OCA is tasked with helping to ensure the child welfare programs listed above comply with Michigan law, administrative rules, and state policies. OCA staff do this in real time by interacting with child welfare agencies across this state in efforts to bring those entities into compliance with Michigan law.

Education: The child welfare system is a vast, interconnected set of institutions and agencies. The OCA can provide information to families involved in Michigan's child welfare system. In addition, the OCA intake staff can provide insight into the system's processes and help provide follow-up resources.



How the Process Works

In an effort to provide more information on OCA processes we created a quick guide for those interested in how we handle complaints received. This graphic was published to our website, as well as printed for in-person events, to illustrate the process from start to finish.

In addition to the process described the OCA conducts investigations regarding child death cases when there was an active CPS investigation, open services case, a rejected CPS complaint, open foster care case or closed foster care case in the two years prior to a death. The OCA must conduct a review of MDHHS activities when a child dies in foster care unless the death resulted from natural causes and there were no prior CPS or licensing complaints concerning the foster home.

The process to review those cases referred through a death alert to the OCA mirrors the complaint process.

The Complaint Process

Complaint Filed

Requests for help from the OCA are sent to the Intake Team. This is done with our online application or by phone.

Preliminary Investigation

The Intake team does the first review of the request. They will see if the rules allow the OCA to do a full investigation. If the OCA can't investigate, they will try to find helpful information or provide mediation.



Full Investigation

The OCA Investigators will look at all the evidence of a case and talk to people involved. They will decide if they think a rule or policy was broken. After they finish their investigation, they work with the Child Advocate to determine next steps.



Recommendations

After the investigation is finished, the Child Advocate will decide how to close it. They might share the results publicly and suggest ways for the agency to improve the child welfare system. They might find an informal way to fix the problem. Each investigation will have its own outcome.

The OCA will notify complainants that are listed in Section 5 of the Child Advocate Act. These parties may receive the written findings, recommendations, and DHHS responses to an OCA investigation.

Points of Contact

As an office of public service, the OCA is in constant contact with Michiganders. Our responsibility to hear complaints, conduct thorough reviews, and investigate cases is clearly demonstrated through the statistics provided in this section

Over the course of 2024, the OCA documented 896 phone calls and had more than 1,200 other points of contact with complainants, witnesses, and other interested parties, and attempted 513 more. Total points of contact for the year were:



Through the process of preliminary and full investigations OCA staff reviews documents and records from state agencies. This information is used alongside external research resources to put together comprehensive investigative reports, and to determine the best recommendation for resolution. In 2024, the following document and record reviews were completed:



Staff Training

The OCA is committed to enhancing its capabilities by participating in training programs offered by both state and private agencies, as well as attending various conferences.

Director Speidel and his executive team attended several conferences in late 2024. At the United States Ombudsman Association international conference in Oceanside, California, during the week of November 18, Director Speidel conducted two training sessions: "The Art of the Investigation" and "Case Management Systems." He also completed the "Managing the Workforce of the Future" training and provided feedback to the Office of State Employer (OSE) in December. The executive team attended a Juvenile Justice Conference, where they shared OCA materials with facility staff and conducted a training session. Additionally, OCA staff participated in the Child Welfare League of America (CWLA) Conference, which focused on integrated, accessible, and culturally responsive services to enhance family and community well-being.

The OCA's administrative and managerial staff attended the OSE's statewide training initiative "Managing the Workforce of the Future," as well as other leadership training sessions including "DTMB New Supervisor Training," "Supervising for Excellence and Success," and "Celebrating Leaders – Now and Throughout History." OCA staff also attended courses directed towards improving their case management and investigation skills such as "Anatomy of a Child Protection Case," "Countering Implicit Bias in Interviews," and "The Council on Licensure, Enforcement and Regulation National Certified Investigator and Inspector Training." They participated in several MDHHS training sessions, including "Division on Child Welfare Licensing Training," "Safety Plan Micro Training," and "Through the CPS Lens," as well as juvenile justice training from Wayne County.

At the OCA, it is crucial to identify risks to families, understand their trauma, and navigate their situations effectively. To be more effective in this area, the team attended training courses "Child Psychological Maltreatment: What MDT Professionals Need to Know," "Medical Issues in Child Abuse," and "Risk of Sexual Abuse of Children." To increase the team's cultural competence, they attended CWLA training courses on "Conversations on Race, Equity, and Inclusion," "The Evolution and Levels of Racism," and "The Intersection of Race and Trauma."

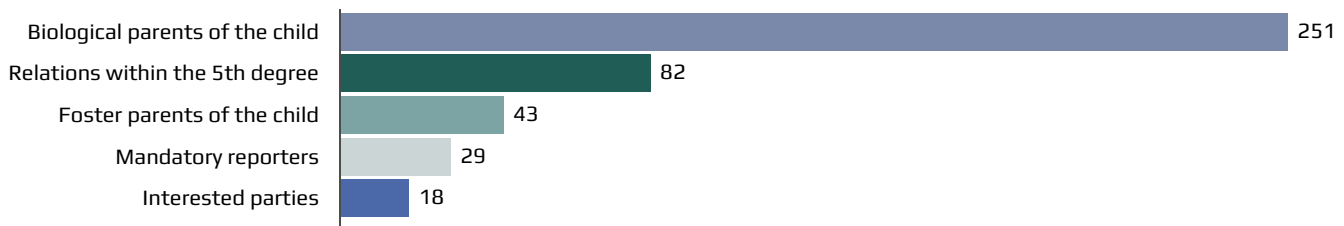
Building a culture of learning is important to Director Speidel, who continues to encourage staff to seek out training that helps improve their efforts.

2024 Case Statistics & Metrics

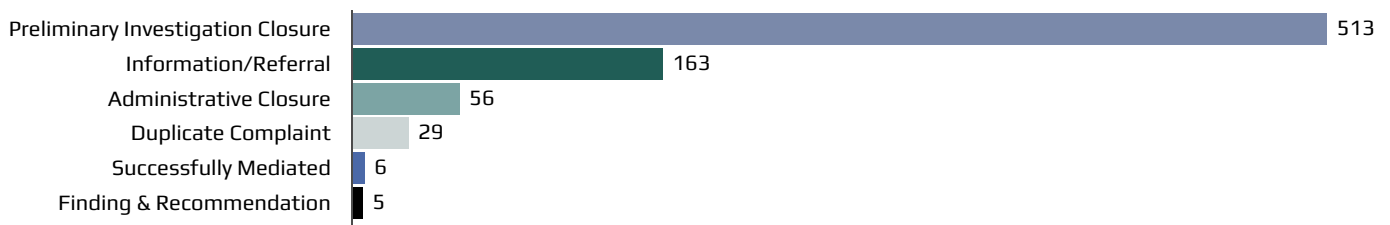
There are three types of cases that are opened at the OCA. Complaint cases are opened when a concerned party identifies a situation where the Child Advocate may be able to step in and provide assistance. Death alert cases are opened any time a minor child dies in Michigan and MDHHS has had prior contact with the family. Secondary death alerts are received through a process established with MDHHS to notify the OCA of a death involving a child who has previous history with the child welfare system. The third type of case that is opened by the OCA is referred to as an information/referral case. An information/referral case is opened in a situation where there is no action for the OCA to take, but they can refer the complainant to another agency or provide them with educational information about the child welfare system.



Complaints or requests for advocacy can be submitted to the OCA by anyone, but their relationship to the child determines their ability to receive information about the OCA's investigation. In 2024, OCA complaints were received from many types of complainants, the top five relationships are below.



Once a case is opened, preliminary investigations are conducted to determine whether or not OCA involvement is supported by the Child Advocate Act. On average, only **7%** of OCA cases go to a **full investigation**. Most preliminary investigations result in OCA staff providing information to complainants, referrals to the correct department, or are deemed outside of the OCA's purview. In some cases, the OCA provides mediation between parties to bring the issue to a close.



In 2024, **41 complaints**, and **24 death notifications** resulted in a **full investigation** being opened. On average, complaint investigations last 90 days, and death investigations last 135 days.

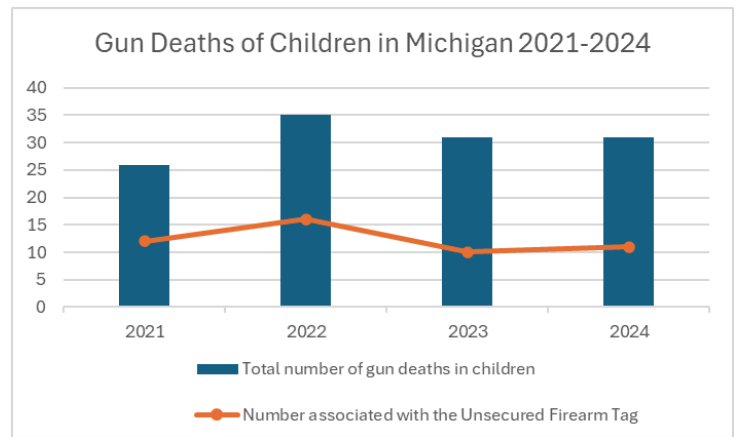
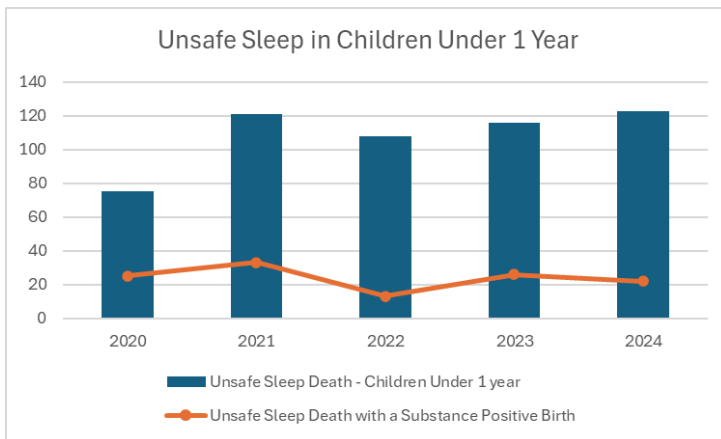
At the end of a full investigation, the Child Advocate determines whether an official report of findings and recommendations is necessary or if a case can be closed via informal or administrative methods. While most investigations for cases opened in 2024 are still ongoing, the OCA staff worked on several Findings and Recommendation Reports and **published five of these reports in 2024**. These reports can be found at www.michigan.gov/oca/published-reports.

