Children's Services Agency
Division of Continuous Quality Improvement

Child and Family Services Plan
2015 - 2019

2017 Annual Progress and Services Report

Strengthening Our Focus on Children and Families

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

June 2016

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Michigan's Child and Family Services Plan and Annual Progress and Services Report Contact

Debora Buchanan, Director, Division of Continuous Quality Improvement
Michigan Department of Health and Human Services
235 S. Grand Avenue, Suite 504, P.O. Box 30037
Lansing, MI 48909-0037
517-241-9576
buchanand@michigan.gov

Michigan's Child Abuse Prevention and Treatment Act (CAPTA) Coordinator

Colin Parks, Manager, Children's Protective Services Policy and Program Office
Michigan Department of Health and Human Services
235 S. Grand Avenue, Suite 510, P.O. Box 30037
Lansing, MI 48909-0037
517-388-5125
parksc@michigan.gov

The Michigan Child and Family Services Plan can be viewed on the MDHHS website:
http://www.michigan.gov/MDHHS/0,4562,7-124-5459_61179_8367---,00.html

GENERAL INFORMATION

The Michigan Department of Health and Human Services (MDHHS) organizational structure reflects the department's vision and priority areas with an emphasis on children's services, aging and adult services, service delivery/community operations, health and behavioral health services and family support, as well as population health and community services. Director Nick Lyon was appointed to lead MDHHS.

The MDHHS is the state department that administers the following:

- Child Abuse Prevention and Treatment Act funded activities.
- Title IV-B(1) and (2) Stephanie Tubbs Jones Child Welfare Services.
- Promoting Safe and Stable Families Program.
- Monthly Caseworker Visit Formula Grant.
- Chafee Foster Care Independence Program.
- Education and Training Voucher Program.

Child welfare services in Michigan are administered through the MDHHS Children's Services Agency. Reporting to the executive of the Children's Services Agency are the directors of:

- Division of Continuous Quality Improvement.
- Juvenile Justice Programs.
- Division of Child Welfare Licensing.
- Business Service Center child welfare directors.
- Office of the Family Advocate.
- Children's Trust Fund.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).
- Centralized intake.
- Child Welfare Field Operations.

The executive director of the Children's Services Agency oversees the Children's Services deputy director, who is responsible for the Office of Child Welfare Policy and Programs, the Division of Mental Health Services to Children and Families and the Office of Native American Affairs.

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

MDHHS Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits and transform the health and human services system to improve the lives of Michigan families.

Children's Services

A priority for Michigan's health and human services programs is ensuring children are protected and supported on their path to adulthood.

Child Welfare Vision

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

Child Welfare Mission

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with the families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

Guiding Principles

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

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

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

INTRODUCTION

The 2017 Annual Progress and Services Report (APSR) represents year two of Michigan's five-year Child and Family Services Plan (CFSP) for 2015 – 2019 and demonstrates the state's advancement in aligning the CFSP/APSR with the federal Child and Family Services Review (CFSR) goals and outcomes. Aligning programmatic goals with CFSR goals ensures the state is focusing efforts on the most critical elements of safety, permanency and well-being of children and families. Alignment with CFSR goals also begins preparation for Michigan's Round 3 CFSR by ensuring the structural and procedural foundation is in place for accurate assessment of the strengths of the state's child welfare system in 2018 and provides a map for moving forward.

Progress in 2015

Progress continued in the MDHHS Children's Services Agency developing a responsive, effective organizational structure through implementation of the Strengthening Our Focus on Children and Families (SOFAC) strategic plan. The rollout of the expanded MiTEAM case practice model to additional counties in 2014 and 2015 strengthened the role of community stakeholders and families in case planning. In 2015, implementation of the enhanced MiTEAM model began, and in 2016, training and technical assistance is being provided to the field. This enhancement parallels the development of MDHHS' continuous quality improvement system, including the Quality Service Review (QSR) process, which measures service quality in communities. The QSR process is described in the Quality Assurance System section of this report.

In May 2015, Michigan and Children's Rights, Inc. began negotiations on the Dwayne B. v Snyder Modified Settlement Agreement and Court Order to refocus requirements on the most important issues, improving safety and well-being outcomes for children in the state's child welfare system. On Feb. 2, 2016, a new agreement was approved. The new agreement, the Implementation, Sustainability and Exit Plan, replaced the Modified Settlement Agreement. The new plan clearly defines the pathway to dismissal or exit from litigation and federal court oversight. Progress in complying with the agreement is overseen by court-appointed monitors.

In 2015, Michigan made strides in collecting, validating and analyzing data. Since the statewide rollout of Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) in 2014, technical and training staffs have worked continuously with the field to ensure the network has the ability to provide accurate placement, assessment and permanency data that yields a clear picture of the effectiveness of the state's child welfare services. The data management team within the Division of Continuous Quality Improvement is staffed to generate accurate data for assessing aggregate and local performance in key areas.

Collaborative Development of the 2015 – 2019 CFSP and 2017 APSR

The 2017 APSR was developed collaboratively through the leadership of the SOFAC sub-teams that assessed the status of key components in Michigan's child welfare system. Continued

alignment of organizational structure with CFSR outcomes allows for ongoing, integrated development of goals, evidence-informed assessment of progress and modification that targets areas needing improvement in a continuous quality improvement cycle.

In response to feedback from the Children's Bureau, the 2017 APSR includes additional detail in the systemic factors that influence how well the system responds to the needs of children and families and to federal, state and court requirements. Information in the Quality Assurance, Case Review and Agency Responsiveness sections has expanded to demonstrate that effective structures, processes and collaborative relationships are in place that allow for a continuous quality improvement process in all areas. In addition, the 2017 APSR includes a stronger emphasis on mental health services for children and youth that demonstrates collaboration between state child welfare, educational and behavioral health systems.

Michigan's 2014 Human Trafficking Legislation

Michigan's Safe Harbor law was one of the key reforms in 2014 Michigan human trafficking legislation and affirms the intent of the federal Justice for Victims of Trafficking Act and the Trafficking Victims Protection Act. In Michigan, Safe Harbor laws engender:

- Stronger protection for victims.
- Stronger tools to hold traffickers accountable.
- Provisions for victims' health and welfare.
- The creation of the Michigan Commission on Human Trafficking within the Department of the Attorney General to continue the work of protecting victims and holding offenders accountable.

Details on the Safe Harbor laws and the resulting policy and procedural changes in MDHHS are described in the Chafee Foster Care Independence Program section of this report and in the Child Abuse Prevention and Treatment Act 2017 update.

Reporting on Child Welfare Outcomes

Results in the CFSR Safety, Permanency and Well-Being outcomes from fiscal year 2015 (Oct. 1, 2014 – Sept. 30, 2015) are reported in this document and where possible, data from the first two quarters of 2016 (Oct. 1, 2015 – March 31, 2016) are included. The required additional documentation and targeted plans are listed below:

- The Child Abuse Prevention and Treatment Act (CAPTA) 2017 Update, with attachments is the second stand-alone report.
- Michigan Governor Rick Snyder's assurances that the state has provisions that identify, protect and support victims and provide training to child welfare staff on human trafficking are included as Attachment A to this report.
- Financial documentation and budget requests are included as Attachment B.
- The MDHHS Organizational Chart and Continuous Quality Improvement Process is Attachment C.

- Goals and objectives for 2017 through 2019 are described in the narrative section of the APSR. Corresponding measures and benchmarks for each outcome can be found in spreadsheet format in Attachment D, the Goals and Objectives Matrix.
- Michigan's Indian Child Welfare and Tribal directories are included as Attachment E.
- A comprehensive listing of all training, including cost allocation methodology, is found in Attachment F, the MDHHS Child Welfare Training Matrix.
- Michigan's targeted plans are included in the following attachments:
    - Foster and Adoptive Parent Diligent Recruitment Plan, Attachment G.
    - Health Care Oversight and Coordination Plan, Attachment H.
    - Child Welfare Disaster Plan, Attachment I.
    - MDHHS Training Plan, Attachment J.

COLLABORATION

Michigan's child welfare implementation plan provides a structure for addressing federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of MDHHS. Collaborative assessment, planning and coordination are central to this structure, which flows from the state to the county level.

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

Coordination of Child Welfare Services

MDHHS has maintained alignment of leadership activities by continuing use of the Strengthening our Focus Advisory Council (SOFAC), which oversees state- and county-level activities and facilitates their coordination. The SOFAC is chaired by the MDHHS Children's Services Agency executive director and is composed of senior staff from MDHHS. The SOFAC structure includes 12 sub-teams that are responsible for engaging and collaborating with stakeholders and other sub-teams. Sub-teams identify resources to ensure child welfare practice in Michigan benefits from collaboration at the state and local levels. The SOFAC sub-teams include:

- Safety.
- Placement.
- Permanency.
- Well-Being – Education.
- Well-Being – Health.

- Training.
- Caseloads.
- MiTEAM/Continuous Quality Improvement.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).
- Service Array and Resource Development.
- Communications.

The SOFAC sub-team structure, consisting of co-chairs from central administration and directors of field offices or Business Service Centers, offers a number of advantages. The field offices assist with channeling operational problems, challenges and feedback into SOFAC. Central administration provides assistance securing resources while being mindful of governing laws and programmatic rules. This structure has ensured proposed improvements are programmatically viable, as well as operationally sustainable. Through the SOFAC structure, an improved understanding has developed between the central administration and leaders in field operations. This collaborative and supportive relationship assisted the department in providing better services to children and families because community feedback allowed MDHHS to target implementation strategies specifically to local needs.

The department utilizes formal and informal approaches to solicit feedback that drives practice improvement. Regardless of where feedback originates from, concerns are either funneled into the SOFAC structure or handled through existing program and operational units. Issues unique to the local child welfare community are handled locally by field office directors, at times in collaboration with Business Service Centers. When feedback indicates a statewide or broad systemic concern, it is assigned to a SOFAC sub-team, program area or subject matter expert, depending on the complexity of the issue.

Involving Stakeholders

Progress in 2015

The Children's Services Agency SOFAC and 12 sub-teams were operational in 2015. An implementation plan matrix was used to track goals, objectives and status of activities of the SOFAC. The SOFAC agreed on the high-level goals for each sub-team. Each sub-team recorded and updated the goals, objectives and status of action steps in the SOFAC Implementation Plan. SOFAC meetings provided updates on goals and identified other areas for consideration by the Children's Services Agency executive director and full SOFAC.

SOFAC sub-teams include representatives from private agency foster care and adoption agencies, in addition to experts from inside and outside the department. In 2015, each sub-team conducted business in response to emerging issues and initiatives. The sub-teams refined membership throughout the year to expand the comprehensiveness of collaboration. The maturation of SOFAC during 2015 includes improved coordination among sub-teams.

County Implementation

County implementation teams guide community efforts, address barriers and ensure fidelity to the MiTEAM model and continuous quality improvement processes. The county implementation team structure includes sub-teams that address continuous quality improvement, MiTEAM implementation and data collection and analysis. County implementation teams receive information through their respective Business Service Centers, through meetings with the Children's Services Agency executive director and through membership on state-level sub-teams. In 2016 and 2017, MDHHS is strengthening county-level teams through the implementation of the enhanced MiTEAM model.

Collaboration with the Court System

MDHHS collaborates extensively with courts through the State Court Administrative Office Court Improvement Program. Efforts in 2016 and ongoing include:

Data Projects

- The State Court Administrative Office and the DCQI are collaborating in preparation for Michigan's CFSR in 2018. The Director of Child Welfare Services from the State Court Administrative Office was designated to co-lead the executive steering committee.
- The MDHHS is working with the State Court Administrative Office to develop new court data reports for CFSR Round 3 outcome measures.
- Through a data-sharing agreement, the court obtains data from the MDHHS Data Warehouse to create reports on hearing timeliness and permanency.
- State court regional biannual meetings were held with judges in five Michigan regions in 2015. CFSR data is provided to courts in each county.
- A Court Improvement Program Data Snapshot provides an overview of each county's child abuse/neglect data.
- The Judicial Information System's new MiCourt system was made available in 75 counties. This Windows-based user interface will include case management functions for abuse/neglect cases beginning in 2018.
- Telephone conferences with the Children's Bureau are planned for technical assistance on improving the state's performance on the seven CFSR systemic factors.

Examining or Improving Hearing Quality

- The Court Observation Project was created to assess the quality of child protection.
- Six regional Title IV-E cross-disciplinary trainings provided an overview of federal regulations and addressed each court's needs.
- Meetings occurred with the State Court Administrative Office and the MDHHS Federal Compliance Division to review court orders and answer Title IV-E eligibility questions.
- The Court Improvement Program held several discussions with MDHHS to determine the appropriateness of mediation in child protection proceedings.

Improving Timeliness of Hearings and Permanency Outcomes

- The Court Process Improvement Committee focused efforts on educating parents on their rights when their children are taken into custody by developing a parent information brochure to be provided at the time of removal, and an in-depth parent information guide for use throughout proceedings.
- The State Court Administrative Office developed training for lawyer-guardians ad litem to teach statutory responsibilities and the importance of advocacy in child welfare.
- The Genesee County Parent Representation Pilot Project improved legal representation of parents involved in child protective proceedings by providing a social worker to work exclusively with parent attorneys.
- The State Court Administrative Office developed a permanency indicator report to track local court timeliness in child welfare hearings.

Examining or Improving Compliance with the Indian Child Welfare Act

- The State Court Administrative Office held two multi-disciplinary trainings on the Michigan Indian Family Preservation Act and Indian Child Welfare Act.
- State and tribal court agreements resulted in all 12 tribal courts filing for reciprocity of recognition of court orders.
- The Court Improvement Program Tribal Court Relations Committee developed an American Indian Child Placement Evidentiary Standards Document.
- Training was provided on the Michigan Indian Family Preservation Act at the statewide judicial conference.

Casey Family Services Judicial Engagement Team Initiative – Wayne County

The Wayne County Third Circuit Court and the department are collaborating with Casey Family Programs to improve child welfare services in Michigan's most populous county, Wayne County. The collaboration focuses on five areas:

- Data collection.
- Adverse childhood experiences.
- Parenting time.
- Psychotropic medication.
- Indian Child Welfare Act.

To date, progress has been made:

- Increasing timeliness to permanency.
- Developing procedures that identify and assess the need for trauma therapy.
- Exploring the need to increase parenting time beginning at the preliminary hearing.
- Developing a psychiatric questionnaire to identify and monitor children receiving psychotropic medication.
- Collecting data on compliance with the Indian Child Welfare Act to ensure proper and timely notification is occurring.

Foster Care Review Board

The Foster Care Review Board provides third-party external review of children in the foster care system to help ensure the children's safety and well-being while in foster care and that the system is working to achieve permanency for each child in a timely manner. The State Court Administrative Office administers the program, which is composed of trained citizen volunteers who serve on one of 27 local boards.

- The board reviews a random sample of foster care cases and conducts specialized reviews when there are concerns. Selected cases are reviewed every six months until permanency is achieved. The board provides findings and recommendations to the local court, MDHHS and child-placing agencies for consideration.
- The board investigates appeals by foster caregivers when a child is moved from a placement and the caregiver does not believe the move is in the child's best interest. They forward recommendations to the agency, local court and the Michigan Children's Institute superintendent regarding the appropriateness of the change.
- A statewide advisory committee includes local board representatives, child welfare leaders and advocates who ensure the program fulfills its statutory mandate and provides maximum benefit. The committee identifies systemic issues that need attention and provides input into the board's annual report.
- A state statute requires an annual report be delivered to the Michigan Legislature and Governor. The report specifies issues that delay permanency or compromise child safety and/or child and family well-being and makes related recommendations. This report is available for viewing. http://courts.mi.gov/Administration/SCAO/Resources/Documents/Publications/Reports/fcrb/FCRB_ar13.pdf.pdf

In 2015, the Foster Care Review Board conducted 840 reviews involving 1,542 children. Findings from those reviews include:

- The board made 330 recommendations related to child safety.
- The board made 1,032 recommendations related to timely permanency.
- The board made 2,032 recommendations related to child well-being.
- The review board received 120 intake calls from foster parents inquiring about appealing removal decisions.
- Local review boards conducted 92 appeal hearings, supporting the foster parents 50 times (the board did not support the move) and supporting the agency's decision to move the child 42 times.