Tracking Emerging Issues

The importance of Emerging issues

Using its case management system, the OCA can create case tags, called 'emerging issues,' to identify potential systemic issues within the child welfare system that need to be further investigated. Additionally, these tags are used to help identify areas where public education or outreach would be beneficial. Based on needs identified and tracking statistics through tagged emerging issues has given us the insight needed to drive special projects like the TEN-4-FACEsp educational video, and the Foster Care Initiative.

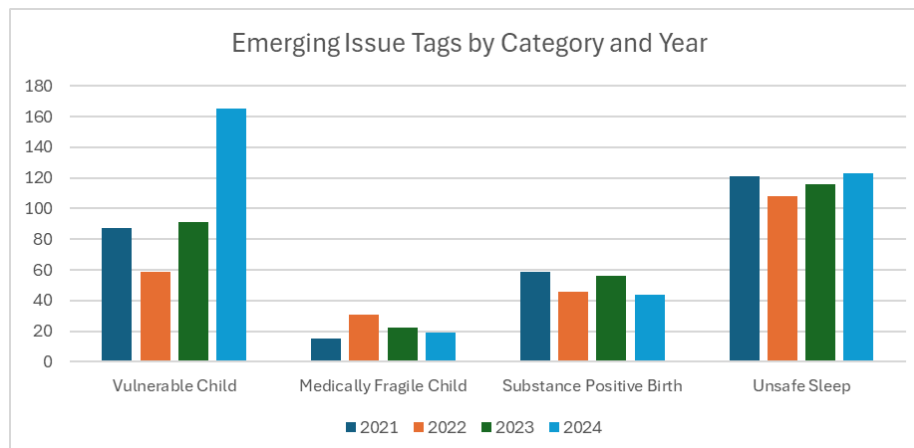
Tracking trends is also helpful in identifying where prevention efforts may provide the most likely opportunity to save the lives of children in Michigan. Understanding statistics like the ones below and communicating these out to the counties that are impacted by them, allows MDHHS to better understand the population they serve. The chart on the left shows the trend in unsafe sleep deaths in Michigan over 4 years, and the number of those children that were also born substance positive. The chart on the right shows the trend in gun deaths in children in Michigan, and the number with the unsecured firearm tag.



2024 Emerging Issues

The top emerging issues for 2024 are listed below with the number in the parentheses indicating the total number of times that the emerging issue was identified, followed by the percentage of the total tags the category represents. The chart on the right shows the trends for those emerging issue tags over the past four years.

- Vulnerable child (223, 25%)
- Substance/drug positive child at birth (54, 6%)
- Unsafe sleep (113, 13%)
- Lack of documentation (49, 6%)
- Medically fragile child (63, 7%)
- Parental mental health affecting health/safety/wellbeing of child (48, 5%)



*Note: The tags for parental mental health and lack of documentation have only been tracked for one full year and have not been included in this chart.

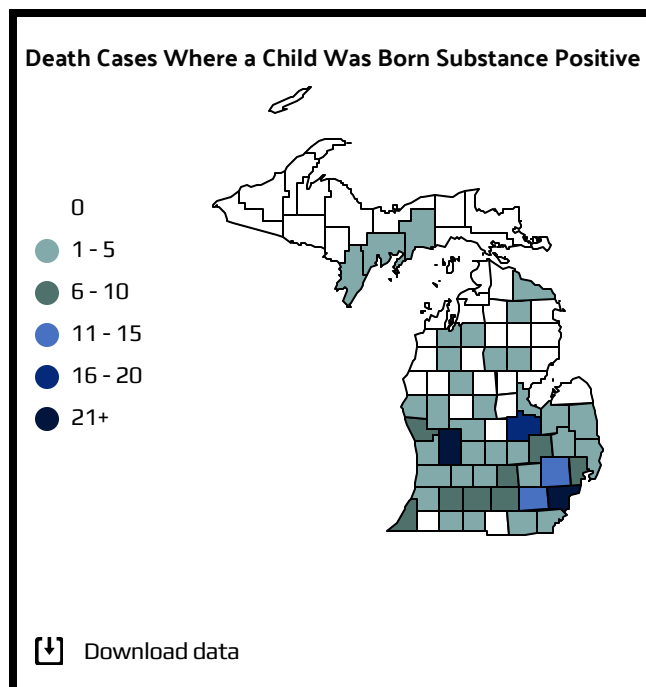
Tracking Emerging Issues

Substance Positive Births in Michigan

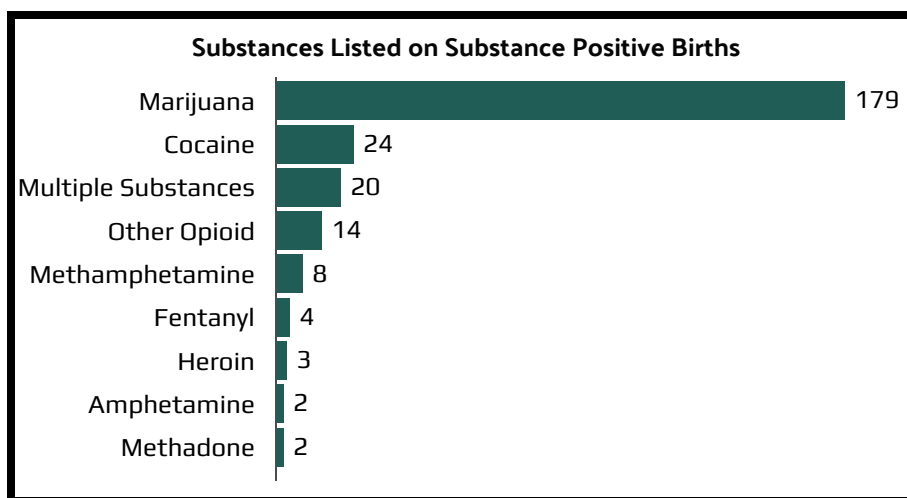
The OCA began tracking instances within our case files where children were born substance positive in 2020. This improves our ability to identify any correlation between those substance positive births, and later child welfare experience. Using this information to support our public education, we are also able to share these statistics with field staff, so that they are aware of issues within their counties.

This map illustrates death cases worked by the OCA where the child involved was born substance positive, separated by county:

- **Counties with 1-5 deaths:** Allegan, Barry, Bay, Branch, Clinton, Delta, Eaton, Grand Traverse, Ionia, Isabella, Kalkaska, Lapeer, Lenawee, Livingston, Menominee, Monroe, Montcalm, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Ottawa, Presque Isle, Roscommon, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Wexford
- **Counties with 6-10 deaths:** Berrien, Calhoun, Genesee, Ingham, Jackson, Kalamazoo, Macomb, Muskegon
- **Counties with 11-15 deaths:** Oakland and Washtenaw
- **Counties with 16-20 deaths:** Saginaw
- **Counties with 21 or more deaths:** Kent and Wayne.
- All other counties had **0** deaths meeting this criterion



Moving forward, the OCA will be improving our tracking of substance positive births in Michigan as part of our case management system upgrade. While we are aware that not all babies are subjected to testing at birth, we continue to believe in the importance of knowing what substances are being used, how it impacts children, and how we might be able to help.



2025 Emerging Issues

In 2025, the OCA will add the following tags to the emerging issues we track:

- Above and beyond
- Category III with monitoring
- Category III/Open Close
- Inaccurate Risk Assessment
- Inaccurate Safety Assessment
- Incorrect Categorization at Case Disposition
- Mandatory Petition/No Petition Filed
- Improper SP or TVA

ADVOCACY & EDUCATION

OCA advocacy comes in many forms from mediating conversations, to our official recommendations. As the foundation of our office objectives, advocacy plays an important role in our daily operations. In this section, you will find examples from our staff on how they used their position to advocate for children within the child welfare system.

2024-0219

Complaint 2024-0219 came to the attention of the OCA with concerns for MDHHS not filing a mandatory petition when statute required them to file one. A four-year-old child disclosed her half-sibling's father sexually abused her. CPS denied the investigation citing a lack of details in the child's disclosure. The OCA teamed very closely with MDHHS and advocated for the child victim and her siblings. MDHHS reopened the CPS case and further investigated the allegations, which resulted in the filing of a petition with the court of jurisdiction. The petition appropriately included a request for termination of parental rights regarding the perpetrator. The children were removed from this parent's care and three of the children were placed with their legal father. As the OCA worked with MDHHS, the OCA expressed safety concerns discovered with the placement and advocated for the children to be placed in a different home. Coupled with our advocacy, a new complaint of abuse was reported to CPS. As a result, CPS filed a petition to remove the children from their father. The children were placed in a licensed foster home, and the father was provided with intensive home-based services to address the concerns so the children could safely return home.

2023-0825

Complaint 2023-0825 was opened due to a child death. As a result of the child's death, a petition was filed for the known surviving children. The petition appropriately included a request for termination of parental rights regarding the perpetrator. Through the OCA's investigation, it was discovered the perpetrator had several other children MDHHS was not aware of. The OCA teamed with MDHHS to assist with locating and verifying the wellbeing of those children. As a result of advocacy from the OCA, seven additional CPS investigations were assigned, and two additional termination petitions were filed regarding the perpetrators other legal children. As a result of the teamwork, these children are now safe from a person who was responsible for the death of a child.

2024-0165

Complaint 2024-0165 was opened due to concerns for CPS closing a category II and category III CPS case prior to the perpetrator engaging in and benefitting from services meant to prevent mental injury to the children. Through the OCA's investigation it was discovered, after CPS involvement, the children continued to be mentally injured by their father. The OCA reported the concerns to CPS Centralized Intake, and a CPS investigation was assigned. The OCA advocated for MDHHS to take action to keep the children safe from their father as the father was not willing to participate in services to address the abuse that was occurring. MDHHS sought assistance from Friend of the Court to suspend the father's parenting time while the CPS case was pending. As a result of the OCA's advocacy, the CPS case was opened and transferred to CPS ongoing, and the family was provided with services to address the father's and children's needs.



ADVOCACY & EDUCATION CONTINUED

2024-0850

Complaint 2024-0850 came to the attention of the OCA with concerns from a complainant that MDHHS was not communicating with her or her husband regarding an investigation. The complainant wanted to know what the next steps would be because this was the first time the family had any type of interaction with CPS. The OCA provided the complainant with an overview of what to expect during a CPS investigation. This included information surrounding what happens when a CPS complaint is received, and the timeframes CPS operates under. The OCA provided education on the investigation process. The complainant felt the CPS investigator was not treating them fairly and acting accusatory toward them. The OCA provided the complainant with information on the chain of command so they could address their concerns with CPS management. The complainant voiced appreciation for the information provided by the OCA and stated speaking with the OCA was very helpful.

2024-0354

Complaint 2024-0354 came to the attention of the OCA from a complainant who was concerned CPS had not conducted a proper forensic interview with a child victim. After review of the CPS investigation, it was learned the child was interviewed in close proximity to the perpetrator. It was also discovered, at the time of the OCA investigation, CPS had a new active investigation with the family. The OCA advocated for a new complaint to be called into Centralized Intake so a proper forensic interview could be conducted with the child victim. After a meeting between the OCA and MDHHS management, it was agreed a new CPS complaint would be assigned and linked to the active investigation. Through advocacy and collaboration with MDHHS, a proper forensic interview occurred at a child advocacy center, and the OCA was able to help ensure both law and policy were followed. The OCA also took this as an opportunity to educate the CPS investigator on the importance of following the forensic interviewing protocol and interviewing children in a safe and supportive environment where they feel the most comfortable sharing.

2024-0289

Complaint 2024-0289 came to the attention of the OCA from a complainant who had concerns for CPS not conducting a proper investigation, potentially leaving a nine-year-old child at risk. Through the OCA investigation, it was learned the family had extensive CPS history involving domestic violence, substance abuse, improper supervision and physical abuse. It was further discovered the most recent investigation had many policy violations including an inaccurate risk assessment resulting in the case disposition being a category III open/close. The OCA believed the case should have been opened as a category II, which requires services be put into place to address the issues. Because of the category III open/close the family was not being provided services meant to prevent further harm to the child. After a meeting between the OCA and MDHHS management, it was agreed a new CPS complaint would be assigned for investigation. As a result of the OCA's advocacy, the CPS case was opened and transferred to CPS ongoing where services to lower the risk in the home and ensure safety for the child victim were provided.



**When the lives and the rights of children are
at stake, there must be no silent witnesses.**

Carol Bellamy, former Director of the Peace Corps of the United States, Children's Rights Advocate

2024 Legislative Recommendations

Child Welfare Training Academy (CWTA) and Simulation Labs

In the OCA 2023 Annual Report, the recommendations to implement experiential learning as part of MDHHS training was made to the Michigan Legislature based on the observations made during that years' investigations.

The recommendation read as follows:

The OCA recommends the Michigan Legislature codify the requirement for a Child Welfare Training Academy (CWTA) and simulation labs that incorporate experiential learning and provides a reliable funding source for the CWTA and simulation labs.

Child Welfare Training Academies that include experiential learning have become best practices for training new CPS and foster care employees.

Increasingly, child welfare entities across the United States are starting to employ a training academy model to train and support child welfare professionals. Recently the Child Welfare League of America asked pioneers of an Illinois training academy and simulations lab to write a national training standard for the profession. That standard is based on empirical data and peer-reviewed research ^[1]. The State of Michigan needs to look no further than our neighbors in Illinois where a CPTA model, inclusive of experiential learning, has led to increased employee satisfaction and retention.

After making this annual recommendation to the Legislature in April of 2024, Director Speidel continued his efforts to gather information and to see that the initiative did not lose steam.

- In July of 2024, he met with Michigan State Senator Stephanie Chang, and Michigan State House Representative Stephanie Young to explain the recommendations. Director Speidel advocated on behalf of Michigan's children to bring experiential learning to Michigan's child welfare professionals.
- In August of 2024, Director Speidel and OCA's Policy Liaison Bobbie DeCamp went to GVSU and toured their medical simulation lab.
- In October of 2024, they toured two more simulation labs, at Wayne State and Michigan State Universities
- In November 2024, Director Speidel was given the first draft of the MDHHS project charter which he reviewed and submitted to MDHHS.

In addition to gathering information from the university tours to share with MDHHS, introductions were made between the MDHHS and university teams. GVSU, Wayne State University, and Michigan State University offered their support and technical assistance to MDHHS as they explore the creation and implementation of experiential learning through simulation labs. As this effort continues to move forward, the resources acquired, and relationships established, will provide support and guidance to all involved and will be instrumental in its success.

¹ (The University of Illinois Research – peer-reviewed public articles.)

2024 Legislative Recommendations cont.

Funding the Redetermined Adoption Assistance Program

In 2024, an investigation into an OCA case resulted in several findings surrounding the Redetermined Adoption Assistance Program that led to a recommendation that the Michigan Legislature fund the program.

The Child Advocate found the Redetermined Adoption Assistance Program had not been historically funded in the state's annual budget. The OCA learned this information from the Adoption and Guardianship Assistance Office and MDHHS policy. Thus, the Adoption and Guardianship Assistance Program Office has not accepted applications for redetermined adoption assistance as a result. MDHHS policy goes further and states:

a. AAM 410: *"The Redetermined Adoption Assistance Program was created by law that has not yet been funded by the state budget office. The Redetermined Adoption Assistance Program is subject to state legislative appropriations of sufficient funds. The amount of payment or continuation of payment is subject to adjustment by the Michigan Department of Health and Human Services (MDHHS) due to changes in the legislative appropriations of funds."*

MCL 400.115t allows adoptive families to make a one-time request for redetermined adoption assistance concerning children ages 0-18 adopted from foster care finalized after January 1, 2015, if sufficient funds are appropriated in the department's annual budget and the department has certified that the adoptee requires extraordinary care or expense due to a condition the cause of which existed before the adoption was finalized. The redetermined adoption assistance is based on one or more of the following for which extraordinary care is required of the adoptive parent or an extraordinary expense exists in excess of a support subsidy:

- (a) A physically disabled child for whom the adoptive parent must provide measurably greater supervision and care. Report of Findings and Recommendations Office of the Child Advocate In the matter of: Case No.: 2023-0294 Page 7
- (b) A child with special psychological or psychiatric needs that require extra time and a measurably greater amount of care and attention by the adoptive parent.
- (c) A child requiring a special diet that is more expensive than a normal diet and that requires extra time and effort by the adoptive parent to obtain and prepare.
- (d) A child whose severe acting out or antisocial behavior requires a measurably greater amount of care and attention of the adoptive parent.
- (e) Any other condition for which the department determines that extraordinary care is required of the adoptive parent, or an extraordinary expense exists.

The Child Advocate found that children who are adopted from foster care can develop additional needs that are not known prior to the finalization of an adoption and the original DOC but are the result of trauma and/or instances that occurred prior to adoption.

Based on these findings, the OCA recommended the Michigan Legislature provide additional funding to ensure that MDHHS receive capital for the Redetermined Adoption Assistance Program as outlined in MCL 400.115t. The funding allocation should consider the necessary services to assist Michigan's adoptive families requiring care redetermination, as well as sufficient staffing within MDHHS to effectively support these families. Additionally, it is advised that this program be designated as a specific line item in the MDHHS budget to secure funding, given that it has not received financial support since its establishment in 2015.

Partnering for Success

At the OCA, we value the opportunities that we have to collaborate with experts in other agencies, public and private. We understand that to continue to improve the child welfare system we need to partner as much as possible, both to learn from front-line staff and professionals in the field, as well as to provide our support and guidance where possible. To achieve this goal, the OCA collaborates with various committees. Below you can find a list of committees, as well as a short description of what each accomplishes.

Michigan Fatality Review and Prevention Committees

Scott Clements from the OCA has served on the **Michigan Child Death State Advisory Team**, which collaborates with the Michigan Public Health Institute to manage the Child Death Review (CDR) program. The CDR program, which began in 1995, involves local professionals reviewing child deaths to find preventive measures.

The Federal Government established the **Citizens Review Panel (CRP)** in 1999 to evaluate the child welfare system and protect children from abuse and neglect. Paula Cunningham represented the OCA until her retirement in 2024, when Stephanie Williams took over.

Court Related Committees

Ryan Speidel is part of the **Foster Care Review Board Program (FCRB)**, established by Public Acts 422 and 170. The program, managed by the State Court Administrative Office of the Michigan Supreme Court, involves citizen volunteers reviewing foster care cases to ensure children's safety and timely permanency.

Michigan's Court Improvement Program (CIP) has a multidisciplinary taskforce that meets quarterly to address barriers to child safety, permanency, and well-being, improve child protective practices, and provide training for child welfare stakeholders. The taskforce includes two committees: **Tribal Court Relations and Court Process Improvement**. Bobbie DeCamp from the OCA currently serves on the Court Process Improvement Committee.

United States Ombudsman Association Committees

The United States Ombudsman Association (USOA) was founded in 1977 to foster the establishment and professional development of public sector ombudsman offices throughout the United States and the World. The USOA is the oldest ombudsman organization in North America. As Michigan's representative for the Ombudsman Association, Ryan Speidel is involved in the onboarding and training of new ombudsman across the country. He also sits on the **USOA Welcoming Committee and annual conference planning committee**.