Caseworker Retention

In response to concerns expressed by the Foster Care Review Board in 2015, as well as results from Quality Service Reviews in 2014 and 2015, the Resource Development sub-team established three work groups in 2016 to address caseworker hiring and retention issues:

1. **CSA Hiring Protocol workgroup.** This group focuses on the effective recruitment of all prospective hires, faster processes for onboarding new staff and strategies for

improving the chances for success of new hires. The following activities are being undertaken in 2016:
   - Piloting county-specific postings to improve job fit with potential applicants.
   - Pre-employment personality testing (demonstration project).
   - Enhanced strategies for the targeting of talent.
2. **Employee Retention workgroup.** This workgroup targets the development and implementation of specific strategies to promote increases in job satisfaction and retention of front-line public and private child welfare employees through effective employee engagement practices.
3. **Culture Assessment and Development workgroup**. This workgroup focuses on strategies to develop and maintain strong local office cultures through a system of ongoing measurement, training and accountability of manager-level staff and above.

PERFORMANCE-BASED CHILD WELFARE SERVICES

An essential component of child welfare reform in Michigan, in addition to the MiTEAM case practice model and a continuous quality improvement approach, is the development of performance-based child welfare services and a supportive funding model. In addition to standard outcome measures, child welfare services are supported by efficient and actuarially sound funding for public and private agency case management.

Progress in 2015 and 2016

The implementation of a performance-based child welfare system is occurring in phases.

- The Child Welfare Partnership Council, consisting of key MDHHS staff and community stakeholders, continued to guide the design, development and implementation process of Michigan's performance-based child welfare system.
- Implementation continued with intensive planning and development including:
  - Executed contracts for a project manager, actuary and evaluator.
  - A position was established within the Children's Services Agency for planning and oversight.
  - Finalization of a data-driven case rate and payment methodology in Kent County.
  - Development of policy and procedures to implement the case rate model.
  - Development of a draft contract.
  - Agreement on established outcomes and key performance indicators.
  - Development of data sharing agreements for a data analytics system.
- The first performance-based funding contracts are projected to be in place in the fall of 2016 with the private agencies that operate in Kent County.

Planned Activities for 2016

Child welfare agency outcomes will be measured using validated data and information from MiSACWIS and other methods. An actuary and independent evaluator will continue to monitor the implementation of the funding model.

CHILD AND FAMILY SERVICES CONTINUUM

Michigan provides a continuum of services for children and families in the child welfare system, from prevention to post-permanency, including transitional services for youth leaving foster care. Services for children and families are community-based, coordinated with other government benefits, culturally relevant and family-focused. The continuum includes:

Trauma-Informed Service Approach

To ensure children and families are provided services that address the results of abuse and neglect and improve child and family engagement with services, MDHHS has incorporated trauma-informed services in the following ways:

- The Children's Trauma Initiative ensures a trauma-informed behavioral health system is provided for children and families through training Community Mental Health service providers on trauma screening, trauma assessment and Trauma-Focused Cognitive Behavioral Therapy.
- The Trauma-Informed Systems of Care work group gathers information about trauma-informed systems of care and makes recommendations on improving services.
- The Detroit Trauma-Informed Project at the Southwest Michigan Children's Trauma Assessment Center supports development of a collaborative continuum of trauma-informed services in Detroit.
- The U.S. Department of Justice National Task Force on Children Exposed to Violence selected Michigan to participate in the Defending Childhood State Policy Initiative, receiving technical assistance to develop and implement a strategic plan addressing cross-systems responses to children who have experienced trauma resulting from violence in their homes, schools or communities. Technical assistance will continue through September 2016.
- In 2015, eight MDHHS counties participated in the Secondary Traumatic Stress pilot led by the Western Michigan University Children's Trauma Assessment Center. The project addresses secondary trauma of child welfare staff. The pilot included training for managers, program managers and directors, development of Secondary Traumatic Stress teams to address trauma on a peer-to-peer level, follow-up discussions to address challenges and barriers and collaboration with the Michigan Office of the State Employer Employee Services Program. A proposal for statewide rollout of this training is in development, based on the positive outcomes demonstrated.
- Twelve MDHHS county offices are participating in the Breakthrough Series Collaborative led by the Western Michigan University Children's Trauma Assessment Center**.** The

initiative focuses on cross-systems collaboration between local MDHHS and Community Mental Health offices to build a trauma-informed, resiliency based service paradigm that screens all children in child welfare, conducts functional trauma informed assessments, provides trauma treatment and builds client and workforce resiliency.
- Several local child welfare offices have initiated trauma practices into their work. Examples of local trauma-informed practices include trauma screening for CPS and foster care cases and trauma training for educators and caregivers.
- In 2015, MDHHS began including trauma-informed policies in new contracts.

Mental Health Services for Children

- Wraparound is a Medicaid covered service under the behavioral health managed care waiver, which serves children with serious emotional disturbance. Wraparound offers a team planning process for children and youth and is one of the few mental health services that can be used when a child is in residential care or a child-caring institution for transitioning to the community. Outcomes for Wraparound consistently show clinically significant improvement in functioning resulting from receiving this service. The Division of Mental Health Services is proposing to expand the timeframe for provision of Wraparound for transitioning from a residential facility or the children's state psychiatric hospital from 60 to 180 days.
- Youth Peer Support is a Medicaid covered service under the behavioral health managed care waiver. This service involves a Youth Peer Support Specialist hired to engage a youth with serious emotional disturbance currently receiving services. The Youth Peer Support Specialist provides direct support, shares information about resources and helps in skill development. Youth Peer Support Specialists are uniquely qualified to provide this peer support because they received mental health services as a youth.
- The Early Childhood Comprehensive Systems Grant brings together primary care providers, teachers, families and caregivers to develop seamless systems of care for children from birth to age three. Working with health care providers, social services, childcare and early childhood education programs, Early Childhood Comprehensive Systems help children grow up healthy and ready to learn by addressing their physical, emotional and social health in a coordinated way.
- Awarded in 2014, the Project AWARE grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides funding to increase awareness of mental health issues of school-aged youth and provides Youth Mental Health First Aid training for school personnel and other adults to detect and respond to mental health issues in children and young adults.
- Since 2013, the Safe Schools/Healthy Students SAMHSA grant has provided funding to increase access to behavioral health services for children and youth, increase supports for early childhood development and decrease childhood and adolescent substance abuse and exposure to violence. The four-year project includes pilots in three Michigan school districts.

Services to Prevent Abuse and Neglect

- Prevention services are provided by Family Independence Specialists to families receiving financial and other assistance.
- The public is offered assistance and referrals for food, housing and other needs in MDHHS Community Resource Centers based in schools with high numbers of families receiving financial assistance.
- The Children's Trust Fund provides funding for statewide prevention of child abuse and neglect through community-based programs.
- Michigan's Title IV-E waiver demonstration project, Protect MiFamily, consists of prevention, preservation and support services for families with young children at high or intensive risk of maltreatment. The project is described in detail later in this report.
- Child Protection/Community Partners funding is provided to MDHHS county offices for services to families at low to moderate risk of child abuse or neglect. Services are determined locally. The purpose of the funding is to:
    - Reduce the number of re-referrals for substantiated abuse and neglect.
    - Improve the safety and well-being of children.
    - Improve family functioning.

Services to Protect Children from Abuse and Neglect

- Children's Protective Services (CPS) investigations are initiated through the statewide child protection hotline. CPS investigates allegations of abuse or neglect of children by caretakers responsible for the child's health or welfare and assesses the safety of all children in the household.
- Ongoing CPS services are provided by CPS workers in local communities. Community-based services are offered following assessment of the needs of children and families.
- The MDHHS Maltreatment in Care Unit investigates and provides services to children who have experienced abuse or neglect while under the supervision of the department.

Services to Preserve Families

- Families First of Michigan serves families with children at imminent risk of out-of-home placement and families with children in care. Families First of Michigan provides intensive, short-term crisis intervention and family education in the home for four to six weeks and is available in all 83 Michigan counties, in areas with federally recognized Native American tribes and in selected domestic violence shelter programs.
- Families Together Building Solutions offers longer-term in-home services to alleviate risk and strengthen families' abilities to keep their children safe.
- The Family Reunification Program is an intensive home-based service designed to assist the transition of children from foster care back into their homes.
- Parent Management Training is an evidence-based practice for parents and caregivers of children with serious emotional disturbance. Parent Management Training is a Medicaid covered service under the behavioral health managed care waiver and includes

individual, group and home-based services. Michigan currently has 173 clinicians trained and delivering services through local Community Mental Health agencies. Parenting through Change Reunification is specifically for parents of children who are currently in foster care. Plans are to expand the number of trained clinicians across the state.

- Strong Families/Safe Children is a funding resource for enhanced family preservation and support services. Funds are provided for service needs determined in collaboration with local stakeholders and contracted with private agencies and individuals.
- Family Group Decision-Making services that include the coordination of a group of family members and other supporters for lesbian/gay/bisexual/transgender and questioning (LGBTQ) youth in residential care in Wayne County. This pilot will be expanded as additional funding is secured.

Placement Services

Children's foster care provides placement and supervision of children removed from their homes due to abuse or neglect. Services are provided by public and private agencies, and interventions assist families to rectify the conditions that brought the children into foster care. Foster care services are available to eligible young adults up to age 21 through the Young Adult Voluntary Foster Care program.

Juvenile Justice Programs

MDHHS Juvenile Justice Programs provides technical assistance, consultation, assessment and training for community-based programs and supervision for youth placed in state-operated and private residential facilities. Juvenile Justice Programs operates two secure residential facilities.

Services to Promote Permanency

- The Adoption Assistance Program provides adoption and medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships.

Services for Youth Transitioning to Adulthood

- Michigan's Chafee Foster Care Independence Program offers assistance to current and former foster youth between ages 14 and 21 statewide to achieve self-sufficiency, including juvenile justice youth, tribal youth and unaccompanied refugee minors.
- Runaway Youth Services are crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, case management, counseling, skill building and placement.
- Homeless Youth Services are provided to youth ages 16 to 21 that require support for longer periods. Services are available statewide and include crisis management, community education, counseling, placement and the teaching of life skills.

- The Education and Training Voucher Program provides funding to meet the post-secondary education and training needs of youth aging out of foster care. Funding can be used toward tuition, books, daily living expenses and services that assist youth attending school and completing post-secondary programs.

SERVICE COORDINATION

Michigan's child welfare services are developed at the state level and delivered by county offices and private agencies. Local MDHHS offices operate under five Business Service Centers that are geographically based. In addition to child welfare services, MDHHS administers:

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

Service Coordination at the State Level

MDHHS determines eligibility, provides case management for Medicaid and administers Disability Determination Service for Title II and XVI funds.

The MDHHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies, covering 100 percent of the state. Local agencies develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They provide low-income individuals with services including Head Start, housing assistance, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.

In addition to child welfare services funded through Title IV-B(1), MDHHS allocates funds annually to all 83 counties for community-based needs assessment, service planning, contracting and service delivery to children and families. Local funding of services ensures diversified and appropriate services are available in each community. The programs provided under the community-based services umbrella incorporate CFSR standards.

Other examples of MDHHS inter- and intra-departmental coordination include:

- The Office of Child Welfare Policy and Programs and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the

Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.

- Michigan's Title IV-E state plan demonstrates compliance with the Fostering Connections Act. MDHHS finalized policies for Young Adult Voluntary Foster Care, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for youth who meet requirements.
- Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with an emphasis on assisting youth with significant medical, mental health or other functional life impairments that may impede success when re-entering the community.
- The Child Care Fund is a collaborative resource between state and county governments that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.
- Michigan's Interstate Compact staff serves as a liaison between local MDHHS offices and other states to ensure compliance with compact regulations and effective coordination.

Local Coordination of Financial and Child Welfare Assistance

Pathways to Potential is the MDHHS' cash assistance service delivery model that focuses on three elements: 1) location in the community where clients live; 2) working with families to remove barriers by connecting them to a network of services; and 3) engaging stakeholders and school personnel to help students and families find their pathway to success. Pathways to Potential places MDHHS workers in schools to address families' barriers to self-sufficiency in five key outcome areas: safety, health, education, school attendance and self-sufficiency.

Safety

- Increase access to prevention services.
- Engage disconnected youth.
- Connect vulnerable youth and adults to a protective network.

Health

- Remove barriers that prevent access to health care.
- Increase access to healthy foods.
- Increase access to behavioral health care.
- Support good hygiene.
- Support physical fitness.

Education

- Remove barriers to attendance.
- Remove barriers to active participation.
- Enhance and support parental involvement.

Attendance

- Increase school attendance rates/decrease chronic absenteeism.
- Actively seek parental engagement.

Self-Sufficiency

- Remove barriers to employment.
- Assist in accessing quality childcare.
- Promote adult education.
- Support access to transportation.

Progress in 2015

At the end of the 2014-2015 school year, the statewide achievement for the 219 active Pathways Schools was a 37.2 percent decrease in chronic absenteeism from the previous year.

Areas with Pathways Schools

Pathways to Potential is currently in 250 schools in the following 32 counties: Bay, Benzie, Berrien, Calhoun, Clare, Genesee, Gladwin, Gogebic, Grand Traverse, Huron, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Macomb, Manistee, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ontonagon, Ottawa, Roscommon, Saginaw, St. Clair, Tuscola, Washtenaw and Wayne.

Partnerships

Pathways to Potential outcomes are supported by interagency partnerships with the Michigan Department of Education (Office of Great Start and Race to the Top), Michigan Rehabilitation Services and the Michigan Economic Development Corporation. The Pathways model will undergo a three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation.

MDHHS TARGETED PLANS STATUS

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

- **Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan, Attachment H:** The Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan was assessed in 2016, and it was determined no changes were necessary at this time.
- **Health Care Oversight and Coordination Plan, Attachment I:** The Health Care Oversight and Coordination Plan was assessed in 2016 and the following substantive changes were made to the plan:
    - Foster care policy was changed to add assessment of developmental history and substance use disorders to initial medical examination requirements for children

placed in foster care.
    - The Office of Good Government was added to the list of experts with which MDHHS works and from whom MDHHS solicits input.
    - Information on Medical Data Management was updated with the current status of MiSACWIS.
    - Under Comprehensive (routine) Medical Examination Guidelines, adding information on a "lean process improvement project" facilitated by the Office of Good Government.
    - The case review process for monitoring timeliness and completeness of medical and dental history was replaced with utilization of management reports from MiSACWIS.
    - Under Health Care Needs of Children in Foster Care, Care Continuity, clarification was provided on MDHHS collaboration with the State Court Administrative Office encouraging judges to include an order for parents to sign releases for medical records transfer at the time of court-ordered removal.
    - Under Health Care Needs of Children in Foster Care, Durable Power of Attorney for Health Care, information on efforts to identify an organization to help youth complete a Durable Power of Attorney was eliminated. This function may be done on a local level.
    - Under Oversight of Psychotropic Medications, Organizational Structure, additional child characteristics of age, placement status and clinical diagnosis were added to the trends being tracked by the Foster Care Psychotropic Medication Oversight Unit.
    - Under Psychotropic Medication Data Management, description was clarified of the process for tracking psychotropic medication consent and analysis of prescribing trends.
    - Under Psychotropic Oversight Policy and Procedures, a review of professional standards of care and child welfare practices in several other states was added to demonstrate how MDHHS policies and procedures were derived.

- **Child Welfare Disaster Plan, Attachment J:** The MDHHS Business Service Centers and Child Welfare Field Operations Administration reviewed Michigan's Child Welfare Disaster Plan in 2016 and determined changes are necessary. Although adequate disaster plans are in place, MDHHS is planning modifications to ensure all local plans comprehensively address all children under jurisdiction of that county instead of creating individual public and private agency plans. Modifications to the plan will be described in the 2018 APSR.
    - The MDHHS response to the City of Flint Water Emergency is described in the 2016 Child Welfare Disaster Plan, page 6.

- **MDHHS Training Plan, Attachment K:** The MDHHS Training Plan was assessed in 2016 and it was determined that no changes are necessary at this time.