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**Alone we can do so little;
together we can do so much.**

Helen Keller, U.S. author, educator, and disability rights advocate

PARTNERING WITH MDHHS

Anti-Racism Transformation Team

ARTT consists of approximately 25 thoroughly trained and deployed members funded by MDHHS to develop a strategic plan that identifies and fights racism and seeks to eliminate inequities and disparities. ARTT created strategic action groups with action plans that are implemented both internally and externally. Sarah Bullen represents the OCA on this team.

MDHHS Committee on Pediatric Emergency Medicine

Ryan Speidel sits on the **MDHHS Committee on Pediatric Emergency Medicine (COPEM)**. COPEM addresses the unique needs of infants, children and adolescents in the access to and delivery of high-quality, equitable, pediatric emergency care.

Governor's Task Force on Child Abuse & Neglect Sub-committees

The **Forensic Interview Protocol** subcommittee is responsible for revising the protocol and developing the fifth edition of the forensic interview protocol that will be used by MDT. The **Child Death Protocol** subcommittee is responsible for revising the child death protocol and developing an updated edition that will be used by MDT. Sarah Bullen is the OCA representative on both of these committees.

Adoption Oversight Committee

Becky Taylor participates in the **Adoption Oversight Committee (AOC)**, which examines adoption services in Michigan, makes improvement recommendations, develops action plans to increase adoptions and recruits adoptive homes, and provides MDHHS with a long-term work group. The AOC reviews pre-adoption training, presents national post-adoption models, and makes recommendations on adoption policy and subsidies.

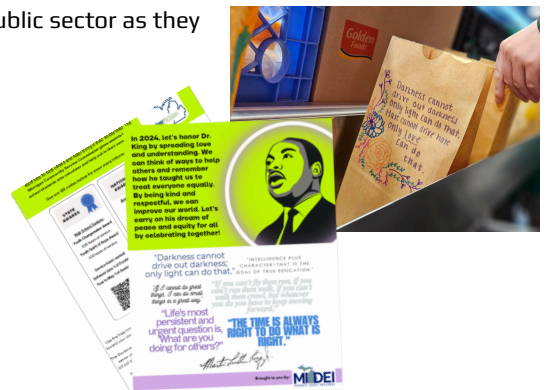
Cultural Competence

All Michigan residents deserve fair treatment and respect from their government - in employment, state contracting, and when accessing services from state government. The current administration has been committed to strengthening and developing equal opportunities in the State of Michigan. With this support and direction, the OCA works hard to improve our cultural competence to achieve the goal of offering equal opportunities to those that we serve.

As part of these efforts, the OCA staff participates in many events like Exploring Latino Hispanic Identities, Black History Month, and Women's Equality Day. In 2024, our office created a flyer to be shared with youth in Michigan highlighting the words of Martin Luther King Jr. and decorated lunch bags that were filled and handed out during an MLK Day celebration (pictured below).

Additionally, the OCA attends training that is geared towards educating people in the public sector as they work with Michiganders. Some of the trainings that we attended included:

- Being Color Brave and Culturally Humble
- Implicit Bias and Different Types of Privilege
- Intersectionality: A Rationale for Cultural Humility
- Microaggressions: An In-Depth Exploration into Acts of Racism
- The Evolution and Levels of Racism
- The Intersection of Race and Trauma
- Black History Disability Recognition
- Celebrating and Exploring Latino Hispanic Identities
- Embedding Racial Equity Practices



OUR PROJECTS

Annually the OCA looks for opportunities to make improvements through projects. These projects may increase the office efficiency or effectiveness, or be used to gather information on potential systemic issues. OCA projects are funded through legislation and ultimately work to improve the child welfare system overall. This year, we have embarked on three major projects: the TEN-4 FACESp, Foster Care Initiative, and a major case management system upgrade.

Juvenile Justice Journey

Championing Change: The OCA's Commitment to Juvenile Justice Reform

In December 2023, Public Act 303 was enacted, amending the Children's Ombudsman Act to create the Child Advocate Act. This legislation granted the OCA new authority, including the ability to investigate the administrative actions of residential facilities providing juvenile justice services, particularly in cases where a child dies in such facilities. Additionally, the OCA is now empowered to mediate issues arising within these contexts.

The intent of this legislative change was to encompass all residential facilities that provide juvenile justice services, particularly those operated by county court systems. The statute's reference to "county operated" facilities underscores the belief that each county is responsible for its court system and the corresponding residential facilities.

To effectively implement these changes, the Advocate and Deputy Director collaborated to develop a strategic plan for the OCA to prepare for juvenile justice investigations. As part of this initiative, they attended the Juvenile Justice Membership Organizations meeting in September 2024. Additionally, OCA team members visited and toured juvenile justice residential facilities in Highland Park and Detroit, Michigan. This engagement allowed us to network with statewide juvenile justice providers and disseminate information about the OCA.

To further prepare our team for juvenile justice inquiries and investigations, Deputy Director Lewis coordinated comprehensive training sessions for OCA staff between September 17, 2024, and October 21, 2024. These sessions covered an array of essential topics, including:

- Roles and responsibilities of juvenile justice specialists
- Overview of juvenile justice services and funding sources
- Initial legal proceedings in juvenile justice cases
- Introduction to the juvenile justice MISACWIS data system
- Frameworks for residential foster care and juvenile justice contracts
- Juvenile justice re-entry services and the PREA Elimination Act
- Functions of the juvenile justice assignment and assessment units
- Placement referral checklist and packet
- Guidelines for juvenile justice caregivers adhering to reasonable and prudent standards
- The Preventing and Strengthening Families Act
- Orientation for DCWL child caring institutions
- Determination of care protocols for placement referrals
- Analysis of juvenile justice residential data and racial disparities in placements
- SCAO juvenile justice training and insights from the Michigan Task Force on Juvenile Justice Reform
- Utilization of the Michigan Juvenile Justice Assessment System (MMJAS) recidivism tool
- Wayne County juvenile justice protocol and service delivery mechanisms

These training sessions have equipped our staff with the necessary knowledge and skills to effectively handle juvenile justice investigations and provide support to the youth in care.

Juvenile Justice Journey Continued

As part of our outreach process, we also revamped our website and distributed informative posters and literature to juvenile justice placement providers (pictured below), ensuring that both youth and staff are aware of how to contact our office for advocacy and information requests. The informational posters about the OCA were sent directly to 36 Juvenile Justice Facilities and were provided in English and Spanish and Arabic. All other languages were offered to be provided upon request, and a letter explaining the request process was sent with the initial mailing of posters. This process ensures that facilities can be compliant, and staff, guardians, and children in the juvenile justice system have access to information about the OCA and our processes. Feedback received from the facilities has been positive so far!



Through our collaboration with MDHHS, SCAO, and Wayne County our extensive training series achieved remarkable success. We extend our gratitude to the following individuals who contributed their support and training to our OCA team: Demetrius Starling, Jameilah Jenkins, Kelly Sesti, Erin House, Tanya Morrow, Nicole Faulds, Soleil Campbell, Elizabeth Shorter, Clinton Wirtz, Kristi Jeffrey, Tea Lowran, Melissa Fandel, Melissa Fernandez, Kimberly Runge, Kayla Miller, Sean Allen, Heather Srock, Michelle Sage, Cirea Strode, and Broderick Dwyer.

Juvenile Justice Timeline

- May 2023:** New position descriptions and organization chart created
- June 2023:** HR approvals for new positions began
- December 2023:** Hiring process and office rebranding processes began
- April 2024:** OCA begins liaising with MDHHS and other JJ partners to bring JJ training to the OCA.
- May 2024:** Training is scheduled, process begins to create internal policy and JJ handling processes.
- June 2024:** Training planning begins with SCAO for JJ processes, specific to OCA needs
- July 2024:** OCA executive team is attending the MJDA/MAFCA/JJAM summer conference
- August 2024:** Bi-weekly meetings begin with the Director of JJ reform
- September 2024:** OCA introduced our office at JJ conference to courts and JJ facilities. Training for OCA staff from MDHHS was held. Informational postcards and posters are shared with JJ facilities.
- October 2024:** SCAO JJ training for OCA staff is held.
- November 2024:** Drafts of the OCA Intake and investigation processes for JJ shared for feedback.
- December 2024:** OCA finalized and published internal JJ policy documents

Investigating Michigan's Foster Care System

A Path to Systemic Improvement

The Office of the Child Advocate (OCA) has identified concerning patterns within Michigan's foster care system through its investigations. These findings present a meaningful opportunity to conduct a data-driven analysis aimed at developing impactful recommendations for systemwide improvement.

To address these issues, the OCA has partnered with the Council for State Governments (CSG) to conduct a comprehensive investigation of Michigan's foster care system, a project led by Bobbie DeCamp our legislative, policy, and special projects administrator. The initiative will involve collaboration with child welfare stakeholders from the legislative, executive, and judicial branches, as well as child welfare experts, practitioners, and individuals with lived experience. This effort will include hosting multiple listening sessions and conducting individual interviews across the state.

Focus on Ambassadors in 2024

In 2024, the project focused on selecting key ambassadors from each Michigan Business Service Center (BSC) to champion the initiative. These ambassadors will play a crucial role in connecting the project team with individuals willing to share their experiences in listening sessions. The Children's Services Administration helped choose senior-level MDHHS ambassadors for each BSC. Additional ambassadors were recruited from various sectors, including MDHHS, private foster care agencies, the State Court Administrative Office, pediatric practitioners, the Michigan Department of Education, Child Advocacy Centers of Michigan, and Fostering Forward Michigan.

Engaging Stakeholders in 2025

In the next year, the project will conduct at least two listening sessions per BSC and offer one-on-one interviews for those preferring smaller settings. CSG will analyze data from these sessions and interviews, forming the basis for a one-to-two-day summit with stakeholders. The summit will address key child welfare policy issues and build consensus on actionable recommendations.

Comprehensive Analysis and Nationwide Research

In addition to stakeholder engagement, CSG will analyze OCA foster care investigations, review Michigan laws and policies affecting the foster care system and conduct nationwide research on best practices in foster care law and policy.

Project Outcome

The project will culminate in an OCA report with findings and recommendations for Michigan's policymakers, the Governor, and MDHHS. These recommendations will focus on legislative, regulatory, and policy improvements to enhance Michigan's foster care system.

A Vision for Change

By identifying root issues and incorporating insights from those closest to the system, this initiative seeks to foster meaningful change. Ultimately, it aims to create positive, lasting improvements for some of Michigan's most vulnerable children.

June 2024: The OCA submitted an RFP for a data driven review of Michigan's foster care system.

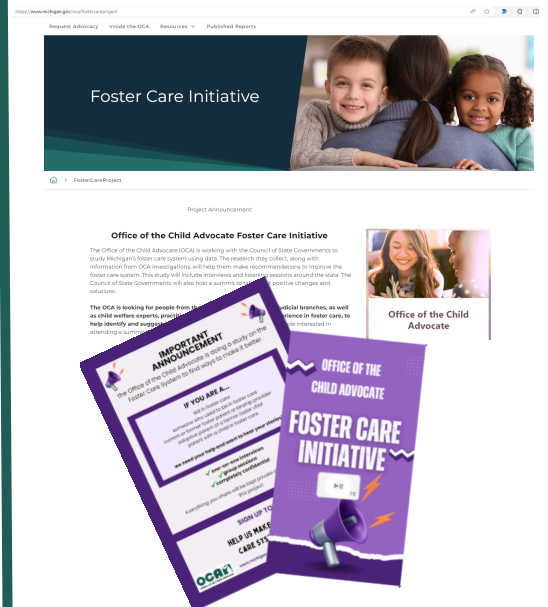
August 2024: Contract secured with Council for State Governments.

September 2024: Project kick-off on the 25th, request for DHHS partnership is sent.

October 2024: OCA and CSG began a grassroots effort to bring in data from individuals interacting with the foster care system. The OCA has liaised with CACMI, Genesee County's CAC, and SCAO in an effort to attract individuals interested in providing their experience. OCA web page launched: www.michigan.gov/oca/fostercareproject

November 2024: Process to build out regional "ambassadors" list to assist CSG begins

December 2024: DHHS Children's Services Administration Bureau Director, Kelly Sesti joins the effort. Project road map developed. CSG staff completed SOM security requirements and shared workspaces were created.



Upgrading our case management system

Continuous improvement in our daily operations

Currently, the OCA uses a software referred to as MiCAIS as a case management and reporting system for our daily operations. Over time, as with any technology, the software has been upgraded and in 2024 the OCA launched a project to implement those upgrades.

In addition to providing basic processing enhancements, this upgrade will create a system more directly configurable by OCA staff. The ability to configure a system to suit day-to-day operations will allow for more efficient and effective case handling. While remaining an off-the-shelf product that is cost effective to maintain, the configuration process will allow the OCA to make adjustments as needed, without the delay associated with having to go through the vendor for changes. Building a reliable system and using it to gather case information accurately will allow the OCA to continue to improve our public education and advocacy actions.

The implementation team comprised of Case IQ vendor staff, DTMB Agency Services, and OCA's Project Support Administrator, Amie Miller, set a project timeline and deliverables and have been diligently working to bring the project to completion on time and on budget.

May 2024: Change Notice for project drafted and sent to Vendor and Procurement for approval & OCA process mapping and current system documentation begins

June 2024: Internal process mapping complete, and Change Notice approved

September 2024: Project Kick-off

October 2024: UAT environment made available by Case IQ to begin system testing

December 2024: Initial workflow established, data migration mapping and integration testing begins

TEN-4 FACESp Initiative

Our efforts to save children's lives

In 2024 the OCA set out on a mission to share information with mandatory reporters on how to recognize injuries of child abuse in children 4 years of age and younger.

Partnering with MDHHS's EMS for Children Coordinator Dr. Samantha Mishra, as well as other medical professionals, law enforcement, and first responders, the OCA produced an educational video and empowerment document to be shared across the state of Michigan. The document and video can be found on our website: https://www.michigan.gov/oca/continuing-education/child_abuse_prevention.

The OCA used a strategic communication plan, partnering with the Michigan Department of Licensing and Regulatory Affairs (LARA), Michigan Commission on Law Enforcement Standards (MCOLES), Michigan State Police, Michigan Medicine, Child Advocacy Centers of Michigan, Michigan Association of Chiefs of Police, Michigan Sheriff's Association, and MDHHS, we employed an email campaign to reach mandated reporters of child abuse.



316,023
emails sent



285,007
emails opened



12,263
clicks on links



9,714
resources opened

2024 MDHHS Recommendations

Under authority pursuant to The Child Advocate Act, the OCA respectfully submits a report of findings and recommendations as they see fit to MDHHS or legislative representatives. These recommendations may effectuate positive change and can improve the lives of similarly situated children involved in Michigan's child welfare system. Before publishing, MDHHS has 60 days to provide a written response to this report in defense or mitigation of the action. The published reports found at www.michigan.gov/oqa/published-reports will include any statement of reasonable length made to the OCO by MDHHS. The recommendations included in this report were previously published, and some will reflect the OCA's former name, Office of the Children's Ombudsman.

Given the nature of our responsibilities, the OCA review is inherently prompted by a worst-case scenario. The investigation and review aim to give a voice to the child or children involved. It is important for readers to understand the majority of cases investigated and managed by child protective services, foster care, adoption, and juvenile justice, do not lead to the 'worst-case-scenario.' The OCA has also reviewed hundreds of instances where MDHHS' child welfare programs have been successful for children and families, where dedicated child welfare professionals help families remain strong and together in the face of adversity. While the OCA reviews specific cases, the items identified in the findings and recommendations highlight missed opportunities observed by the OCA. If addressed by legislation and/or MDHHS, the OCA believes it can help prevent future instances of harm.

Recommendations published January 10, 2024: In cases of parental mental health, particularly those with serious mental health diagnosis like psychosis and schizophrenia, incidents such as the tragic death of a child, may not be 100% preventable, however, CPS can make amendments to policy to ensure that proper assessments and collateral contacts are being completed to help ensure families can remain safe together.

Recommendation 1: The children's ombudsman recommends MDHHS amend CPS policy 713-01, requiring caseworkers to make a collateral contact with mental health professionals when there is evidence of psychosis in a parent during a CPS investigation. This required contact would aid CPS in determining if mental health professionals believe the parent is compliant with treatment, services and if there is any concern for harm to the children.

MDHHS Response to Recommendation 1: Current CPS policy does recommend case managers make collateral contacts to thoroughly assess child safety during an investigation, including contact with mental health providers. However, MDHHS will work with medical and mental health experts and other key stakeholders to determine when specific collateral contacts should be required based on the unique circumstances of a case to better assess a parents' and caregivers' mental health and the potential impact on safety. MDHHS is proactively working to identify behavioral health services across the state to better connect families to services.

Recommendation 2: The children's ombudsman recommends CPS policy manual define psychosis.

MDHHS Response to Recommendation 2: MDHHS agrees and will work with mental health experts to define psychosis in CPS policy.

Recommendation 3: The children's ombudsman recommends MDHHS amend CPS policy 711-2 relating to threatened harm, expanding the definition of this to include the mental health of a parent. This can require a threatened harm assessment when the parent has history of mental health diagnosis in previous CPS investigations and the current case involves concerns relating to the parents' mental health and ability to meet the child's needs.

2024 MDHHS Recommendations cont.

MDHHS Response to Recommendation 3: MDHHS agrees and will review the current threatened harm assessment with medical and mental health experts, other key stakeholders, and child welfare case managers and their supervisors to determine how best to utilize the assessment in cases involving a parent or caregiver's mental health to ensure the safety and well-being of children. Policy will be updated to reflect any recommendations.

Recommendation 4: The children's ombudsman recommends CPS amend policy 713-11 pertaining to the threatened harm assessment. An amendment to require an assessment by the case manager when mental health is present in one or both caregivers and the prior history relates to concerns surrounding mental health. The threatened harm assessment would then require the worker to evaluate and assess the "severity of past behavior, length of time since past incident, evaluation of services, benefit from services (including if conditions have been rectified) and vulnerability of child(ren)." This information can aid CPS in comprehensively determining if threatened harm remains a factor for maltreatment and/or if CPS should request court involvement.

MDHHS Response to Recommendation 4: MDHHS agrees and will review the current threatened harm assessment with medical and mental health experts, other key stakeholders, and child welfare case managers and their supervisors to determine how best to utilize the assessment in cases involving a parent or caregiver's mental health to ensure the safety and well-being of children. Policy will be updated to reflect any recommendations.

Recommendation 5: The OCO recommends CPS amend policy 713-11 to add a question to the safety assessment specifically surrounding parental mental health similar to those found in New York and Ohio CPS safety assessments.

MDHHS Response to Recommendation 5: MDHHS is actively revising the department's safety assessment in partnership with Evident Change and will consider this recommendation during development. CPS policy will be amended to reflect the questions and other assessment items within the revised safety assessment upon completion.

The following recommendations were also published January 10, 2024. The Children's Ombudsman provided similar recommendations concerning medical assessments and contact with medical providers through OCO investigations, 2020-0440, 2022-0263, and the 2022 Office of Children's Ombudsman annual report.

Recommendation 1: The OCO recommends MDHHS amend 'PSM 713-04 Medical Examination and Assessment', to require the assigned case manager conduct interviews with treating medical professional(s) as part of an investigation into physical abuse, sexual abuse, and/or severe physical injury.

MDHHS Response to Recommendation 1: MDHHS agrees that a policy change requiring the assigned case manager to pursue interviews with the treating medical professionals would be beneficial. Current policy allows case managers to speak to other professionals at the medical facility to gather and relay information to avoid potentially critical delays in examination and an update to require staff to pursue interviews with the treating physician will be explored.