SAFETY

Michigan remains focused on improving child safety, reducing the likelihood of children being abused or neglected in out-of-home care and reducing the recurrence of maltreatment. Strategies are evaluated on an ongoing basis and linked to measurable deliverables to demonstrate effectiveness.

Michigan strives to ensure that placements are safe and in the best interest of the child. Assessment of a home for placement must assess child safety, risk factors, the needs of the child as well as the capacity of the caregiver.

In 2015, MDHHS continued to revise and update child welfare policy and create effective training and tools to improve placement decisions and ensure a good fit for children with their caregivers, reduce maltreatment in care and maintain placements. Tools and policies are continuously reassessed to ensure they accurately address risk and safety in placements.

Safety - Assessment of Performance

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
Safety Outcome 2: Children are safely maintained in their own homes when appropriate.

Progress in 2015 and 2016

- A grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) funds suicide prevention training for 800 child welfare workers each year. The training modules include suicide awareness training and Applied Suicide Intervention Skills training. MDHHS staff will be trained to deliver the training.
- In 2015, MDHHS reestablished focus on fundamental social work practice skills as defined in the MiTEAM practice model. The model guides Michigan's child welfare system on specific interventions and case management activities to ensure that children remain safe from harm, are raised in loving, committed families and are provided the support and guidance to ensure their well-being.
- In 2015, MDHHS implemented Safety by Design training for all child welfare staff and supervisors to help staff gauge immediate safety concerns and enhance joint treatment and ongoing safety planning. Safety by Design was developed by the Office of the Family Advocate, based on findings over time that caseworkers were not effectively safety planning with families. Since implementation, Office of the Family Advocate review findings listed safety planning as a strength, rather than an area needing improvement.
- The number of children who die while under the jurisdiction of the state has declined in recent years. From 2008 to 2013, the number of ward deaths was between 16 to 19 children. In 2014, after Michigan increased its focus on safety at all levels of child welfare, the number dropped to 10. In 2015, the number of fatalities fell to eight. Two of those children were medically fragile and their deaths were due to natural causes.

- In 2016, the statewide implementation of the MiTEAM enhancements is continuing. Implementation includes virtual learning, structured activities, practice support, resources and feedback for improving teaming, engagement with families, assessment and mentoring skills for public and private agency child welfare workers.
- In 2016, the MiTEAM manual was revised to include detailed guidance for licensing workers on how to apply the principles of the case practice model when assessing families for licensure. The revision also extrapolated MiTEAM principles for working with families when domestic violence is identified as a risk to child safety, assisting caseworkers to assess potential caregivers and identify effective strategies for keeping children safe, while supporting both parents' participation in their children's lives.

Note: Since goals and objectives were revised for Round 3 of the CFSR, the Round 2 objectives for Safety were discontinued.

Safety Outcomes 1 and 2 - Plan for Improvement

Goal S.1: MDHHS will reduce maltreatment of children in foster care.

- **Objective S.1.1:** MDHHS will decrease maltreatment of children in foster care.
  Measure: U-M Child and Adolescent Data Lab (2015).[1]
  Baseline: 13.56 rate of maltreatment in care; FY 2013.
  Benchmarks:
  2015 – 2019: Demonstrate improvement each year.
    - **2015 Performance:** 7.67 rate of maltreatment in care; FY 2015.

- **Objective S.1.2:** MDHHS will reduce the number of victims having recurrence of maltreatment.
  Measure: U-M Child and Adolescent Data Lab (2015).
  Baseline: 12.4 percent of victims experienced recurrence of maltreatment; FY 2013.
  Benchmarks:
  2015 – 2019: Demonstrate improvement each year.
  2015 Performance: 9.98 percent of victims experienced recurrence of maltreatment.

Progress in 2016

In 2016, the Office of Workforce Development and Training will provide Safety by Design for all new workers and new CPS supervisors to improve safety assessment skills, develop effective safety plans and ensure an awareness of threatened harm. Safety by Design will continue to be offered as an in-service training across the state.

MDHHS will continue to reduce maltreatment in care through:

- Participating in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation, resulting in the following:

[1] In the absence of NCANDS data, Michigan's 2015 performance in the Safety and Permanency outcomes was calculated through a contract with the University of Michigan Child and Adolescent Data Lab.

    - The SOFAC Placement sub-team collaborated with the Office of Workforce Development and Training to develop training to assist in improving placement outcomes, "A Guide to Critical Thinking in Child Welfare." The training supports the development of critical thinking skills for completing assessments.
    - "Abbreviated Licensing Training for Child Welfare Workers" provides a general overview of licensing rules for non-licensing staff rules. The training is designed to assist workers to improve information provided to relative providers about the children being placed in their homes and promote safer placements.
- Utilizing "Practice Spotlights" on the intra-agency website to focus on reducing maltreatment in care by improving safety assessments and planning. This work will expand in 2016, focusing on correct use of risk and safety assessment tools, voluntary utilization of a safety arrangement form and sharing effective child safety practices among counties.
- Utilizing the SOFAC Placement and Safety sub-teams to lead efforts to improve placement assessment and decision-making. Child-centered safety approaches are discussed and information is brought to the SOFAC team for support and planning.
- Improvement of relative safety screening by frontline staff prior to out-of-home placement. Future initiatives include:
    - Development of podcasts and webinars to enhance training and utilization of the initial relative safety screening form.
    - Evaluating data for opportunities to prevent abuse and neglect, assess for possible maltreatment and discover areas for intervention. Current efforts are focused on validating MiSACWIS data involving children in foster care. Once validation is completed, information will be shared with the Business Service Center directors for analysis to identify areas needing attention.
    - Evaluating the effectiveness of services provided to children and families to ensure appropriate focus on the identified needs.
    - Continued employment and expansion of family preservation and support programs to reduce risk of maltreatment and allow families to remain safely together, including Families First of Michigan and Families Together Building Solutions. Outcomes from these programs are provided in the Community-Based Services section of this report.
    - Assessing investigation policies and procedures in licensed provider settings. To enhance the investigation process, maltreatment in care workers are required to coordinate and ensure pre-dispositional case conferences with their supervisors, foster care workers and licensing certification consultants.
    - Continuing to enhance screening and licensing procedures for relatives.
- Continued collaboration with Casey Family Programs and the National Council on Crime and Delinquency to determine strategies for improving the safety of children in foster and relative placements and effectiveness in meeting the child and family's needs.
    - In 2016, MDHHS will consider modifying risk assessment tools to improve caseworker response, service delivery and child and family outcomes.

- The MDHHS will assess whether a lack of supportive services or misidentification of child and family needs may lead to maltreatment in care.
- Evaluation continues of current structured decision-making tools assessing risk and safety factors for non-parental caregivers (relative caregivers and licensed foster parents).
- MDHHS will assess the need for enhanced training for providers to address behavior problems and other challenges that may lead to child maltreatment.
- MDHHS began a caseworker time study to evaluate the time necessary to complete caseworker responsibilities. Results will be available in 2016 and the department will evaluate how to use this information to support improved casework practice.

Planned Activities for 2017

- Throughout 2017, The Office of Workforce Development and Training will provide Safety by Design for new CPS workers and supervisors to improve safety assessment skills, develop effective safety plans and ensure an awareness of threatened harm.
- Utilization of the SOFAC Placement and Safety sub-teams will continue to lead efforts to improve placement assessment and decision-making will continue through 2017.
- Continued collaboration will continue with Casey Family Programs and the National Council on Crime and Delinquency to determine strategies for improving the safety of children in foster and relative placements and their effectiveness in meeting the child and family's needs. Specific initiatives that will continue in 2017 include:
    - MDHHS will continue to assess the need for enhanced training for providers to address behavior problems and other challenges that may lead to child maltreatment.
    - MDHHS will modify risk assessment tools to improve caseworker response if it is deemed necessary.
    - MDHHS will continue to assess whether a lack of supportive services or misidentification of child and family needs may lead to maltreatment in care.
- MDHHS' Injury and Violence Prevention Unit's five-year Substance Abuse Mental Health Services Administration grant to expand suicide prevention services in Michigan will continue through 2017. This grant funds suicide prevention training for 800 child welfare workers each year.
- Threatened harm training will be offered to CPS workers through 2017 on an as-needed basis, or as policy modifications occur.
- Using the Safe and Together model to reduce recurrence rates and enhance caseworkers' understanding and approach to complaints that allege domestic violence will continue throughout 2017.
- The recurrence work group that assesses and responds to recurrence of maltreatment on a statewide level will issue a comprehensive report of findings and recommendations in 2017.

- If a significant decrease in maltreatment recurrence is seen through the pilot of the modified Eckerd Model pilot, the pilot is likely to continue and expand during 2017.

MDHHS will address the recurrence of maltreatment through:

- A work group that assesses and responds to recurrence of maltreatment on a statewide level. Data is utilized to evaluate trends and assist in development of potential pilot programs, system changes, policy development, statewide initiatives and training.
    - Through 2015, this work group has been focusing on specific areas of the state where recurrence rates remain high. The work group reviewed data on removals, substantiations and the denial rate for each county to determine need. In 2016, the workgroup will make contact with local MDHHS offices to discuss these findings as well as potential solutions.
- Continued piloting in Ingham County of a modified version of the Eckerd Model used in Hillsborough County, Florida, to identify risk factors for abuse and neglect and methods to reduce the likelihood of maltreatment in care and repeat maltreatment. The pilot includes current substantiated cases in which at least one child victim in the home is under age 6. The quality review of cases that meet this criterion is done in real time so any safety concerns can be identified and addressed timely. This pilot will be assessed in 2016 to determine if a significant decrease in maltreatment recurrence is seen.
- Providing comprehensive threatened harm training for CPS staff to ensure workers understand and apply policy correctly. This training was enhanced to address areas in which CPS staffs appear to have difficulty. In 2015, threatened harm training was provided to several MDHHS county offices and at the Annual MDHHS Safety Conference. In 2016, the training will be offered on an as-needed basis to local MDHHS offices and provided at the 2016 Annual MDHHS Safety Conference.
- In 2015, Michigan began statewide rollout of the Domestic Violence Enhancement Program. The pilot utilizes David Mandel's Safe and Together model to reduce recurrence rates and enhance caseworkers' understanding and approach to complaints that allege domestic violence. Safe and Together principles are incorporated in Michigan's MiTEAM practice model and training. Training is provided to all child welfare staff, targeted for completion by the end of 2016. Ongoing support will continue beyond 2016 and include engagement of other child welfare partners throughout the state.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2015, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 39 percent of total child victims; this data was captured through MiSACWIS. The percentage of identified victims ages 3 and younger has increased in the past three reporting years (2013: 36.5 percent, 2014: 38 percent, 2015: 39 percent). CPS program office will evaluate this increase and determine whether this increase

indicates a trend and if so, what steps to consider including targeting services to families with children 3 and younger.

The policies and services described below are directed toward this vulnerable population and remained in place in 2015 and 2016. Other policy enhancements and services described on pages 23 to 27 are applicable and available to all children regardless of their age, except where specific populations are noted.

Factors included in identifying this group of children include vulnerability due to their age and stressors on parents because of the children's dependent status. Five areas of policy and practice focus on this population in Michigan:

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

Multiple Complaint Policy

The multiple complaint policy requires that whenever CPS centralized intake receives a third complaint on a home with a child under 3 years of age, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and service needs. This leads to provision of the services necessary to improve safety.

Safe Sleep Policy

The Safe Sleep policy requires that workers include in their assessments of children under 1 year the factors that place a child at risk of suffocation in his or her sleep environment. Policy and practice require the following:

- Assisting families to obtain a crib to prevent the need for co-sleeping with caregivers or others.
- A media campaign and video instruction featuring parents who have lost a child due to an unsafe sleep environment.
- Ongoing collaboration with local and statewide community providers to publicize the importance of safe sleep and what can be done to decrease the number of child deaths.

Birth Match System

This screening system identifies when a parent who previously lost rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This service includes automatic case assignment that requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each

year this system identifies nearly 1,000 matches, leading to investigation and services for many children at high risk of maltreatment.

Early On
All child victims ages birth to 36 months in substantiated cases of Categories I or II are referred to Michigan's Part C-funded early intervention service, Early On. Early On assists families with infants and toddlers that display developmental delays or have a diagnosed disability. MDHHS continues to focus on enhancing developmental information provided by CPS workers to ensure appropriate services are obtained for the child.

Protect MiFamily
Protect MiFamily, Michigan's Title IV-E waiver project, focuses on reducing the likelihood of maltreatment or repeat maltreatment. Protect MiFamily continues operation in Macomb, Muskegon and Kalamazoo counties. Results from the family satisfaction surveys continue to suggest that the families are highly satisfied with program services. Outcomes from the Protect MiFamily project are reported later in this report.

PERMANENCY

Michigan's Children's Foster Care Program provides placement and supervision of children who have been removed from their homes due to abuse or neglect. Local courts authorize removal of children from the care of their parents and refers them to MDHHS for placement, care and supervision. Foster care intervention is directed toward assisting families to rectify the conditions that brought the children into care through assessment and service planning. Foster care maintenance in Michigan is funded through a combination of Title IV-B(1), Title IV-E and state, local and donated funds.

The provision of foster care services is a joint undertaking between the public and private sectors. As of June 30, 2016, approximately 47 percent of foster care services are purchased. The Children's Foster Care program is closely tied to the CPS program, family preservation initiatives and the adoption program. The goal of the foster care program is to ensure the safety, permanence and well-being of children through reunification with the birth family, permanent placement with a suitable relative, a permanent adoptive home or legal guardianship. Permanency goals are developed through federal CFSR outcome standards and scores are expressed through formulae that combine percentages and national rankings.

Permanency 1 – Assessment of Performance

Permanency Composite 1 – Timeliness and Permanency of Reunification
Permanency Outcome 1: Children have permanency and stability in their living situations.

Michigan's analysis of the CFSR Round 2 outcomes for Permanency Outcome 1 (Composites 1 - 4) is provided to assess progress (based on the federal fiscal year (FY) 14a/b profile for Michigan).

Permanency Composite 1: Timeliness and Permanency of Reunification.

- Michigan's performance decreased on this indicator. At the 12-month period ending Sept. 30, 2014, performance was rated at 111.3 compared to the national standard of 122.6 in FY 13b14a. Michigan is nine points from meeting the national standard.
- Michigan remained below the national standard of 6.5 months in exits to reunification, with a median stay of 11.5 months.
- Michigan's performance significantly exceeds the national standard on re-entries to foster care in less than 12 months.

Permanency Composite 2: Timeliness of Adoption

Timeliness of adoption continues to be a strength for Michigan. Overall performance is 17.8 points above the national standard, based on FY 2014.

- Michigan saw an increase of 5.9 percent in children exiting to adoption in less than 24 months from 2013 to 2014.
- Michigan exceeds the 75th percentile in timeliness of adoptions of children discharged from foster care, progress toward adoption for children in foster care for 17 months or longer and progress toward adoption of children who are legally free.

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

Michigan exceeds the national standard for achieving permanency for children in care for long periods. The overall performance for Michigan is 18.8 points above the national standard.

Permanency Composite 4: Placement Stability

- Michigan's performance continues to exceed the national standard for Composite 4. Overall performance is 4.4 points above the national standard.
- Forty-six percent of children in care for over 24 months experienced two or fewer placements.
- Michigan continues to excel in the following measures:
    - Two or fewer placements for children in care less than 12 months (86.7 percent).
    - Two or fewer placements for children in care for 12 to 24 months (70.8 percent).

Note: Since goals and objectives were revised for Round 3 of the CFSR, the Round 2 objectives for Permanency Composites were discontinued.

Permanency 1 - Plan for Improvement

Goal P.1: MDHHS will increase permanency and stability for children in foster care.

- **Objective P.1.1:** MDHHS will increase the percentage of children discharged to permanency within 12 months of entering care (CFSR Round 3).
  Measure: AFCARS data profile/U-M Child and Adolescent Data Lab (2015).

Baseline: 32.6 percent; FY 13b/14a
Benchmarks:
2015-2019: Demonstrate improvement each year.
- **2015 Performance:** 31.66 percent.