Recommendation 2: The OCO recommends MDHHS amend PSM 713-01 to require that case conferences between CPS case managers and their supervisors be documented in narrative format in the case file's social work contacts.

MDHHS Response to Recommendation 2: MDHHS agrees, has prepared draft policy language, and is soliciting final feedback prior to implementation.

2024 MDHHS Recommendations cont.

The following recommendations were published April 5, 2024.

Recommendation 1: The Child Advocate recommends that when child abuse or neglect is present Kalamazoo County MDHHS-CPS comply with Michigan law and take the necessary actions to protect the child from their abuser or neglecter.

MDHHS Response to Recommendation 1: Agree

Recommendation 2: To assist Kalamazoo County CPS, and any other county agreeable to this solution, the Child Advocate recommends that MDHHS adopt a process of CPS case management review when there are allegations of severe abuse and/or neglect. This review can include the following process:

- a. The first line Children's Protective Services Manager requests a Case Review Conference with the Children's Protective Services Program Manager regarding the CPS Investigation/Ongoing Case.
- b. A meeting between the parties is scheduled and held within 24 hours of the initial request.
- c. The managers review the documents that memorialized the steps taken in the active investigation, service plan, or updated service plan, as well as the case history before the scheduled meeting.
- d. A case conference will be held with the Children's Protective Services Program Manager regarding the active investigation/ongoing case via telephone, Microsoft TEAMS, or in person.
- e. The Children's Protective Services Manager provides the Children's Protective Services Program Manager with an overview of the case, as well as the protective interventions that have occurred and progress regarding the investigation/ongoing case to date. A consensus will be reached regarding necessary case actions after the following items are discussed:
 - i. What are the allegations listed in the complaint?
 - ii. Who were the identified victims and perpetrators?
 - iii. How many children are in the home and what ages?
 - iv. What are the identified needs for the family and child based on the CANS/FANS, FTM/TDM, and interactions?
 - v. What services have been provided to the family to date? Have there been any barriers to providing services?
 - vi. What safety plans are currently in place?
 - vii. Who are the identified supports for the family?
 - viii. What, if any, are the safety concerns?
 - ix. What are the service recommendations?
- f. The conference between the Children Protective Services Manager and Program Manager be documented in narrative format in the MiSACWIS case file in a social work contact.

MDHHS Response to Recommendation 2: Effective August 21, 2023, MDHHS implemented the Statewide Critical Case Review (CCR) process to better assess high risk investigations and provide critical support to staff. The protocol is intended to further support local office staff and supervisors with challenging and often complex safety decisions through a team-oriented approach to help ensure the safety and well-being of children and families. The process engages all levels of leadership within the local office throughout the investigation for required cases, up to and including the district manager and/or county director and requires robust discussion at designated points during the investigation. Discussion points include, but are not limited to prior child welfare history, child and family strengths, barriers, concerns, and safety planning. A final disposition conference must occur prior to case disposition.

2024 Annual Recommendations cont.

MDHHS Response Cont.

The current scope requires a CCR for the assigned referrals outlined below.

CPS referrals involving an alleged child victim three years of age and under with the assigned maltreatment type of physical injury that include any of the following:

- Physical injury.
- Threatened harm of physical injury involving excessive physical discipline without a visible injury or unknown injury.
- Infants exposed to substances, except for those exposed only to THC.

AND a family history that includes – A prior confirmed case of physical abuse, physical injury, threatened harm of physical injury, or other related maltreatment type with a parent or living together partner (LTP) as the identified perpetrator. OR one or more denied investigations that involve allegations of physical abuse, threatened harm or failure to protect regardless of alleged perpetrator type, or physical injury, threatened harm of physical injury, or placing a child at an unreasonable risk.

In cases where CCR criteria are not met upon initial review yet are determined to meet criteria throughout the course of the investigation, the CCR protocol must be followed. All items of the protocol should be reviewed, with the understanding that upper management should be involved at the first case conference (even if delayed) and prior to disposition.

MDHHS will review the current scope to determine if enhancements should be made based on the OCA's recommendations.

The following recommendations were published May 16, 2024

Recommendation 1: The Child Advocate recommends MDHHS amend PSM 713-01 surrounding vulnerable children, to state the case manager must contact and speak with the physician or medical personnel who are treating the vulnerable child's medical condition (or, who are the most knowledgeable about the medical condition...). This policy change would allow the case manager to ask a treating physician questions about whether or not the child's medical needs are being met, and if there are concerns for abuse and/or neglect.

MDHHS Response to Recommendation 1: The vulnerable child policy was modified in 2019 from requiring contact with a medical professional to complete the assessment to contacting one or more individuals, excluding the perpetrator, with knowledge of the child's needs. This policy change was informed by feedback from medical providers and others, indicating the requirement was overwhelming and not achieving the intended outcome. While contacting a medical professional to complete the vulnerable child assessment is appropriate in the referenced case, there may be children considered vulnerable, who do not have a medical condition or require ongoing medical care outside of routine well-child visits. Contacting a medical professional in these cases may not provide the best insight into how well a parent or caregiver is meeting a child's needs and may inadvertently inundate medical providers and their offices and unintentionally compromise child safety. The Department recognizes there may be an opportunity to enhance this policy further for vulnerable children, specifically who have a significant or diagnosed medical condition, and will explore the requirement for CPS to make efforts to contact the treating provider for children who meet this criterion as part of the vulnerable child assessment. Any enhancements to this policy will be informed by medical professionals, child welfare staff and their supervisors, and other key stakeholders to help ensure the intended outcome is achieved.

The following recommendation was published on October 18, 2024.

Recommendation 1: The Child Advocate recommends once funding is appropriated for the Redetermined Adoption Assistance Program, MDHHS comply with the requirements outlined in MCL 400.115t.

MDHHS Response to Recommendation 1: Agree.

CLOSING

Moving into 2025

As we reflect on the progress made in 2024, we remain steadfast in our mission to protect and advocate for the children of Michigan. This report serves as a testament to the dedication of the Office of the Child Advocate (OCA) and our collaborative partners in addressing the challenges within the child welfare and juvenile justice systems.

Looking ahead to 2025, we are committed to expanding our impact even further. In the coming year, we will focus on strengthening partnerships, enhancing public education efforts, and advocating for evidence-based policy reforms that promote better outcomes for children and families. We will be attending conferences and community days where we can share our mission and provide our services to more Michigan children and families. We will continue to improve our website and resource pages, as well as our shared written materials. Our Foster Care Initiative will be in full swing in 2025, where we will be listening to child welfare professionals, and children and families with lived experience tell their stories. We will take those stories and experiences and use them to make more robust and meaningful recommendations moving forward.

We will also prioritize increasing transparency and accountability within the juvenile justice system, as part of our newly expanded oversight responsibilities. We will continue working with facilities and other juvenile justice organizations. Our team is determined to tackle emerging issues with innovation and compassion, always striving to serve as a beacon of hope and change.

We thank you for your support and shared commitment to safeguarding the well-being of Michigan children. Without the support of the governor, Legislature, public and private agencies, and Michigan residents, we couldn't achieve our annual goals. Together, we can create a brighter future for all.

APPENDIX A

As part of the annual report process, the OCA provides MDHHS a copy of all recommendations that will be included. They are then given the opportunity to respond to the recommendations and provide additional feedback or updates. Included in this appendix, readers will find the responses to our 2024 recommendations.



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

March 12, 2025

Ryan Speidel, Director
Office of Child Advocate
111 S. Capitol Avenue
Lansing, Michigan 48933

Dear Mr. Speidel:

The following are Michigan Department of Health and Human Services (MDHHS) updates regarding developments since the publication of previous Office of the Child Advocate (OCA) Reports of Findings and Recommendations. The original OCA recommendations are in green, the original MDHHS responses are in black, and the current MDHHS annual update responses are in blue.

2024 Annual Report Recommendations

Under authority pursuant to The Child Advocate Act, MCL 722.930, the OCA respectfully submits a report of findings and recommendations as they see fit to MDHHS or Legislative representatives. These recommendations may effectuate positive change and can improve the lives of similarly situated children involved in Michigan's child welfare system. Before publishing, MDHHS has 60 days to provide a written response to this report in defense or mitigation of the action. The published reports found at www.michigan.gov/oca/published-reports will include any statement of reasonable length made to the OCO by MDHHS.

Given the nature of our responsibilities, the OCA review is inherently prompted by a worst-case scenario. The investigation and review aim to give a voice to the child or children involved. It is important for readers to understand the majority of cases investigated and managed by child protective services, foster care, adoption, and juvenile justice, do not lead to the 'worst-case-scenario.' The OCA has also reviewed hundreds of instances where MDHHS' child welfare programs have been successful for children and families, where dedicated child welfare professionals help families remain strong and together in the face of adversity. While the OCA reviews specific cases, the items identified in the findings and recommendations highlight missed opportunities observed by the OCA. If addressed by Legislation and/or MDHHS the OCA believes it can help prevent future instances of harm.

Recommendations: In cases of parental mental health, particularly those with serious mental health diagnosis like psychosis and schizophrenia, incidents such as this tragic death of a child and injury to another, may not be 100% preventable, however, CPS can make amendments to policy to ensure that proper assessments and collateral contacts are being completed to help ensure families can remain safe together. The following recommendations were published January 10, 2024.

APPENDIX A

Recommendation 1: The children’s ombudsman recommends MDHHS amend CPS policy 713-01, requiring caseworkers to make a collateral contact with mental health professionals when there is evidence of psychosis in a parent during a CPS investigation. This required contact would aid CPS in determining if mental health professionals believe the parent is compliant with treatment, services and if there is any concern for harm to the children.

MDHHS Response to Recommendation 1: Current CPS policy does recommend case managers make collateral contacts to thoroughly assess child safety during an investigation, including contact with mental health providers. However, MDHHS will work with medical and mental health experts and other key stakeholders to determine when specific collateral contacts should be required based on the unique circumstances of a case to better assess a parents’ and caregivers’ mental health and the potential impact on safety. MDHHS is proactively working to identify behavioral health services across the state to better connect families to services.

MDHHS Annual Update Response to Recommendation 1: MDHHS continues to discuss various observations and recommendations related to better assessing parent and caregiver mental health during CPS investigations, including how best to support staff in their assessments and families in their engagement with services.

A meeting was held with the Bureau of Children's Coordinated Health, Policy, and Supports (BCCCHPS) on February 25, 2025, to further discuss the assessment of mental health during CPS investigations to ensure any potential approaches are well informed and effective. The following topics were discussed:

- How CPS should approach cases involving known or suspected mental health concerns on behalf of a parent/caregiver. For example, for cases in which there is known parental mental health history, the parent/caregiver is not interested/willing to participate in services, and there are child safety concerns, how should CPS best assess these concerns? How should CPS approach the parent/caregiver about engagement in services to address any immediate concerns?
- How CPS should approach cases in which there is no known parental mental health history, mental health concerns are suspected, and the parent/caregiver does not recognize the concerns, potentially impacting child safety. How should CPS best assess these concerns? How should CPS approach the parent/caregiver about engagement in services to address any immediate concerns?
- Any brief assessments CPS case managers may use to conduct a better assessment of mental health at the onset of an investigation, including what should be done with the information they collect.
- Who staff can connect with in real time to address any immediate concerns and identify services and supports for families involving mental health concerns.
- How best to offer statewide guidance while considering the unique makeup of each region, county, and community and varying access to mental health services and support across the state.

A follow-up meeting is scheduled for March 24, 2025, to offer additional time for research and discussion. Insights from this team will help inform CSA’s approach moving forward. Other key partners will be engaged as needed to solidify any formal recommendations for policy and practice enhancements.

APPENDIX A

Recommendation 2: The children's ombudsman recommends CPS policy manual define psychosis.

MDHHS Response to Recommendation 2: MDHHS agrees and will work with mental health experts to define psychosis in CPS policy.

MDHHS Annual Update Response to Recommendation 2: The collaboration with BCCHPS is intended to help solidify next steps in relation to assessing and responding to mental health concerns during CPS investigations, which is necessary prior to embedding a definition of psychosis into CPS policy. This will help ensure CPS case managers are better prepared to respond if psychosis is suspected or confirmed by a mental health professional.

Recommendation 3: The children's ombudsman recommends MDHHS amend CPS policy 711-2 relating to threatened harm, expanding the definition of this to include the mental health of a parent. This can require a threatened harm assessment when the parent has history of mental health diagnosis in previous CPS investigations and the current case involves concerns relating to the parents' mental health and ability to meet the child's needs.

MDHHS Response to Recommendation 3: MDHHS agrees and will review the current threatened harm assessment with medical and mental health experts, other key stakeholders, and child welfare case managers and their supervisors to determine how best to utilize the assessment in cases involving a parent or caregiver's mental health to ensure the safety and well-being of children. Policy will be updated to reflect any recommendations.

MDHHS Annual Update Response to Recommendation 3: MDHHS continues to discuss various observations and recommendations related to better assessing parent and caregiver mental health during CPS investigations, including how best to support staff in their assessments and families in their engagement with services.

A meeting was held with the Bureau of Children's Coordinated Health, Policy, and Supports (BCCHPS) on February 25, 2025, to further discuss the assessment of mental health during CPS investigations to ensure any potential approaches are well informed and effective. The following topics were discussed:

- How CPS should approach cases involving known or suspected mental health concerns on behalf of a parent/caregiver. For example, for cases in which there is known parental mental health history, the parent/caregiver is not interested/willing to participate in services, and there are child safety concerns, how should CPS best assess these concerns? How should CPS approach the parent/caregiver about engagement in services to address any immediate concerns?
- How CPS should approach cases in which there is no known parental mental health history, mental health concerns are suspected, and the parent/caregiver does not recognize the concerns, potentially impacting child safety. How should CPS best assess these concerns? How should CPS approach the parent/caregiver about engagement in services to address any immediate concerns?
- Any brief assessments CPS case managers may use to conduct a better assessment of mental health at the onset of an investigation, including what should be done with the information they collect.
- Who staff can connect with in real time to address any immediate concerns and identify services and supports for families involving mental health concerns.
- How best to offer statewide guidance while considering the unique makeup of each region, county, and community and varying access to mental health services and support across the state.

A follow-up meeting is scheduled for March 24, 2025, to offer additional time for research and discussion. Insights from this team will help inform CSA's approach moving forward. Other key partners will be engaged as needed to solidify any formal recommendations for policy and practice enhancements.

APPENDIX A

Recommendation 4: The children's ombudsman recommends CPS amend policy 713-11 pertaining to the threatened harm assessment. An amendment to require an assessment by the case manager when mental health is present in one or both caregivers and the prior history relates to concerns surrounding mental health. The threatened harm assessment would then require the worker to evaluate and assess the "severity of past behavior, length of time since past incident, evaluation of services, benefit from services (including if conditions have been rectified) and vulnerability of child(ren)." This information can aid CPS in comprehensively determining if threatened harm remains a factor for maltreatment and/or if CPS should request court involvement.

MDHHS Response to Recommendation 4: MDHHS agrees and will review the current threatened harm assessment with medical and mental health experts, other key stakeholders, and child welfare case managers and their supervisors to determine how best to utilize the assessment in cases involving a parent or caregiver's mental health to ensure the safety and well-being of children. Policy will be updated to reflect any recommendations.

MDHHS Annual Update Response to Recommendation 4: MDHHS continues to discuss various ways to better assess parent and caregiver mental health during CPS investigations, including how best to support staff in their assessments and families in their engagement with services.

A meeting was held with the Bureau of Children's Coordinated Health, Policy, and Supports (BCCHPS) on February 25, 2025, to further discuss the assessment of mental health during CPS investigations to ensure any potential approaches are well informed and effective. The following topics were discussed:

- How CPS should approach cases involving known or suspected mental health concerns on behalf of a parent/caregiver. For example, for cases in which there is known parental mental health history, the parent/caregiver is not interested/willing to participate in services, and there are child safety concerns, how should CPS best assess these concerns? How should CPS approach the parent/caregiver about engagement in services to address any immediate concerns?
- How CPS should approach cases in which there is no known parental mental health history, mental health concerns are suspected, and the parent/caregiver does not recognize the concerns, potentially impacting child safety. How should CPS best assess these concerns? How should CPS approach the parent/caregiver about engagement in services to address any immediate concerns?
- Any brief assessments CPS case managers may use to conduct a better assessment of mental health at the onset of an investigation, including what should be done with the information they collect.
- Who staff can connect with in real time to address any immediate concerns and identify services and supports for families involving mental health concerns.
- How best to offer statewide guidance while considering the unique makeup of each region, county, and community and varying access to mental health services and support across the state.

A follow-up meeting is scheduled for March 24, 2025, to offer additional time for research and discussion. Insights from this team will help inform CSA's approach moving forward. Other key partners will be engaged as needed to solidify any formal recommendations for policy and practice enhancements.

APPENDIX A

Recommendation 5: The OCO recommends CPS amend policy 713-11 to add a question to the safety assessment specifically surrounding parental mental health similar to those found in New York and Ohio CPS safety assessments.

MDHHS Response to Recommendation 5: MDHHS is actively revising the department's safety assessment in partnership with Evident Change and will consider this recommendation during development. CPS policy will be amended to reflect the questions and other assessment items within the revised safety assessment upon completion.

MDHHS Annual Update Response to Recommendation 5: MDHHS has assessed this recommendation in depth. An enhanced safety assessment will be used to (1) help assess whether any children are currently in imminent danger of serious harm that may require a protective intervention; and (2) determine what interventions should be maintained or initiated to provide appropriate protection. Immediate harm factors describe caregiver behavior that has a harmful impact on the child or is likely to lead to harm to a child if there is no intervention, with an emphasis on behavior and impact versus a specific condition or diagnosis; therefore, a question related to parental mental health specifically is not included.

Caregiver complicating factors, like mental health, will be embedded within the enhanced safety assessment. These factors will help highlight considerations when assessing for and planning to mitigate immediate harm. While the enhanced safety assessment is complete, implementation is pending the transition to the Comprehensive Child Welfare Information System (CCWIS). In the interim, CPS program office is working with the department's policy and legislation offices and BCCHPS to enhance guidance around assessments involving mental health concerns.

The following recommendations were also published January 10, 2024.

The children's ombudsman provided similar recommendations concerning medical assessments and contact with medical providers through OCO investigations, 2020-0440, 2022-0263, and the 2022 Office of Children's Ombudsman annual report.

Recommendation 1: The OCO recommends MDHHS amend 'PSM 713-04 Medical Examination and Assessment', to require the assigned case manager conduct interviews with treating medical professional(s) as part of an investigation into physical abuse, sexual abuse, and/or severe physical injury.

MDHHS Response to Recommendation 1: MDHHS agrees that a policy change requiring the assigned case manager to pursue interviews with the treating medical professionals would be beneficial. Current policy allows case managers to speak to other professionals at the medical facility to gather and relay information to avoid potentially critical delays in examination and an update to require staff to pursue interviews with the treating physician will be explored.

MDHHS Annual Update Response to Recommendation 1:

Effective August 1, 2023, PSM 713-04 requires the following:

Case managers must make efforts to speak directly with the examining medical practitioner; however, if the medical practitioner is not available, the case manager may provide the information to a professional at the medical facility and provide case manager contact information for any questions the medical practitioner may have. Attempts must be made throughout the duration of the investigation to speak to the examining medical practitioner. Efforts must be documented in social work contacts.

APPENDIX A

Recommendation 2: The OCO recommends MDHHS amend PSM 713-01 to require that case conferences between CPS case managers and their supervisors be documented in narrative format in the case file's social work contacts.