- **Objective P.1.2:** MDHHS will increase the percentage of children in care for 12 to 23 months discharged from foster care to permanency within 12 months.
  Measure: AFCARS data profile; U-M Child and Adolescent Data Lab (2015).
  Baseline: 50.6 percent; risk standardized performance
  Benchmarks:
  2015-2019: Achieve the national standard of 43.7 percent or more.
  - **2015 Performance:** 50.79 percent; FY 15b/16a

- **Objective P.1.3:** MDHHS will increase the percentage of children in care for 24 months or more discharged to permanency within 12 months.
  Measure: AFCARS data profile/U-M Child and Adolescent Data Lab (2015).
  Baseline: 37.7 percent; risk standardized performance
  Benchmarks:
  2015-2019: Achieve the national standard of 30.3 percent or more.
  - **2015 Performance:** 36.36 percent; FY 15b/16a

- **Objective P.1.4:** MDHHS will decrease the percentage of children who re-enter foster care within 12 months of discharge to relative care or guardianship.
  Measure: AFCARS data profile/U-M Child and Adolescent Data Lab (2015).
  Baseline: 3.4 percent; risk standardized performance
  Benchmarks:
  2015-2019: Achieve the national standard of 8.3 percent or less.
  - **2015 Performance:** 3.73 percent; FY 13b/14a

- **Objective P.1.5:** MDHHS will decrease the rate of placement moves per day of foster care.
  Measure: AFCARS data profile/U-M Child and Adolescence Data Lab (2015).
  Baseline: 3.28 percent; risk standardized performance
  Benchmarks:
  2015-2019: Achieve the national standard of 4.12 moves or less.
  - **2015 Performance:** 4.18 moves; FY 15b/16a

Child Welfare Practice – the MiTEAM Model

The foundation of Michigan's child welfare reform is the MiTEAM case practice model. The MiTEAM model incorporates family engagement, family team meetings and concurrent planning into a unified practice model for child welfare. The model focuses child welfare

services on the key skills of **T**eaming, **E**ngagement, **A**ssessment and **M**entoring. The unified approach of the MiTEAM model:

- Provides for consistency in practice.
- Clarifies roles and expectations for staff.
- Informs policy, training and quality assurance.
- Explains how child welfare interventions and services are delivered to families.

With the MiTEAM model, MDHHS implemented family team meetings, family-centered planning sessions that guide decisions concerning a child's safety, placement and permanency.

- Family members are actively involved in case decision-making and service participation from removal through achievement of permanent homes for children.
- Family members are an important resource for ensuring safety for children at risk.
- Family members are the first placement considered if removal is necessary.
- Family team meetings are held at each decision point in a foster care case.

In family team meetings, information is shared to locate absent parents and mobilize supportive adults. Child welfare staffs receive support in conducting family team meetings from peer coaches trained to provide technical assistance and coaching.

Progress in 2015

- A MiTEAM case practice fidelity instrument was piloted in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Coaching labs on case plan implementation, placement and mentoring took place in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Enhanced MiTEAM implementation occurred in Kent County. Supervisory small group sessions and coaching labs occurred addressing engagement, teaming, assessment, case planning, case plan implementation and placement planning.
- Child welfare staff and supervisors report the following practice improvements as a result of participation in coaching labs:
    - Engaging the family team and child more effectively.
    - Understanding the family's history and frame of reference about "the system."
    - Recognizing the impact of trauma on families.
    - Utilizing active listening skills to engage families.
    - Utilizing genograms and eco-maps during family team meetings.
    - Helping families identify supports.
    - Having in-depth conversations with children and parents.
- Residential staffs were trained on facilitating family team meetings.
- The MiTEAM Specialist position description and title were updated. The new position description defines four core duties (modeling, coaching, training and providing feedback) to effect change in local communities. MiTEAM specialists are recognized field

resources for the implementation of the MiTEAM model and continuous quality improvement activities.

Progress in 2016

- Kent County completed their enhanced MiTEAM implementation with the conclusion of supervisory small group sessions and mentoring coaching labs in January. The assessment phase began in April. They will complete assessment of whether they are implementing the model with fidelity, track early results for children and families and recommend next steps toward full, sustainable implementation.
- Utilizing feedback and evaluations from implementation in Mecosta/Osceola, Lenawee, Kalamazoo and Kent counties, MDHHS developed a statewide implementation plan for the MiTEAM enhancements that includes virtual learning, practice and application exercises and observation and feedback.
    - Application exercises will be conducted in the field to support learning.
    - Supervisors will utilize the fidelity tool to reinforce skill development and report trends for local planning.
- In 2016, enhanced MiTEAM implementation began with regional orientations for implementation teams; statewide implementation will continue through 2017.
- The MiTEAM Overview virtual training module was available in May 2016 for all public and private child welfare staff. The module includes the following tutorials:
    - The Purpose of the MiTEAM Virtual Learning Site.
    - Overview of the MiTEAM Practice Model.
    - Continuous Quality Improvement.
    - Monitoring Fidelity.
    - Quality Service Reviews.
- The MiTEAM Manual includes updated sections on developing, implementing and evaluating parent-child visits, including how and when to develop the parent-child visitation plan, who should be included its development and factors to consider when expanding parenting time.

Planned Activities for 2017

- Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified at the time of adoption referral:
    - A written, child-specific recruitment plan will be developed within 30 calendar days of the date of acceptance of the case transfer.
    - The child will be registered for photo listing on the Michigan Adoption Resource Exchange within 30 calendar days of termination of parental rights or the date of acceptance of the case transfer, whichever is later.
- An adoption case will be referred to an Adoption Resource Consultant if an adoptive home has not been identified for the child within one year of the child being legally

free with a goal of adoption, or the month the child no longer has an identified family, if it has been more than a year since the child became legally free.

- Eight regional Post Adoption Resource Centers will continue to provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a direct consent/direct placement adoption or children who have a Michigan subsidized guardianship agreement.
- The Adoption Oversight Committee will continue to meet bi-monthly.
- Foster Care and Adoption Navigators will continue to provide support and assistance to families pursuing foster home licensure or adoption of children from Michigan's child welfare system.

Ongoing Collaborative Efforts

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

- The Placement sub-team focuses on placement of children in unlicensed placements, foster parent licensing, relative licensing and placement exceptions.
- MDHHS participates in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- Adoption Resource Consultants provide services statewide to youth who have been waiting over a year for adoption without an identified adoptive family.
- The Adoption Oversight Committee provides policy recommendations to improve permanency through adoption.
- Foster care and adoption navigators provide support and assistance to families pursuing foster home licensure or adoption of children from Michigan's child welfare system.
- Placement options are considered, such as increasing the number of treatment foster homes and utilization of foster family shelter homes instead of congregate care settings.
- Permanency Resource Monitors assist local offices and private agencies with timely progress toward permanency goals. Beginning in 2016, Permanency Resource Monitors provide assistance to first line staff and supervisors to assess the need for residential treatment and provide facility recommendations based on the needs of the child. This process provides ongoing monitoring and support through the treatment process to expedite less restrictive placements with an appropriate level of community treatment.
- The Michigan Adoption Resource Exchange continues to produce recruitment brochures and newsletters, maintain an informational website and host "meet and greet" events.
    - The exchange maintains the Michigan Heart Gallery, a traveling exhibit introducing children available for adoption.
    - The Match Support Program is a statewide service for families who have been matched with a child from the website and are moving forward with adoption. The Match Support Program provides up to 90 days of informational and referral services to families.

Residential Transformation Workgroup
MDHHS convened a workgroup in March 2016 to analyze Michigan's continuum of mental health and behavioral health services for children impacted by the child welfare system. The workgroup consists of representatives from child welfare, community mental health, courts, residential treatment providers and other community partners. The goal is to develop a system of behavioral health care for children that ensures the provision of high quality therapeutic interventions in the least restrictive environment, while maintaining family connections and progress to permanency. Treatment will be trauma-informed, evidence-based or considered best practice and delivered in a community setting.

In September 2015, MDHHS stopped issuing new residential foster care contracts to perform a utilization review and rate analysis. The group is researching changing the contract process to align the number of residential beds available and contracts with the trends and needs of the youth currently under supervision by MDHHS. A rate analysis is necessary to establish reimbursement rates based on the actual costs incurred by providers. A benchmark is to establish new residential contracts by 2018. The project will develop and implement a monitoring system to ensure that residential and mental health contracts continue to align with the needs of the populations served by MDHHS.

Permanency 2 - Assessment of Performance

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.
Measures: Quality Assurance Compliance Review (QACR) data from FY 2015 and FY 2016 year-to-date (YTD) to March 31, 2016 and MiSACWIS.
Strength: Michigan demonstrates strength in placing children in close proximity to the child's home, locating and identifying relatives and keeping children connected to extended family.

- Of children in foster care, 95.4 percent were placed within 75 miles of their home.
- In 87 percent of cases, documentation showed concerted efforts to maintain the child's connections with his or her extended family.
- In 97 percent of cases, active efforts were documented to identify, locate, inform and evaluate relatives as potential placements at the time of removal.

Michigan continues to encourage all families providing out-of-home care for relatives to pursue licensure; in 2015, 692 relative-only foster care licenses were issued.

Area Needing Improvement
Ensuring visitation between a child in foster care and his or her parents is of sufficient frequency and quality to promote continuity in the child's relationships is an area needing improvement.

- In January 2016, of the cases reviewed, 72 percent of parent/child contacts were of sufficient frequency to promote the parent/child relationship. Visits with mothers were of greater frequency than visits with fathers.
- Sibling visitation or contacts were of sufficient frequency to maintain and promote sibling relationships in 54 percent of cases.

Permanency 2 - Plan for Improvement

Goal P.2: MDHHS will maintain and preserve family relationships and the child's connections.

- **Objective P.2.1:** Children will have visits of sufficient frequency with their mother and father to promote their relationships.
  Measure: QACR
  Baseline: 77 percent of children in care had visits with their parents of sufficient frequency to promote parent-child relationships; 2014.
  Benchmarks:
  2015-2019: Demonstrate improvement each year.
    - **2015 Performance:** 65.5 percent of children in care had visits with their parents of sufficient frequency to promote their relationships.
    - **2016 YDT Performance:** 76 percent of children in care had visits with their parents of sufficient frequency to promote their relationships.
- **Objective P.2.2:** MDHHS will continue to track the number of children in foster care who are placed with relatives.
  Measure: Data Warehouse Monthly Fact Sheet
  Benchmarks:
  2015-2019: Demonstrate improvement each year.
    - **2015 Performance:** 34 percent of children placed in foster care were placed with relatives in their initial placement.
    - **2016 YTD performance:** 46 percent of children were placed with relatives in their initial placement.

- **Objective P.2.3:** Children in foster care will have visits of sufficient frequency with siblings to maintain and promote sibling relationships.
  Measure: QACR.
  Baseline: 88 percent; calendar year 2014.
  Benchmarks:
  2016-2019: Demonstrate improvement each year.
    - **2015 Performance:** 57 percent of children had visits of sufficient frequency to maintain sibling relationships.
    - **2016 YTD Performance:** 54 percent of children had visits of sufficient frequency to maintain sibling relationships.

Collaboration to Preserve Family Connections

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

- Expanding supportive visitation services.
- Strengthening policy to encourage increasing the frequency of parent-child visits.
- Piloting trauma-informed practice in Genesee, Lenawee, Mecosta/Osceola, Kalamazoo and Kent counties to address factors that may limit the quality of engagement with children and families.
- Enactment of a state law setting minimum standards for frequency of parent and sibling contact.

Progress in 2015

MDHHS improved practice with parents and children by:

- Revising foster care policy to address how and when to increase the duration and frequency of parenting time and moving toward unsupervised visitation.
- Developing webinars that detail how to move parenting time forward in frequency and toward unsupervised visitation.
- Expanding Foster Care Supportive Visitation services to include Alpena, Alcona and Montmorency counties.
- Developing the Rights and Responsibilities of Children and Youth in Foster Care brochure as a tool to facilitate discussions with foster youth, caregivers and biological parents about the rights of children in care.
- Issued guidelines for foster parent reimbursement of mileage related to parenting time visits.

Progress In 2016

- The definition of relative (MCL 712A.13A) was expanded to include stepparents, ex stepparents and parents who share custody of a child's half-sibling. MDHHS requested this legislative change to increase placement opportunities and maintain important family connections for children. PA 228 was signed into law on Dec. 18, 2015. CPS and Foster Care policy will be updated to reflect this change.
- Policy for family team meeting types and timeframes provides guidance to ensure that children and families have an active voice in case planning.
- The MiTEAM Manual is being updated to provide guidance for family team formation, functioning and coordination. Regularly scheduled and intervention-based family team meetings ensure that the family, caseworker and other team members are actively implementing, reviewing and revising case plans to address barriers to permanency.
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meetings ensure that the family, caseworker and other team members are actively implementing, reviewing and revising case plans to address barriers to permanency.

- A volunteer training presentation was created that provides guidance on how to work with caseworkers and families in supervising parenting time visits.

Planned Activities for 2017

- Development of parenting time training for relative caregivers/foster parents that includes the benefits of increased parenting time and ways caregivers may assist.
- Development of a parenting time observation tool that will assist in communicating progress to caseworkers to ensure more informed decisions are made by supervising agencies and courts.
- Developing family team meeting training on how to utilize family team meetings effectively as a resource for developing and revising parenting time plans.

SERVICES FOR CHILDREN AGES 5 AND UNDER

In 2015, there were 9,618 children ages 5 and under in foster care. This is a 1.7 percent increase from 2014. There are 7,590 children ages 5 and under in foster care year as of March 31, 2016.

Progress in 2015

At the conclusion of fiscal year 2015 (Sept. 30, 2015), 21 children under age 5 did not have an identified permanent family upon termination of parental rights. Of those children, six have since been adopted, 13 have an identified family and two children remained unmatched.

Progress in 2016

As of February 2016, four children under 5 years did not have an identified permanent family, but by April 2016, one of those children had an identified family, one had matches being reviewed and one had a placement pending. A permanent family continues to be sought for the fourth child under 5 without an identified family.

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

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified at the time of adoption referral, a written, child-specific recruitment plan must be developed within 30 calendar days. The plan is based on the child's specific needs and efforts focus on finding an adoptive family that will provide a stable home for the child. The plan may include locating relatives or friends who have an established relationship with the child and photo listing the child on state and national websites, as well as distribution of information about a specific child. The child also is registered for photo listing on the Michigan Adoption Resource Exchange. Quarterly reviews of the plan continue until the child is placed with a family that plans to permanently care for the child.

Addressing Developmental Needs of Children

The enhanced MiTEAM model ensures each child receives services that meet his or her emotional and developmental needs and has a permanent family identified as early as possible. Concurrent permanency planning and diligent relative search and engagement are used to ensure prompt service delivery, increased parental contact that supports bonding and to facilitate placement with a permanent family. In addition, CPS and foster care policy has the following requirements for children under age 5:

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

Progress in 2015

- Policy was revised to require referral to infant mental health specialists when infants and toddlers display social-emotional delays.

Progress in 2016

- MDHHS is piloting trauma-informed practice in Genesee, Lenawee, Mecosta/Osceola and Kalamazoo counties to address factors that may limit the quality of engagement with children and families.
- Trauma-informed practice is being promoted statewide through the MiTEAM enhancement.

MDHHS Approach to Working with Infants, Toddlers and Young Children

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

- Children ages birth to 5 years: two visits per week.
- Children ages 6 and older: one visit per week.

Progress in 2016

- Policy outlines supplemental visitation guidance that requires parent involvement in activities and planning for their child, unless parental involvement is documented as harmful. Activities that parents should be involved in include medical/dental appointments, school functions, sporting events and extra-curricular activities.

- The MiTEAM Manual was updated to include guidance about activities, planning strategies and supervision suggestions to ensure that parents are involved in the daily activities of their child and meet minimum parenting time requirements.
- When parenting time is supervised, case aides, foster parents/caregivers and others may supervise visits, in addition to the assigned caseworker. Parenting time supervisors must be aware of the expectations of the parent during parenting time and facilitate appropriate parenting behaviors. A web-based training is being developed for those other than caseworkers who supervise visits to ensure safety and visit documentation that informs the caseworker of progress or concerns.

Foster care policy requires that children shall not be placed in a foster or relative home if it will result in more than three foster children in the home. Policy also prohibits more than five total children placed in a home, including the foster family's birth and adopted children. Licensing rules prohibit more than two children less than 1-year-old in a foster home. There is an exception process that may broaden policy for special circumstances.

Early Periodic Screening, Diagnosis and Treatment Services
Michigan collaborated with Medicaid health plan providers to ensure each young child receives early periodic screening, diagnosis and treatment services. In addition, MDHHS developed the Trauma Initiative to ensure a trauma-informed approach in behavioral health services is utilized for children and families. MDHHS is providing training in evidence-based trauma-focused cognitive-behavioral therapy to Community Mental Health clinicians.

Supportive Visitation
Michigan implemented Foster Care Supportive Visitation/In-Home Parent Education contracts. This program provides parents with support before and after visits. The Bavolek Nurturing Parent Program is an evidence-based model that teaches skills to prevent and treat abuse and neglect. Currently, 51 counties have Supportive Visitation services.

Progress in 2015

- Supportive Visitation Services expanded to Alpena, Alcona and Montmorency counties.
- As of Sept. 30, 2015, 620 families were served.
- As of Sept. 30, 2015, performance data shows:
    - Sixty-three percent of parents were reunified with their child within six months after completion of the program.
    - Ninety-four percent of parents did not have a substantiated CPS complaint within six months of successful completion of the program.
    - Ninety-one percent of parents showed an improvement in at least two of the identified target areas on a post-training test.
    - Ninety-two percent of parents participated in all supportive visitation sessions.

Progress in 2016

- As of Dec. 31, 2015, 260 families were served.
- Services are anticipated to expand to 77 counties on Oct. 1, 2016.
- As of Dec. 31, 2015, performance data shows:
    - Seventy-five percent of parents were reunified with their child within six months following completion of the program.
    - Ninety-eight percent of parents did not have a substantiated CPS complaint within six months of successful completion of the program.
    - Ninety-one percent of parents showed an improvement in at least two of the identified target areas on the post-test.
    - Ninety-two percent of parents participated in all supportive visitation sessions.

Infant Foster Care Services

Western Michigan University and Kalamazoo County MDHHS continue to pilot foster care services with a focus on younger children. Incredible Years, an evidence-based parent education program, is delivered to parents and foster parents.

- Collaborative meetings between caseworkers and supervisors of public and private foster care agencies were held to discuss infant/toddler foster care issues.
- The Kalamazoo Regional Educational Service Agency, Infant Mental Health and MDHHS made presentations to the court and other stakeholders on infant/toddler needs.
- Implementation of the Ages and Stages Questionnaire occurred in infant/toddler visits to assess children and train workers on child development.
- Enhanced collaboration occurred with agencies, particularly Infant Mental Health.
- Collaboration occurred with a literacy program that served all ages.
- Foster care staff presented at the Systems of Care Conference in March 2015.
- The Incredible Years program continued to operate, and nine new referrals were made to the toddler group.

Protect MiFamily

Michigan's Title IV-E waiver demonstration project, Protect MiFamily, provides prevention, preservation and support services to families with at least one child under the age of 6 years at high or intensive risk for maltreatment. It is expected that the demonstration will result in a reduction in child maltreatment, a decrease in the number of young children placed in out-of-home care and an increase in the social and emotional well-being of children. Additional details about Protect MiFamily are provided later in this report.

Training and Supervision of Caseworkers and Caregivers of Young Children

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

- Attachment and separation.
- Grief and the expected symptoms and behaviors.

- Trauma and its impact on brain development and experiences of children and families.
- Child and family assessment, including the importance of parenting time.

Licensing staff train foster parents in the MiTEAM philosophy, which includes mentoring families. MDHHS policy requires that all cases are discussed a minimum of once each month in caseworker supervision. In practice, the vast majority of cases are discussed several times each month. The state is training child welfare staff on the evidence-based conceptual framework of Strengthening Families through Protective Factors, which has been shown to improve outcomes for children from birth to age 5.

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

Progress in 2015

- The treatment court worked with 12 families.
- Each family received eight to 10 hours of intervention from the baby court team weekly.
- All of the children received developmental screenings.
- All of the parents participated in parenting classes, either individually or in a group.

Progress in 2016

- There are currently five active cases, with three in the referral/intake process.
- All of the children received developmental screenings.
- All of the parents participated in parenting classes, individually and in groups.
- Seventy-one percent of families were reunified over the past eight years.
- Three families of siblings re-entered care. Of those, two sets were reunified within six months of the children's removal.

WELL-BEING

Well-being includes the factors that ensure children's needs are assessed and services targeted to meet their needs in the areas of education and physical and mental health. Quality Assurance Compliance Reviews (QACR) and Quality Service Review (QSR) data achievements are reported for fiscal year 2015 (Oct. 1, 2014 to Sept. 30, 2015) and where available, 2016 data is provided for the period from Oct. 1, 2015 to March 31, 2016.

Well-being 1 - Assessment of Performance

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

Strengths

Locating and Identifying Relatives

- In 90 percent of cases, at initial placement, active efforts were documented to identify, locate, inform and evaluate relatives as potential placements (2015 QACR).

Caseworker Visits with Children

- Michigan exceeded the federal goal of 95 percent, with 96 percent of children in the sample having a visit with their caseworker a minimum of once each month. Eighty-three percent of those visits took place in the child's residence (MiSACWIS or confirmed by the agency).

Assessing Needs and Services for Parents

- In 85 percent of cases, parents had initial and ongoing formal or informal assessments; and, of those with identified needs, appropriate services were provided (2016 QACR).

Responsiveness to Cultural Identity and Need

- In 95.4 percent of cases, documentation showed strength in assessing and understanding a child's family culture and providing appropriate services (2015 QSR).

Medication Management

- Of the cases reviewed, 94.4 percent were found acceptable for medication management. This indicator measures the child and family's understanding of the purpose of the medication, whether parental consent is obtained and whether the child has regular medication reviews (2015 QSR).

Areas Needing Improvement

- Fifty-seven percent of cases had caseworker visits with parents of sufficient quality and frequency to promote achievement of case goals. Of these:
    - Seventy-four percent had visits with the mother of sufficient quality to promote achievement of case goals (2016 QACR).
    - Forty-five percent had visits with the father of sufficient quality to promote achievement of case goals (2016 QACR).
- In 2015 QSRs, 23.6 percent of the cases were identified as acceptable in the area of Teaming.
- In 2015 QSRs, 38.5 percent of cases were rated as acceptable in Long-Term View, showing that safety, permanency and well-being outcomes for the family demonstrated the skills and supports needed to sustain progress and successfully close the case.
- The Tracking and Adjustment indicator was found acceptable in 43 percent of cases. Tracking and Adjustment should be an ongoing process that monitors services, identifies emergent needs and modifies services when necessary.

Progress in 2015

- Trauma screening for children was implemented in Kent County.
- MDHHS collaborated with Western Michigan University's Children's Trauma Assessment Center and local mental health agencies to participate in the Breakthrough Series Collaborative to develop best practices for trauma-informed services.
- MDHHS initiated a foster care workload study. A manageable workload is instrumental in retaining staff and supporting use of evidence-based practices, delivering quality services, engaging families and building relationships.
- The SOFAC Placement sub-team collaborated with the Office of Workforce Development and Training to develop assessment training to assure safety and well-being of children in relative placements.
- Foster care policy was implemented on Oct. 1, 2015 establishing the Reasonable and Prudent Parent Standard for foster youth participation in age-appropriate activities.
- The Rights and Responsibilities for Children and Youth in Foster Care brochure was developed as a tool to facilitate discussions with foster youth, caregivers and biological parents about the rights of children in foster care.
- The National Council on Crime and Delinquency completed the "Improving Child Safety and Well-Being in Foster and Relative Placements report." Findings were shared with community stakeholders at caseworker conferences, a regional private provider meeting and the Foster Care Review Board Advisory Committee. In addition, training on the report was presented to all Business Service Center managers.

Progress in 2016

- The Reasonable and Prudent Parent Standard was implemented, which included training for staff, child-caring institution providers and foster parents.
- The DHS-5333 form, Conversation Guide on Return from AWOLP (Absent without Legal Permission) was developed to discuss the factors that contributed to youths being absent from foster care and to discuss the youth's experiences while absent, including trauma and potential victimization in human trafficking. Policy was updated to mandate this discussion with a youth after return and includes instructions if it is suspected that the youth was a victim of trafficking.
- Policy was updated to include the requirement that youth in foster care ages 14 and older assist in the development of their case plan and they are able to select two individuals to participate on the case planning team to advocate on their behalf.
- Policy was updated to require that youth 18 years and older, or youth leaving foster care are provided with a driver's license or state-issued identification card and educational documents.
- Policy was updated to limit the age to 16 years or older that a permanency goal of Another Planned Permanency Arrangement can be assigned to youth. This requires caseworkers to continue efforts to find permanent placement options for youths 14- and 15-years-old.

- Caregiver training sessions were added to university partnerships on topics pertinent to caring for children.

Well-Being 1 - Plan for Improvement

Goal W.1: Families will have enhanced capacity to provide for their children's needs.

- **Objective W.1.1:** Caseworkers will visit with parents at a frequency sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case goals.
  Measure: QACR
  Baseline: 69 percent; 2014
  Benchmarks:
  2015 - 2019: Demonstrate improvement each year
    - **2015 Performance:** 56.5 percent of caseworker visits with parents were sufficient to promote achievement of case goals.
    - **2016 YTD Performance:** In 57 percent of cases, caseworker visits with parents were sufficient to promote achievement of case goals.

- **Objective W.1.2:** Caseworkers will assess the needs of parents, children and foster parents initially and on an ongoing basis to identify the services necessary to achieve case goals.
  Measure: QACR
  Baseline – 2014:
    - Parents: 80 percent of parents' needs were assessed ongoing.
    - Children: 89 percent of children's needs were assessed ongoing.
    - Foster parents: 74 percent of foster parents' needs were assessed ongoing.

  Benchmarks:
  2016 - 2019: Demonstrate improvement each year.
  2015 Performance:
    - Parents: 85 percent of parents' needs were assessed initially and ongoing.
    - Children: not available at this time.
    - Foster parents: not available at this time.

  Note: Questions on the assessment of the needs of children and foster parents were added in the 2016 QACR and are reported below.

  2016 YTD Performance:
    - Parents: 86 percent of parents' needs were assessed initially and ongoing.
    - Children: 95 percent of children's needs were assessed initially and ongoing.
    - Foster parents: 89 percent of caregivers' needs were assessed initially and ongoing.

- **Objective W.1.3:** Caseworkers will involve the child and family in case planning.

Measure:
- QACR
- QSR 2014 score on Voice and Choice. Voice and Choice measures the degree to which the focus child and family have an active and significant role in decisions made in case planning.

Baseline – 2014:
- Parents: 25 percent signed the treatment plan.
- Children/youth: 18 percent signed the treatment plan.
- In the QSR, 62.5 percent scored within the acceptable range for Voice and Choice.

Benchmarks:
2015 - 2019: Demonstrate improvement each year.
2015 Performance:
- Parents: 26 percent signed the treatment plan.
- Children/youth: 35 percent signed the treatment plan.
- In the QSR, 44.2 percent scored within the acceptable range for Voice and Choice.

2016 YTD Performance:
- Parents: 61 percent showed involvement in development of the case plan.
- Children/youth: not available at this time.
- In the QSR, 64.7 percent scored within the acceptable range for Voice and Choice.

- **Objective W.1.4:** Caseworkers will visit with children in foster care a minimum of once each calendar month.
  Measure: MiSACWIS federal reporting data.
  Baseline: 96.3 percent of children in the sample had visits with their caseworker at least once each month; 2014.
  Benchmarks:
  2015: Achieve 90 percent or more visits by the caseworker each calendar month.
  2016 – 2019: Achieve 95 percent or more visits by the caseworker each calendar month.
  - **2015 Performance:** In 96 percent of cases, children had visits with their caseworkers monthly.
  - **2016 YTD Performance:** Not available at this time.

Well-Being 2 - Assessment of Performance

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

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

- Children entering foster care or changing placements to continue their education in their schools of origin whenever possible and if it is in their best interest.
- When making best interest decisions for a child, collaboration is necessary between the caseworker, school staff, the child's parents and the child.
- Children are eligible to receive transportation from their new placement to remain in the same school for the six-month period allotted in the McKinney-Vento Act guidelines.
- School-aged foster children must be registered and attending school within five days of initial placement or placement change, regardless of the placement type.
- All educational information and related tasks, activities and contacts must be documented in the service plan.
- Child welfare specialists are trained in education policy in the Child Welfare Training Institute Pre-Service Institute and Program-Specific Transfer Training.
- MDHHS education planners provide educational supports to youth ages 14 and older referred due to a specific educational need.

QACRs and QSRs were used to assess and track progress for Well-Being Outcome 2. MDHHS continues to explore ways to track the assessment and provision of educational services.

Well-Being 2 - Plan for Improvement

Goal W.2: Children will receive appropriate services to meet their educational needs.

- **Objective W.2.1:** School-aged children will be registered and attending school within five days of initial placement or any placement change regardless of placement type.
  Measure: QACR
  Baseline: 89.3 percent; 2014
  Benchmarks:
  2015 - 2019: Demonstrate improvement each year.
  2015 Performance:
    - 88 percent of children were registered and attending school within five days of initial placement.
    - 79 percent were attending school within five days of a placement change.

  2016 YTD Performance:
    - 86 percent of children were registered and attending school within five days of initial placement.
    - 83 percent were attending school within five days of a placement change.

- **Objective W.2.2:** Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.
  Measure: QACR
  Baseline: 77.3 percent; 2014
  Benchmarks:
  2015 - 2019: Demonstrate improvement each year.
  2015 Performance:

- 79 percent of children remained in their school of origin when entering care.
- 72 percent of children remained in their school when changing placements.

2016 YTD Performance:

- 72 percent of children remained in their school of origin when entering care.
- 63 percent of children remained in their school when changing placements.

- **Objective W.2.3:** MDHHS will ensure children's educational needs are assessed and appropriate services provided.
  Measure: QACR
  Baseline: 93.94 percent; calendar year 2014
  Benchmarks:
  2015: Establish a baseline.
  2016 - 2019: Demonstrate improvement each year.
  - **2015 Performance:** In 89 percent of cases, the child's education needs were assessed and services provided appropriate to his or her needs.
  - **2016 YTD Performance:** In 88 percent of cases, the child's education needs were assessed and services provided appropriate to his or her needs.

Progress in 2015

A data-sharing agreement between the Center for Educational Performance and Information and MDHHS was completed. Information provided to MDHHS on an aggregate level includes:

- The school district and grades in which students in foster care are enrolled.
- Whether students are on track to graduate or achieve a diploma or General Education Development (GED) certificate.
- The number of absences students experienced in a year.
- Whether students changed school districts during the school year.

Progress in 2016

- The Data Management Unit is assisting the Well-Being Education subcommittee interpret the data provided by the Center for Educational Performance and Information. Once the match between students enrolled in school and youth in foster care is determined to be accurate, the Well-Being Education subcommittee will determine how best to use the data.
- In December 2015, the Every Student Succeeds Act was passed, the first federal education legislation that includes provisions to improve education outcomes for children and youth in foster care and requires school staff to collaborate with child welfare staff to improve tracking students in foster care.
- The Every Student Succeeds Act removed "awaiting foster care placement" from the definition of eligibility for McKinney-Vento Homeless Assistance Act. This transfers the responsibility for transportation costs from the local school district to MDHHS to maintain foster children in their schools of origin. Foster care policy will be updated and training provided statewide.

- The Well-Being Education subcommittee is collaborating with the Michigan Department of Education to ensure all aspects of the foster care provisions in the Every Student Succeeds Act are implemented.
- MDHHS local offices participate in the Great Start Collaborative, a coalition of human service agencies, families and other partners working to ensure every child from birth to age 8 has access to a universal, comprehensive and collaborative system of community-based early childhood programs, services and supports.

Planned Activities for 2017

The Well-being Education subcommittee will continue to assess available education outcome data for youth who have experienced foster care to identify barriers to educational success and to develop policy or supports that will increase educational success for youth in foster care.