MDHHS Response to Recommendation 2: MDHHS agrees, has prepared draft policy language, and is soliciting final feedback prior to implementation.

MDHHS Annual Update Response to Recommendation 2: Effective March 1, 2024, the following policy is in effect:

During every investigation and each extension period, supervisors must hold and document at least one case conference to discuss, in detail, the status of the investigation. Case conferences must be documented in a social work contact. The contact should explain the detailed discussion and how each of the items below were reviewed:

- Face-to-face social work contacts, child safety concerns, and any follow-up needed to ensure child safety.
- Safety plans, including proactive and reactive steps, and any adjustments needed to ensure ongoing child safety.
- Observation of photographs, videos, and relevant records (medical, police, etc.) and any follow-up needed to ensure child safety.

Case conferences may be conducted in-person or by video conference.

The following recommendations were published April 5, 2024.

Recommendation 1: The Child Advocate recommends that when child abuse or neglect is present Kalamazoo County MDHHS-CPS comply with Michigan law and take the necessary actions to protect the child from their abuser or neglecter.

MDHHS Response to Recommendation 1: Agree

MDHHS Annual Update Response to Recommendation 1: Kalamazoo continues to comply with Michigan law and take the necessary actions to protect children. Kalamazoo County also conducts a positive peer review, conducts Critical Case Reviews, and works with the Business Service Center team to have positive outcomes for children.

Recommendation 2: To assist Kalamazoo County CPS, and any other county agreeable to this solution, the Child Advocate recommends that MDHHS adopt a process of CPS case management review when there are allegations of severe abuse and/or neglect. This review can include the following process:

- The first line Children's Protective Services Manager requests a Case Review Conference with the Children's Protective Services Program Manager regarding the CPS Investigation/Ongoing Case.
- A meeting between the parties is scheduled and held within 24 hours of the initial request.
- The managers review the documents that memorialized the steps taken in the active investigation, service plan, or updated service plan, as well as the case history before the scheduled meeting.
- A case conference will be held with the Children's Protective Services Program Manager regarding the active investigation/ongoing case via telephone, Microsoft TEAMS, or in person.

APPENDIX A

- The Children's Protective Services Manager provides the Children's Protective Services Program Manager with an overview of the case, as well as the protective interventions that have occurred and progress regarding the investigation/ongoing case to date. A consensus will be reached regarding necessary case actions after the following items are discussed:

- o What are the allegations listed in the complaint?
- o Who were the identified victims and perpetrators?
- o How many children are in the home and what ages?
- o What are the identified needs for the family and child based on the CANS/FANS, FTM/TDM, and interactions?
- o What services have been provided to the family to date? Have there been any barriers to providing services?
- o What safety plans are currently in place?
- o Who are the identified supports for the family?
- o What, if any, are the safety concerns?
- o What are the service recommendations?

- The conference between the Children Protective Services Manager and Program Manager be documented in narrative format in the MISACWIS case file in a social work contact.

MDHHS Response to Recommendation 2: Effective August 21, 2023, MDHHS implemented the Statewide Critical Case Review (CCR) process to better assess high risk investigations and provide critical support to staff. The protocol is intended to further support local office staff and supervisors with challenging and often complex safety decisions through a team-oriented approach to help ensure the safety and well-being of children and families. The process engages all levels of leadership within the local office throughout the investigation for required cases, up to and including the district manager and/or county director and requires robust discussion at designated points during the investigation. Discussion points include, but are not limited to prior child welfare history, child and family strengths, barriers, concerns, and safety planning. A final disposition conference must occur prior to case disposition.

The current scope requires a CCR for the assigned referrals outlined below.

CPS referrals involving an alleged child victim three years of age and under with the assigned maltreatment type of physical injury that include any of the following:

- Physical injury.
- Threatened harm of physical injury involving excessive physical discipline without a visible injury or unknown injury.
- Infants exposed to substances, except for those exposed only to THC

AND a family history that includes – A prior confirmed case of physical abuse, physical injury, threatened harm of physical injury, or other related maltreatment type with a parent or living together partner (LTP) as the identified perpetrator. OR one or more denied investigations that involve allegations of physical abuse, threatened harm or failure to protect regardless of alleged perpetrator type, or physical injury, threatened harm of physical injury, or placing a child at an unreasonable risk.

In cases where CCR criteria are not met upon initial review yet are determined to meet criteria throughout the course of the investigation, the CCR protocol must be followed. All items of the protocol should be reviewed, with the understanding that upper management should be involved at the first case conference (even if delayed) and prior to disposition.

The MDHHS will review the current scope to determine if enhancements should be made based on the OCA's recommendations.

APPENDIX A

MDHHS Annual Update Response to Recommendation 2: Effective August 21, 2023, MDHHS implemented the Statewide Critical Case Review (CCR) process to better assess high risk investigations and provide critical support to staff. The process is intended to further support local office staff and supervisors with challenging and often complex safety decisions through a team-oriented approach to help ensure the safety and well-being of children and families. The process engages all levels of leadership within the local office throughout the investigation for required cases, up to and including the district manager and/or county director and requires robust discussion at designated points during the investigation. Discussion points include, but are not limited to prior child welfare history, child and family strengths, barriers, concerns, viewing any photos of injuries, and safety planning. A final disposition conference must occur prior to case disposition.

As part of this process, a CCR document must be completed and uploaded into the documents section of the electronic case management system on every qualifying case. Additionally, social work contacts will be required to document each of the meetings that occurred at required points, and who was in attendance. To ensure proper identification and tracking of cases meeting criteria, a CCR survey must be completed in Microsoft Forms for every investigation within five calendar days of supervisory approval by the approving supervisor, or their designee, regardless of whether the investigation is confirmed or not, AND for every ongoing case that meets criteria within five calendar days of ongoing case closure by the approving supervisor or their designee.

The current process requires a CCR for assigned referrals as outlined below:

- Children's Protective Services (CPS) referrals involving an alleged child victim under 4 years of age with the assigned maltreatment type of physical injury,

AND a family history that includes:

- At least one denied or confirmed investigation, with the parent(s) or non-parent household member (aka Living Together Partner/LTP) being the alleged or confirmed perpetrator, of physical abuse, physical injury, threatened harm of physical injury, or threatened harm of physical abuse.

In cases where CCR criteria are not met upon initial review yet are later determined to meet criteria throughout the course of the investigation, the CCR process must be followed. All items of the process should be reviewed, with the understanding that upper management should be involved at the first case conference (even if delayed) and prior to disposition. The department will continue to review the current process to determine if enhancements should be made based on the OCA's recommendations.

Recommendation 3: The Child Advocate recommends that MDHHS correct the disposition of the October 2021 CPS investigation to reflect a preponderance of evidence for the medical neglect of The Child by The Parent changing the disposition into a Category II (a Category I with a mandated petition is not warranted as The Parent has no surviving children in which she maintains parental rights).

MDHHS Response to Recommendation 3: Kalamazoo County DHHS corrected the disposition of the October 2021 investigation on January 8, 2024.

MDHHS Annual Update Response to Recommendation 3: Agree. Kalamazoo County MDHHS corrected the disposition of the October 2021 investigation on January 8, 2024.

The following recommendations were published May 16, 2024

Recommendation 1: The Child Advocate recommends MDHHS amend PSM 713-01 surrounding vulnerable children, to state the case manager must contact and speak with the physician or medical personnel who are treating the vulnerable child's medical condition (or, who are the most knowledgeable about the medical condition...). This policy change would allow the case manager to ask a treating physician questions about whether or not the child's medical needs are being met, and if there are concerns for abuse and/or neglect.

APPENDIX A

MDHHS Response to Recommendation 1: The vulnerable child policy was modified in 2019 from requiring contact with a medical professional to complete the assessment to contacting one or more individuals, excluding the perpetrator, with knowledge of the child's needs. This policy change was informed by feedback from medical providers and others, indicating the requirement was overwhelming and not achieving the intended outcome. While contacting a medical professional to complete the vulnerable child assessment is appropriate in the referenced case, there may be children considered vulnerable, who do not have a medical condition or require ongoing medical care outside of routine well-child visits. Contacting a medical professional in these cases may not provide the best insight into how well a parent or caregiver is meeting a child's needs and may inadvertently inundate medical providers and their offices, and unintentionally compromise child safety. The Department recognizes there may be an opportunity to enhance this policy further for vulnerable children, specifically who have a significant or diagnosed medical condition, and will explore the requirement for CPS to make efforts to contact the treating provider for children who meet this criterion as part of the vulnerable child assessment. Any enhancements to this policy will be informed by medical professionals, child welfare staff and their supervisors, and other key stakeholders to help ensure the intended outcome is achieved.

MDHHS Annual Update Response to Recommendation 1: The department has reviewed this recommendation, and other observations related to the vulnerable child assessment, and agree that enhancements are needed. Policy language will be drafted for feedback from various diverse partners, including medical professionals and child welfare staff.

The following recommendations were published October 18, 2024

Recommendation 1: The Child Advocate recommends the legislature provides additional funding to ensure that MDHHS receives capital for the Redetermined Adoption Assistance Program as outlined in MCL 400.115t. The funding allocation should consider the necessary services to assist Michigan's adoptive families requiring care redetermination, as well as sufficient staffing within MDHHS to effectively support these families. Additionally, it is advised that this program be designated as a specific line item in the MDHHS budget to secure funding, given that it has not received financial support since its establishment in 2015.

MDHHS Response to Recommendation 1: Agree.

MDHHS Update Response to Recommendation 1: Agree.

Recommendation 2: The Child Advocate recommends once funding is appropriated for the Redetermined Adoption Assistance Program, MDHHS comply with the requirements outlined in MCL 400.115t.

MDHHS Response to Recommendation 2: Agree.

MDHHS Update Response to Recommendation 2: Agree.

Thank you for the opportunity to respond to your questions. If you have questions or concerns, please feel free to contact me.

Sincerely,



Demetrius Starling, Senior Deputy Director
Children's Services Administration



Office of the Child Advocate

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