Well-Being 3 - Assessment of Performance

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

Physical Health

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

- Every child entering foster care must receive a comprehensive medical examination including a behavioral/mental health screening within 30 calendar days, regardless of the date of the last physical examination.
- Every foster child between the ages of 3 through 20 years must receive annual medical examinations.
- Every foster child under 3 years must receive more frequent medical examinations as outlined in the Early and Periodic Screening, Diagnosis and Treatment program.
- Every child under 3 years listed as a victim in a substantiated abuse or neglect report will be referred to Early On for assessment and services.
- Every child who re-enters foster care after case closure must receive a full medical examination within 30 days of placement and ongoing examinations.
- Every child in foster care must have a medical home. Whenever possible, the child's existing medical provider will remain the medical home.
- The foster care worker is required to complete the medical passport that documents medical and mental health care and ensure the medical passport is shared with all providers.
- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for emotional and behavioral needs.
- Medical providers and legal guardians must engage in informed consent with parents and caregivers for all psychotropic medications prescribed to children in foster care.

Planned Activities for 2017

- Activities from the implementation teams from the timely medical exams workshop will continue.
- Foster care staff will have access to Medicaid claims data in MiSACWIS.
- Medicaid claims information will populate the medical passport.

Mental Health

MDHHS is committed to ensuring that children's mental health needs are identified and addressed as part of comprehensive medical care. Stakeholders continue to identify access to mental health services as an area in need of improvement. MDHHS is continuing to work across divisions and departments to improve access to mental health services as part of the broader systems of care.

Michigan's achievements in each health related goal and objective are below. Baselines and initial performance as presented appear low. This reflects implementation and refinement of MiSACWIS over the past two years and additional factors, including the complexity of the systems involved.

- This is the first year using MiSACWIS data to report on Well-Being 3.1 and 3.2.
- The capacity of MDHHS to track success in identifying mental health needs depends in part on the documentation of these activities by medical care providers.
- Medical providers who participate with Medicaid agree to follow the provisions in Medicaid policy, including identifying mental health needs.
- MDHHS will use the data on timely initial and periodic/annual comprehensive medical examinations as the measure of success in achieving the goal of identifying mental health needs.

Well-Being 3 - Plan for Improvement

Goal W.3: Children will receive timely physical services that are documented in the case record.

- **Objective W.3.1:** Children entering foster care will receive an initial physical examination within 30 days of entry.
  Measure: QACR
  New Measure: In 2016 and forward, MiSACWIS data will be used as the measure.
  Baseline: 75.4 percent; 2014
  Benchmarks:
  2016 – 2019: 95 percent or higher
    - **2015 Performance**: 69.7 percent had a timely initial physical examination.
    - **2016 YTD Performance**: 75 percent had a timely initial physical examination.

- **Objective W.3.2:** Children entering foster care will receive a mental health screening within 30 days of entry.

Measure: QACR
Monthly Management Report, 2016.
Baseline: 53.8 percent; 2014
Benchmarks:
2016 – 2019: 95 percent or higher
- **2015 Performance:** 50.7 percent of children received a timely mental health screening.
- **2016 YTD Performance:** 46 percent received a timely mental health screening.

- **Objective W.3.3:** Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.
  Measure: Psychotropic Medication Targeted Case Review
  Baseline: In 55 percent of cases reviewed, parents, caseworkers and children were engaged in an informed consent process with physicians prescribing psychotropic medication; 2014.
  New measure: Psychotropic Medication Oversight Access database.
  Benchmarks:
  2015 – 2019: Increase by five percent each year
  - **2015 Performance:** In 18 percent of cases, an informed consent process occurred.
  - **2016 YTD Performance:** In 84 percent of cases, an informed consent process occurred.

Initial Physical Examination

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

- Thirty-four health liaison officers focus on addressing system barriers.
- A brochure "Guideline for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services" is sent to foster and relative providers at placement to outline health care requirements.
- MDHHS developed a webinar on the health needs of children in foster care.
- Regular conference calls and meetings with health liaison officers are held by the Child Welfare Medical Unit to provide policy and practice updates.
- Training and technical assistance is provided to local office staff to ensure timely Medicaid opening.

Progress in 2015

- Nine additional health liaison officers were allocated to provide health care support statewide.
- MDHHS met with public health officials to discuss the integration of Medicaid claims data into MiSACWIS.

- The Monthly Management Report was provided to agencies and counties to track timely medical and dental examinations.
- A survey of foster care workers, supervisors and health liaison officers was conducted to identify barriers to timely medical and dental examinations.
- The Workforce Engagement Team and Office of Good Government led MDHHS through a planning exercise to achieve improvement in timely medical examinations. The workgroup conducted a workshop to develop recommendations for top leadership.
- The Michigan Chapter of the American Academy of Pediatrics used funds from a Health Innovation Grant to establish a Learning Collaborative in Kalamazoo County that identified local barriers and innovative solutions to improve assessment, planning and care for children and youth entering foster care.

Progress in 2016

- The Macomb County Foster Care Learning Collaborative, "Improving Health Outcomes for Foster Children and Youth," held their first meeting.
- The Workforce Engagement Team presented recommendations from the timely medical exams workshop in 2015 to top leadership. Six teams were developed to implement the recommendations.
- Genesee and Wayne counties developed protocols for CPS, foster care and health liaison officers to improve compliance with timely medical requirements.
- The MDHHS Business Integration Center is facilitating a systems project to provide Medicaid claims data in MiSACWIS.

Planned Activities for 2017

- Activities of the implementation teams from the timely medical exams workshop will continue.
- Foster care staff will have access to Medicaid claims data in MiSACWIS.
- Medicaid claims information will populate the medical passport.

Mental Health

The goal of mental health services for children in foster care is to achieve a system of care that is strength-based, child and family centered, trauma-informed and delivered in community settings whenever possible. When psychotropic medications are recommended, their use will be based on a comprehensive mental health assessment, the best available evidence and with the assent of the child and the adults responsible for them.

MDHHS continues to expand the Foster Care Psychotropic Medication Oversight Unit, which analyzes data on adherence to MDHHS policy and provides technical assistance to key stakeholders involved in mental health care.

- Prescribing patterns have not changed significantly since the oversight process was implemented.

- Additional initiatives across systems continue to focus on specific target groups, including infants placed in foster care and children in residential care.

Mental health screening is one of the required components of the well-child medical examination. The well-child examination provides a comprehensive array of prevention, diagnostic and treatment services. All initial, yearly and periodic medical examinations are well-child examinations. Mental health screening compliance is considered equivalent to the completed well-child examination.

Progress in 2015

- A joint policy statement was developed by MDHHS and the Michigan Association for Infant Mental Health on attachment in infancy and best practice recommendations for decision-making for infants and toddlers in foster care.
- Foster care policy was updated on the infant mental health referral process.
- The Foster Care Psychotropic Medication Oversight Unit hired a utilization analyst and a communications/training specialist.
- A child well-being website is being developed that will include information about psychotropic medication.
- Regional training was provided in seven sites across the state to foster care workers, health liaison officers and community partners on psychotropic medication and the informed consent process.
- The Health Advisory Resource Team discussed roles of children, parents and providers in the informed consent process. Team members include MDHHS, the Michigan Department of Education, physicians, families, advocates and juvenile justice staff.
- The Children's Behavioral Action Team was established to facilitate successful integration back to the community for children and youth who have experienced multiple hospitalizations and placements and are currently at the Hawthorn Center, a psychiatric hospital for children and adolescents.

Progress in 2016

- Content for the child well-being website was developed.
- Contracts for psychological, trauma and psychiatric assessment services not covered by Medicaid are developed and will be put out for bid.
- The Foster Care Psychotropic Medication Oversight Unit completed a strategic planning process to address persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent. Implementation includes the addition of two analysts to assist reconciliation of data and provide outreach to mental health providers and child welfare staff.
- The Foster Care Psychotropic Medication Oversight Unit is updating psychotropic medication policy and documentation requirements to streamline the consent process and assist the field with engaging parties in the consent process.

- The Child Welfare Medical Consultant convened a physician leadership team to consult on initiatives to improve mental health services for children in foster care and improve child and family engagement in care decisions.
- A cross-systems website on trauma is being developed and will be operating by fall of 2016.

Planned Activities for 2017

- Child well-being website will have additional material posted.
- Contracts for assessment services will be in place.
- Fair market counseling contractors will complete mandated training if working with child welfare clients.
- Verbal consent will be an alternative to the informed consent process for psychotropic medication if the legal consenter cannot be at the appointment. The process will be witnessed by the foster care psychotropic medication oversight unit.
- The foster care psychotropic medication oversight unit will visit hospitals with psychiatric beds for children to describe our psychotropic oversight process in order to partner more effectively.
- The psychotropic medication oversight unit will review claims weekly to ensure that there is documentation of informed consent and to reach out to the field to expedite the documentation process.

Impact of Protocols on the Use and Monitoring of Psychotropic Medications

For most categories, the prescribing patterns in the 2015 are similar to those seen in 2014. The trend continues of fewer very young children being prescribed psychotropic medications and more children being prescribed regimens of four or more concomitant psychotropic medications. Prescribing patterns have not changed significantly since the oversight process was implemented. The data will be monitored over the next several years to determine trends and address the factors associated with each one.

SYSTEMIC FACTORS

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

1. Information System.
2. Case Review System.
3. Quality Assurance System.
4. Staff and Provider Training.

5. Service Array and Resource Development.
6. Agency Responsiveness to the Community.
7. Foster and Adoptive Parent Recruitment, Licensing and Retention.

INFORMATION SYSTEM

The Michigan Statewide Automated Child Welfare Information System, MiSACWIS, is the mission-critical information system that supports case management for child protection, adoption, foster care, juvenile justice and prevention services. MiSACWIS is in operational and maintenance status.

Information System - Assessment of Performance

Michigan implemented MiSACWIS statewide on April 30, 2014 to over 6,400 end users including private agencies. MiSACWIS' functionality continued improvement in 2015:

- The juvenile justice residential and the Child Care Fund functionality was implemented on Oct. 19, 2015. MiSACWIS is used to track Child Care Fund budgets and billings.
- Child-caring institutions use MiSACWIS to report incidents involving children and youth.
- MiSACWIS change controls were implemented to improve reporting on Adoption and Foster Care Analysis Reporting System (AFCARS) data elements identified in Michigan's AFCARS Assessment Review in July 2015.

MiSACWIS Training

The MiSACWIS project has a robust training team, including MDHHS staff, the design, development and implementation vendor and the Office of Workforce Development and Training. Statewide training was provided to the juvenile justice residential, local court and county users prior to the October 2015 implementation. Training is developed based on end user needs and is ongoing.

Data Progress in 2015

The National Child Abuse and Neglect Data System (NCANDS) FY 2015 file was submitted to the Children's Bureau timely. A re-submission of the file occurred in April 5, 2016. According to the Enhanced Validation Analysis Application tool, the supplemental report identified three areas for review:

- Race/ethnicity (75 percent): performance 73.3 percent.
- Date of death for child fatality (100 percent): performance 92.73 percent.
- At least one percent of non-victims should have a caregiver alcohol abuse reported: performance .57 percent.

A MiSACWIS change control was implemented in March 2016 to capture race and ethnicity as required fields, which will affect missing data in the NCANDS and AFCARS files.

To ensure promptness of submission and accuracy of reporting data, MDHHS will take the following actions ongoing:

- Participate in Children's Bureau technical assistance visits to evaluate MiSACWIS and determine information system compliance.
- Track AFCARS and NCANDS data reliability and correct errors.
- Engage the courts in using MiSACWIS.
- Utilize the MiSACWIS system to track progress toward child welfare goals.

AFCARS Review Progress in 2015

MDHHS completed the AFCARS Assessment Review the week of July 13, 2015. The AFCARS Assessment Review evaluates the accuracy and reliability of foster care and adoption data. MDHHS methodology for collecting and reporting AFCARS data was assessed for timeliness, accuracy and quality of data entry by caseworkers and adherence to federal requirements. The assessment consisted of:

- A review of the program logic used for each AFCARS element in MiSACWIS.
- A review of test cases.
- A MiSACWIS system demonstration.
- An adoption and foster care case file review (sample).
- A review of the adoption and foster care population and elements.
- Technical documentation.

The federal team met with program and technical staff responsible for oversight of foster care and adoption policy development and the implementation of the technical requirements of AFCARS and provided preliminary results, outlining the findings and required changes.

AFCARS Improvement Plan

MDHHS received the final report on the AFCARS Assessment Review in March 2016, which requires an AFCARS Improvement Plan. Despite the requirement of an AFCARS Improvement Plan, Michigan met AFCARS standards in many areas of the general requirements and data elements. All required information is being collected and transmitted to the Children's Bureau. Key areas requiring improvement include:

- Adoption: reporting the primary factor or condition that is a barrier to adoption when the child is identified as having a special need.
- Adoption and foster care: including the diagnosed conditions of children.
- Foster care: in reporting on foster care removal episodes, excluding children in care for less than 24 hours.
- Foster care: clarifying the population for youth 18 years of age and older and in juvenile justice placements.

The AFCARS Improvement Plan includes modifications to MiSACWIS to improve AFCARS reporting for selected General Requirements, Foster Care and Adoption Data Elements as outlined below.

General Requirements
The reporting system includes all children who have or had been in foster care at least 24 hours. MiSACWIS will implement a change by Sept. 30, 2016 for caseworkers to identify if the foster care episode is 24 hours or less in duration.

Foster Care Data Elements
MiSACWIS was modified to require the worker to complete the race and ethnicity fields for children and foster care caretakers to address missing values as of March 2016 and the selections were expanded to include incapacity, safe haven and abandoned for children.

The information system implemented the question, "Is this a physical condition that is medically proven and which results in a marked and severe functional limitation for the child?" on May 13, 2016.

By Nov. 19, 2016, MiSACWIS will implement a modification to address, "Has the child ever been Adopted" and "If yes, how old was the child when adoption was legalized?" to ensure that if the first question is yes, a value for the second question is entered.

Once the system is able to identify whether a child has been in foster care at least 24 hours under the General Requirements, this will impact the accuracy of data for the following foster care data elements. Changes will be implemented by Nov. 19, 2016:

- Date of first removal from home.
- Total number of removals from home to date.
- Date child was discharged from last foster care episode.

MiSACWIS will require system changes to track the number of "previous placement settings during this removal episode" in relationship to a child moving between "cottages" on the same campus. MDHHS will manually track these placements until the system is modified Sept. 30, 2017.

By Nov. 19, 2016, 2016, MiSACWIS will address the Service Type and Living Arrangement fields to improve the accuracy of reporting the child's current placement setting.

The system will be modified by Nov. 19, 2016 to distinguish between children placed in a setting outside of the State by identifying whether the current selection of "out of state parental" is the parent from whom the child was removed.

MiSACWIS modified the application by removing APPLA-E for a case plan goal in October 2015; therefore, by September 2016, an APPLA-E goal should no longer be reported, as policy requires the caseworker to update goals annually.

The system will implement a change to allow the worker to distinguish between a relative or non-relative guardian by Sept. 30, 2017.

Adoption Data Elements
MiSACWIS was modified to require the worker to complete the race and ethnicity fields for the child and adoptive parents to address missing values as of March 2016 and the selections were expanded to include incapacity, safe haven and abandoned for children.

The information system will be modified by Sept. 30, 2017 to update the list of special needs to be consistent with the State's policy for special needs determination and to ensure the worker can identify the special need that was the main barrier to adoption.

By Sept. 30, 2017, MiSACWIS will implement a change to improve identification of the relationship of the person adopting the child by allowing multiple selections.

MiSACWIS will implement modifications by Sept. 30, 2017 to improve identification of the state, tribe or country other than the United States that the child was placed by and the placement location.

In MDHHS continuous quality improvement efforts, the data group continuously reviews AFCARS data, the areas identified as requiring improvement and makes changes to MiSACWIS and program code logic to improve the accuracy and reliability of the data. A plan for additional improvements with projected timelines was approved.

Information System - Plan for Improvement

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

- **Objective A.1.1:** MDHHS will submit the AFCARS file to the Children's Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element.
  Measure: MiSACWIS federal reporting data
  Benchmarks:
  2015 – 2019: Submission of file with less than a 10 percent error rate.
    - **2015 Performance:** The AFCARS FY 2015a and FY 2015b files were submitted timely. Michigan was compliant in all foster care and adoption data elements with the exception of a timeliness error for foster care discharge transaction date.

MDHHS completed a resubmission of the AFCARS FY 2015a and FY 2015b files with updates made to meet the AFCARS compliance or quality thresholds that were previously not met. At the time of resubmission of both files, MDHHS was non-compliant only with timeliness of discharge transaction, which was expected. Efforts are underway to improve this issue and preliminary results of the FY 2016a file shows improvement.

Michigan has improved in three data quality issues originally identified as exceeding the three percent threshold with the resubmission in March 2016 and the preliminary data of the FY 2016a file:

- Dropped cases.
- Missing discharge reasons.
- Missing termination of parental rights dates.

- **Objective A.1.2:** MDHHS will submit the NCANDS file to the federal Children's Bureau annually and ensure the file is within the allowable threshold for each area listed in the Enhanced Validation Analysis Application tool, under the Supplemental Validation Tests.
  Measure: MiSACWIS reporting data
  Benchmarks:
  2015 – 2019: Submission of file within the threshold as reported in the Supplemental Validation report.

MiSACWIS Training in 2015 and 2016

- In June 2015, the Child Care Fund Web-Budget training was provided at five sites. This was a statewide training for the first phase of the fund's implementation in MiSACWIS. In 2015, 190 MDHHS local office, court and county users were trained in 15 sessions.
- In August and September 2015, 216 Child Care Fund users were trained in the new MiSACWIS functionality. The audience included MDHHS local office, court and county users. This group comprises a large range of budget and payment functions.
- In August and September 2015, 462 juvenile justice users were trained in the MiSACWIS functionality. The audience included MDHHS local office, training school and contracted juvenile justice residential users.
- MiSACWIS Academy training content is based on feedback and helpdesk trends.
  - MiSACWIS and Office of Workforce Development and Training staff continue to enhance the Pre-Service Institute MiSACWIS training for new workers.
  - Classroom workshops include time for questions and practicing functionality on workers' cases.
- Twenty new web-based trainings were added since statewide implementation.
  - Webinar training for MiSACWIS users includes MiSACWIS training and new incident reporting functionality for the juvenile justice implementation.

MiSACWIS Training Evaluation

- Level one and two evaluations are completed as standard practice in training.

- Surveys completed for the MiSACWIS onsite visits revealed a need for continued training.

Planned Activities for 2016 and 2017

- Development of new trainings as the system is enhanced.
- Enhancement of program-specific MiSACWIS training in the Pre-Service Institute.
- Provision of MiSACWIS workshops, webinars and web-based training as needed.
- Surveying onsite review participants regarding training needs.
- Performing a level three evaluation of the MiSACWIS Pre-Service Institute training.
- The MDHHS Business Integration Center and Project Management Office is dedicated to system enhancement and integration across systems.

CASE REVIEW SYSTEM

Michigan's case review system functions statewide to ensure that case plans are developed and periodic, permanency and termination of parental rights hearings occur in accordance with federal, state and court requirements. To ensure case review system compliance and improve the functioning of the case review system, MDHHS engages in ongoing collaboration with the State Court Administrative Office, which represents circuit court family divisions on child welfare issues:

- MDHHS is working with the State Court Administrative Office to develop new court data reports for CFSR Round 3 outcome measures.
- Through a data-sharing agreement, the court obtains MDHHS data to create reports for local judges on hearing timeliness and permanency.
- The Foster Care Review Board provides third party external review of foster care cases to ensure the system is working to achieve timely permanency for each child.

Quality Assurance Compliance Review

The Quality Assurance Compliance Review (QACR), developed in 2014, is the instrument MDHHS uses to assess compliance with federal, state and court standards for the case review system. Fine-tuning of the review instrument continued in 2015 and preliminary results in 2016 appear to conform to MDHHS past performance more closely than in 2014 in some areas. The QACR instrument is modified as needed to ensure evolving practice in the field matches best practices as identified by the Children's Bureau, MDHHS administration, SOFAC sub-teams, the court monitoring team and other stakeholders. It includes a review of the following information in the MiSACWIS system:

- Assessments and service plans.
- Educational status and services.
- Immunizations.
- Medical file.

- Medical Passport.
- Medical, dental and mental health services.
- Medical insurance coverage.

The QACR takes place in January and July each year. Cases of dual abuse/neglect and juvenile justice wards are included in the review population. In 2015, 261 cases were reviewed. In January 2016, 139 cases were reviewed.

Case Selection

- The sample of cases included in the review is stratified to reflect the population of children in foster care.
- The cases are divided into two samples by date of entry into foster care to capture data on requirements at placement and ongoing, including initial and updated service plans and initial and yearly medical, behavioral and dental health requirements.
- The DCQI lead staff screens cases in the sample prior to the review to ensure that each case meets the criteria for inclusion.

Continuous Quality Improvement

DCQI uses the information collected in the review to complete reports for distribution to stakeholders and publishing on the MDHHS public website. Reports include an analysis of compliance with policy and strengths and opportunities to improve practice.

Following each review, DCQI makes adjustments to review questions, answer choices and the database logic based on results from the review. Some of the upcoming changes to the review include adding new questions regarding:

- Compliance with the Indian Child Welfare Act.
- Immunization status; to capture data regarding children who were not up-to-date on immunizations when they came into care, targeted questions will be added to measure whether the child's immunizations were brought up-to-date within the first 90 days, and whether there is a medical rationale for any delays.

Case Review System - Assessment of Performance

Progress in 2015

As expected, MiSACWIS improvements and training resulted in greater accuracy of data entry in 2015 and reflected notably increased scores in several areas that appear consistent with Michigan's historical performance. These include increases in the area of involving parents in the development of service plans and timeliness of hearings. The following improvements were made in 2015:

- MDHHS updated policy requiring service plans to be developed jointly with families.
- MDHHS modified permanency goals eliminating Another Planned Permanency Living Arrangement as a permanency goal for youth under 16.

- MDHHS introduced new legislation to address sex trafficking.
- MDHHS collaborates with the Foster Care Review Board and State Court Administrative Office to ensure case-specific data is used to identify areas needing improvement.
- Court orders are reviewed by child welfare specialists to determine whether Title IV-E eligibility is met.

Case Review System - Plan for Improvement

Goal B.1: MDHHS' case review system will ensure each child has a case plan that promotes permanency.

- **Objective B.1.1:** A written case plan will be developed jointly with the child's parents for each child in foster care.
  Measure: QACR
  Baseline – 2014:
    - In 27.2 percent of cases, plans were developed jointly with the mother.
    - In 22.3 percent of cases, plans were developed jointly with the father.

  Benchmarks:
  2015 - 2019: Demonstrate improvement each year.
    - **2015 Performance:**
      - In 79 percent of cases, plans were developed jointly with the mother.
      - In 62 percent of cases, plans were developed jointly with the father.
      - In 67 percent of cases, plans were developed jointly with the child.

Note: In 2015, evidence of joint development of case plans included documentation of parental participation in creating the service plan, even if the parent's signature was not on the plan.

    - **2016 YTD Performance:**
      - In 84 percent of cases, plans were developed jointly with the mother.
      - In 66 percent of cases, plans were developed jointly with the father.
      - In 70 percent of cases, plans were developed jointly with the child.

- **Objective B.1.2:** For children in foster care, periodic court review hearings will occur timely.
  Measure: QACR
  Baseline – 2014: In 91.7 percent of cases, review hearings occurred timely.
  Benchmarks:
  2015 - 2019: Demonstrate improvement each year.
    - **2015 Performance:** Ninety-five percent of review hearings occurred timely.
    - **2016 YTD Performance:** Ninety-six percent of review hearings occurred timely.

- **Objective B.1.3:** For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Measure: QACR
Baseline: 45.9 percent; 2014
Benchmarks:
2015 - 2019: Demonstrate improvement each year.
- **2015 Performance:** 92 percent of permanency hearings occurred timely.
- **2016 YTD Performance:** 97 percent of permanency hearings occurred timely.

- **Objective B.1.4:** For each child that has been in foster care for 15 of the last 22 months, termination of parental rights petitions will be filed or compelling reasons will be documented.
  Measure: QACR
  Baseline: 38.2 percent; 2014
  Benchmarks:
  2015 - 2019: Demonstrate improvement each year.
  - **2015 Performance:** 23 percent of termination petitions were filed timely.
  - **2016 YTD Performance:** 67 percent of termination petitions were filed timely.

- **Objective B.1.5:** Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.
  Measure: QACR
  Baseline: 42.7 percent; 2014
  Benchmarks:
  2015 - 2019: Demonstrate improvement each year.
  - **2015 Performance:** 18 percent of caregivers were notified of court hearings and how they may exercise their right to be heard.
  - **2016 YTD Performance:** 41 percent of caregivers were notified of court hearings and how they may exercise their right to be heard.

Because results on permanency hearings and termination petitions vary significantly from results in timeliness of periodic hearings, MDHHS will address the discrepancy through the following activities:

- MDHHS will develop a strategy for improving performance by providing training and job aides to assist timely and accurate documentation.
- MDHHS will collaborate with the State Court Administrative Office to ensure hearings throughout the state are scheduled timely.
- MDHHS will continue reviewing the QACR instrument for data accuracy and make modifications as necessary.

QUALITY ASSURANCE SYSTEM

Michigan's quality assurance system supports the child welfare vision that MDHHS will lead Michigan in supporting children, youth and families to reach their full potential, and the mission that child welfare professionals will demonstrate unwavering commitment to engage with families to ensure safety, permanency and well-being. To track and monitor case practice and performance:

- DCQI conducts case reviews using validated protocols that collect data that is verified and analyzed to measure and track performance. Feedback is provided to county and private foster care agency directors and staff to guide ongoing improvement efforts.
- MDHHS continues to strengthen continuous quality improvement efforts in preparation for the federal CFSR in 2018.
- Through regional Navigating the Data summits in November 2015, MDHHS provided training to MDHHS county and private agency directors and managers on the available reports that include county data and how they can be used to target improvement efforts. Reports available to local directors include:
    - Monthly Management Reports that track trends.
    - InfoView Reports that are used in conjunction with Monthly Management Reports to analyze county data to the worker level.
    - Caseload Compliance Reports that monitor compliance with the Implementation, Sustainability and Exit Plan.
- In 2016, MDHHS is developing processes for ongoing training and technical assistance to the Business Service Centers, local offices and private agencies for using data to target outcomes specific to each community.

Quality Assurance System - Assessment of Performance

DCQI consists of a director and three managers with two core teams of reviewers based in central office and Wayne County, Michigan's most populous county. The third DCQI manager manages Data Management Unit staff that provides verifiable data to measure and track performance. The review team staff develops and tests protocols, trains reviewers and provides feedback to local directors and staff to assist in evaluating local practices and defining possible remedial actions. At the state level, DCQI conducts two main reviews:

- The QACR gathers quantifiable data on compliance with federal and standards and those of the Implementation, Sustainability and Exit Plan.
- The QSR provides in-depth information on service quality and projected case outcomes in a community.

Quality Assurance Compliance Review

This protocol, described earlier in the Case Review System section, was developed to measure compliance with court requirements and new and modified federal and state policies and laws. Reviews track compliance and identify areas where technical assistance is needed.

Case Review Quality Instrument: Quality Service Review

The QSR is a case-based appraisal of frontline practice to provide an overall assessment of case practice in a community. Michigan's QSR examines the status of the child or youth and caregiver during and after service delivery. Status indicators measure the extent to which certain desired conditions are present in a child and caregiver's life related to well-being and functioning. Practice indicators measure how well the case practice functions are applied successfully by the professionals serving on the child's team.

The QSR is Michigan's assessment instrument for child welfare services and an important element in the state's continuous quality improvement efforts. It provides a systematic process that involves families and stakeholders in the evaluation of child welfare services within their communities, providing specific feedback at the case level as well as assessment of community systemic factors.

Cases are selected for each QSR using a random sample list, and included in the review if the parent or guardian is willing to participate. CPS ongoing cases are stratified based on age distribution of the children. Foster care cases are stratified based on age, living arrangement and permanency goal. The sample is stratified proportionate to the public/private foster care agency split in each county.

Reviewer Requirements

Reviewers complete an intensive training consisting of eight hours of classroom training with certified facilitators, followed by shadowing a certified reviewer on a case review. After shadowing, the trainee leads a case review and the certified trainer then acts as the trainee's mentor. Mentors guide and coach trainees through the review process and provide feedback.

Review Process

Case information is obtained through in-depth interviews with the child or youth, if old enough to participate, as well as parents or guardians, foster parents, caseworkers, teachers, therapists and other service providers. Cases are rated based on a six-point scale that measures child and family status and case practice.

In addition to case reviews, stakeholder interviews are conducted in individual and group settings (focus groups) that include MDHHS and private agency staff. Stakeholder interviews include the child welfare director, private agency foster care directors and managers and presiding judges. Focus groups include foster youth, foster parents, CPS and foster care caseworkers, CPS and foster care supervisors and other groups identified by individual counties.

System Performance: Status and Practice Indicators

Michigan's QSR protocol utilizes twelve indicators for measuring child and family status, and nine indicators for measuring case practice performance. Child and Family Status Indicators are determined based on a review of the focus child and the parent(s)/caregiver(s) for the most

recent 30-day period. Practice Performance Indicators are determined based on a review of the most recent 90-day period for cases that have been open for at least the past 90 days.

Child and Family Status Indicators

1. Safety from Exposure to Threats of Harm.
2. Safety from Behavioral Risks to Self or Others.
3. Stability.
4. Permanency.
5. Living Arrangement.
6. Physical Health.
7. Emotional Functioning.
8. Learning and Development.
9. Voice and Choice.
10. Family Functioning and Resourcefulness (family of origin).
11. Caregiver Functioning.
12. Family Connections.

Practice Performance Indicators

1. Responsiveness to Cultural Identity and Need.
2. Engagement.
3. Teamwork and Coordination.
4. Assessment and Understanding.
5. Long-Term View.
6. Planning Interventions.
7. Implementing Interventions.
8. Medication Management.
9. Tracking and Adjustment.

A six-point rating scale is used to determine whether an indicator is judged as acceptable. Reviewers scored each of the cases using this rating scale. The ranges are below:

Child and Family Status Indicators		**Practice Performance Indicators**	
6	Optimal behavioral risk status	**6**	Optimal practice
5	Good behavioral risk status	**5**	Good practice
4	Fair behavioral risk status	**4**	Fair practice
3	Marginal behavioral risk status	**3**	Marginally inadequate practice
2	Poor behavioral risk status	**2**	Poor practice
1	Serious and worsening behavioral risk status	**1**	Absent or adverse practice

Feedback Process

Feedback to the local director and staff includes the scoring results of the rollup of child and family status and practice performance indicators. These show compiled strengths and

challenges in casework and suggest trends that may affect service quality in the community. Feedback includes a presentation of each case that includes the child's recent progress and prognosis for the next six months. From this feedback and other information, the caseworker and supervisor devise the next steps to overcome current concerns and to sustain success.

Each county or agency receives a written summary of the QSR with compiled status and practice indicator results that include the strengths and challenges observed in the review. The agency also receives a written narrative that documents the persons interviewed, the child's status and projected stability for each family with suggested steps to facilitate improvement.

QSRs in 2015

During 2015, eight QSRs were conducted in five Michigan counties: Bay, Oakland, Wayne, Jackson and Grand Traverse. During the Wayne County QSR, the three district offices were reviewed over the course of two and a half weeks. These counties were identified as unique communities that were ready to take proactive steps to improve case practice.

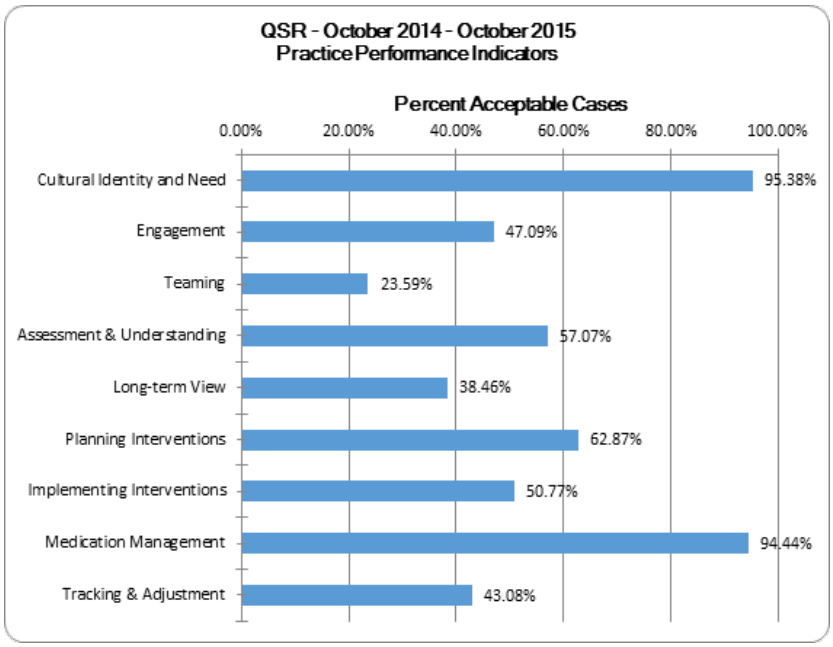
Reviewers included experts from the Child Welfare Policy and Practice Group, the DCQI review team, MiTEAM analysts, the State Court Administrative Office, local courts and private agencies and local MDHHS program managers and field staff. Cases were randomly selected for inclusion in each review. Sixty-five cases were reviewed in total, with 612 interviews.

Progress in 2015

Overall, MDHHS and partners are doing well in meeting the immediate needs of children:

- Children are safe from risk presented by others as well as risk from their own behaviors.
- Children are residing in appropriate placements and receiving services from caregivers willing and able to meet their needs.
- Medical needs are met appropriately for each child under MDHHS supervision.

Michigan has opportunities for improvement in the areas of Teamwork and Coordination (Teaming), Engagement and Tracking and Adjustment. Without consistently effective teaming and engagement, assessments will not be sufficiently robust to allow the identification and delivery of services best suited to meet the needs of children and their families.
The graphs below show compiled results of status and practice indicators in QSRs in 2015.



Overall Themes from Stakeholder/Focus Group Interviews

Stakeholder interviews and focus groups provided a forum for local staff, service providers, families and foster caregivers to enumerate the strengths and areas for improvement in the local child welfare community.

Strengths

- There are many dedicated child welfare staff and foster parents that go beyond expectations to help families being served by MDHHS.
- Foster parents stated that child welfare staff provide high quality visits to children placed in their homes.
- Although workloads have increased, child welfare staff continue to feel supported by their supervisors and peers.
- The counties reviewed make strong collaborative efforts to address service gaps and concerns in their communities.

Opportunities for Improvement

- Child welfare staff would like additional MiSACWIS training specific to their particular program area to support their work.
- Many focus group participants would like to see improvement in worker retention.
- Focus group members would like to see services expanded in the areas of mental health, transportation and housing.

Comparative QSR Results – Lenawee County

Lenawee County was one of three counties that underwent the pilot QSR process in 2013 and again in 2015, following implementation of the enhanced MiTEAM case practice model and advanced training in team development and functioning, engagement with families and coaching labs that assisted the feedback process.

The results of the 2015 review demonstrated that factors related to the well-being of families in Lenawee County improved substantially:

- Learning and Development for focus children improved from 53 to nearly 86 percent of cases meeting an acceptable rating.
- Family Connections improved from 54 percent to 84 percent of cases rated acceptable.

Case practice improved in three important areas from 2013 to 2015:

- Family Engagement improved from 62 to 93 percent of cases rated acceptable.
- Teaming improved from 29 percent to 67 percent.
- Assessment and Understanding improved from 57 percent to 89 percent.

The table below shows Lenawee QSR performance in 2013 and 2015.

Lenawee County QSR Findings Comparing 2013 and 2015					
Child and Family Status Indicator	**Percent Acceptable**		**Practice Performance Indicator**	**Percent Acceptable**	
	2013	**2015**		**2013**	**2015**
Safety – Exposure to Threats	96.30	95.45	Cultural Identity and Need	84.38	100.00
Safety – Behavioral Risk	91.30	95.00	Engagement	61.87	93.33
Stability	69.57	83.33	Teaming	28.82	66.67
Permanency	70.21	84.38	Assessment and Understanding	56.52	88.89
Living Arrangement	91.67	100.00	Long-Term View	44.79	50.00
Physical Health	100.00	87.50	Planning Interventions	69.87	78.95
Emotional Functioning	81.82	88.89	Implementing Interventions	61.46	83.33
Learning and Development	53.33	85.71	Medication Management	90.91	100.00
Voice and Choice	75.00	76.00	Tracking and Adjustment	54.17	66.67
Caregiver Functioning	100.00	88.89			
Family Connections	57.14	83.83			

Comparative QSR Results – Mecosta/Osceola Counties

Mecosta and Osceola counties underwent the pilot QSR process in 2013 and again in 2015, following implementation of the enhanced MiTEAM model, advanced training in team development and coaching labs that assisted the feedback process. Improvement in the Practice Performance Indicators between 2013 and 2015 was notable in several areas:

- Engagement improved from 55 to 65 percent in the cases rated acceptable.
- Teaming improved from 47 percent to 72 percent.

- Assessment and Understanding improved from 47 to 82 percent rated acceptable.

Mecosta/Osceola County QSR Findings Comparing 2013 and 2015					
Child and Family Status Indicator	**Percent Acceptable**		**Practice Performance Indicator**	**Percent Acceptable**	
	2013	**2015**		**2013**	**2015**
Safety – Exposure to Threats	90.91	96.15	Cultural Identity and Need	83.33	91.67
Safety – Behavioral Risk	70.00	75.00	Engagement	54.84	65.38
Stability	77.22	71.43	Teaming	47.22	72.22
Permanency	77.42	90.32	Assessment and Understanding	37.14	81.82
Living Arrangement	83.33	100.00	Long-Term View	25.00	83.33
Physical Health	91.67	95.83	Planning Interventions	59.46	84.85
Emotional Functioning	72.73	66.67	Implementing Interventions	50.00	91.67
Learning and Development	64.29	100.00	Medication Management	100.00	100.0
Voice and Choice	63.64	58.33	Tracking and Adjustment	41.67	91.67
Caregiver Functioning	87.50	100.00			
Family Connections	63.16	78.57			

Quality Assurance System Plan for Improvement

Goal C.1: MDHHS will maintain an identifiable quality assurance system.

- **Objective C.1.1:** The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.
  Measure: Implementation of QSRs.
  Baseline: Completion of eight QSRs; 2014.
  Benchmarks:
  2015: Completion of eight QSRs, including Michigan's largest county, Wayne (in three districts, counting as three QSRs).
  2016: Completion of six QSRs and two CFSR test sites.
  2018: Completion of the CFSR onsite review.
  2019: Implementation of the CFSR program improvement plan.
    - **2015 Performance:** Eight QSRs were completed in five counties: Wayne, Bay, Oakland, Jackson and Grand Traverse.
- **Objective C.1.2**: The MDHHS quality assurance system will have standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety.
  Measure: Completed revision of the QSR protocol.
  Baseline: Completed revision of the QSR protocol; 2014.
  Benchmarks:
  2015: Release of the new QSR protocol in November 2014.
  2016 – 2019: Evaluate QSR and revise as necessary.
    - **2015 Performance:** The new QSR protocol was released in November 2014.

- **Objective C.1.3:** The MDHHS quality assurance system will identify strengths and needs of the service delivery system.
  Measure: County QSR reports and annual QSRs.
  Baseline: County and annual report of the QSRs; 2015.
  Benchmarks:
  2016: County and annual reports of the QSRs.
  2017: Completion of the CFSR Statewide Assessment.
  2018: CFSR onsite review and compilation of results.
  2019: Development of the program improvement plan.
    - **2015 Performance:** County and annual QSR reports were completed.

- **Objective C.1.4:** The MDHHS quality assurance system will provide relevant reports.
  Measure: Annual QSR Report and county QSR reports.
  Baseline: Annual QSR Report 2015 and county QSR reports.
  Benchmarks:
  2016: 2016 QSR Annual Report and county QSR reports.
  2017: CFSR Statewide Assessment.
  2018: CFSR onsite review and compilation of results.
  2019: Development of the program improvement plan.
    - **2015 Performance:** The 2015 Annual QSR Report and county QSR reports were completed.

- **Objective C.1.5:** The MDHHS quality assurance system will evaluate program improvement measures.
  Measure: A process for providing feedback to the field that facilitates self-evaluation and program improvement on an ongoing basis.
  Baseline – 2015: Development and utilization of a comprehensive feedback process.
  Benchmarks:
  2016 - 2019: Demonstrate improvement each year.
    - **2016 Performance:** A comprehensive feedback process is being developed in collaboration with the field.

Progress in 2015

MDHHS provided training to county and agency directors and managers at data summits on how they can use county-specific data report to target improvement efforts.

Planned Activities for 2016 and 2017

- MDHHS is developing processes for providing training and technical assistance to the Business Service Centers, local offices and private agencies for using data to target outcomes specific to each community.

- In 2016, QSRs will be conducted in multi-county areas within the Business Service Centers, utilizing staff based in the field. This will streamline the review process, allowing each county in Michigan to undergo a review on a rotating basis.
- DCQI will work with the Business Service Centers and county directors to develop a standard process for county agencies to use for incorporating QSR feedback into their county-level improvement plans.
- MDHHS is actively preparing for the Round 3 CFSR in 2018, preceded by a statewide self-assessment in 2017.
    - The state has scheduled technical assistance from the Children's Bureau in 2016 and 2017 on assessing functioning of each of the seven CFSR systemic factors.
    - Michigan is researching whether to undergo the traditional review process with federal and state reviewers or conducting the review with state reviewers in the Round 3 CFSR. The review instrument will be trained in two locations in 2016.

Review Protocols and Targeted Reviews

In 2014 and 2015, DCQI implemented validated review protocols that provide in-depth evaluation of policy compliance and service quality on an ongoing basis. Regularly scheduled reviews include:

- CPS Review.
- CPS Centralized Intake Review.
- Placement Review.
- Maltreatment in Care Review.
- MiTEAM Fidelity Review.

DCQI also develops review protocols to gather information on an as-needed basis. Recent targeted reviews include:

- Disrupted Adoptions Review.
- Health Services Review.
- Foster and Adoptive Parent Licensing Review.
- Relative Licensing Waiver Review.
- Seclusion and Restraint Review.

In developing case reviews, DCQI:

- Develops review protocols and tests the efficacy of the protocols prior to full use.
- Determines the type and number of cases to be reviewed, the manner of selecting cases and the implications of the number and selection process for generalizing findings.
- Ensures that trained staff is available to conduct case reviews.
- Determines data analysis.
- Reports findings in a timely manner to assure strengths and areas needing improvement are identified and communication with key stakeholders facilitated.

DCQI will:

- Continue to develop and refine case review protocols to provide information on the functioning of services to children and families throughout the state.
- Engage stakeholders as reviewers and train them to ensure reviews are conducted in a consistent and systematic manner.
- Ensure appropriate data analyses are conducted.
- Present the data in a variety of formats that are easily readable and clear.
- Provide reports that include an interpretation of the data in a manner consistent with the methodology that answers the questions addressed in the analysis.
- Use data and feedback from stakeholders to implement measures to improve performance.

STAFF AND PROVIDER TRAINING

To prepare child welfare professionals in Michigan to carry out their responsibilities, the Office of Workforce Development and Training continues to participate in child welfare reform efforts. The training office collaborates with the Children's Services Agency and participates in strategic planning through the Training Council, which includes:

- Public, private and tribal child welfare field and central office staff.
- Birth, foster and adoptive parent networks.
- A youth advisory council and Michigan Youth Opportunities Initiative boards.

The Training Council's purpose is to:

- Review curricula, learning objectives, training outlines, job aids and other training materials developed by MDHHS, contractors or partners for delivery to the primary training population.
- Identify performance gaps of the primary training population and recommend, review and prioritize training solutions.
- Provide input to the child welfare training plan and assist in monitoring progress.

To meet the ongoing training and development needs of the diverse child welfare staff, the training office collaborates with partners that include:

- MiSACWIS project office and training contractors to deliver program- and issue-specific training and technical assistance.
- MiTEAM analysts, peer coaches, and the Center for the Support of Families to provide coaching labs and technical assistance for the enhanced MiTEAM implementation.
- The State Court Administrative Office, Prosecuting Attorneys Association of Michigan and the Wayne County Attorney General's office to deliver training on legal matters.
- Schools of social work in Michigan universities to provide caseworkers, supervisors and caregivers relevant and useful training and prepare students for careers in child welfare.

The MDHHS Training Plan was reviewed in 2016 and it was determined that no changes are necessary at this time. Courses offered in 2015 that were not included in the plan are identified in Attachment G, the Office of Workforce Development and Training Matrix. Some design and format changes will occur to initial training; the overall approach described in the plan will remain unchanged.

Initial Training - Assessment of Performance

Caseworkers

In 2015, 617 new caseworkers completed the nine-week Pre-Service Institute. An additional 60 caseworkers completed the condensed child welfare certificate Pre-Service Institute. Caseworkers are required to complete initial training within 16 weeks of hire; 98 percent of caseworkers completed training timely.

The training consists of four weeks of classroom training and five weeks of on-the-job training.

- During on-the-job weeks, trainees read policy, complete online training, document casework in MiSACWIS, learn local procedures and get to know the community.
- During classroom weeks, trainees receive instruction, feedback and coaching on the application of MiTEAM case practice skills.
- Throughout training, there is an emphasis on personal and child safety, family preservation and the continuum of care. The importance of parent/child visitation, creating networks of support and prioritizing the health and well-being of children are taught through a trauma-informed lens.
- Cases are assigned strategically and progressively to support caseworkers in applying new skills under the guidance of a mentor, oversight of the supervisor and with the support of peers.

MDHHS has collaborative relationships with 12 Michigan undergraduate and two graduate schools of social work on a certificate program to educate a pool of qualified applicants to fill child welfare positions statewide. Because they begin with a foundation of child welfare knowledge, certificate holders complete a condensed pre-service training and can be assigned cases sooner. To attain their certificate, students:

- Complete a core course in child welfare and courses in child development.
- Complete an elective course that supports the theory, knowledge, skills and values required to work with families and children.
- Complete a supervised, structured 400-hour field placement at MDHHS, a private agency or tribal child welfare program.
- Must achieve a 3.0 grade point average for the last 60 credits of their studies.

Progress in 2015

- Child welfare certificate holders were recruited for employment following graduation. In 2015, 12 more child welfare certificate holders completed initial training than in 2014.

- Field placements and student evaluations were discussed with the certificate endorsement committee. While each university maintains their own procedures, local MDHHS offices are providing more consistency in internship experiences.
- Local child welfare/university partnerships continue to grow, assisting in the timely sharing of policy and practice changes.
- It is challenging to identify field instructors who meet the program requirements.

Level One Evaluation
In 2015, a revised Pre-Service Institute training was piloted. To receive timely feedback on the revised training, level one evaluations were administered to students weekly. Trends indicated that students:

- Gained an understanding of the MiTEAM case practice model.
- Understood the importance of writing policy-driven reports.
- Were able to define and understand critical thinking.
- Received the knowledge and skills identified in the learning objectives.
- Wanted program-specific content trained sooner in the nine-week training period.
- Did not feel prepared to document their work in MiSACWIS.

To address this feedback, program specific webinars were introduced in the early weeks of training and an additional four days of MISACWIS training was offered.

Level Two Evaluation
During initial training, students are required to pass two written exams and a competency evaluation. Students who do not pass receive additional support and re-take the exam. Because of learning management system changes in 2015, exams were not consistently completed online and therefore, summary scores are unavailable.

The trainer and field supervisor complete a competency-based evaluation of each student throughout training. The evaluation can be used to create ongoing training plans for the caseworker after successfully completing initial training. The competency evaluation is kept on file locally and includes scores on:

- Communication.
- Safety awareness.
- MiTEAM case practice skills.
- Interviewing.
- Documentation.

In September 2016, a new pre-service institute format will be piloted in response to ongoing feedback asking for program-specific training to occur earlier in the training schedule, include more MiSACWIS training and replace classroom time with program-specific content. Notable features of the new format include:

- The first week of classroom training will include three days of program-specific content.

- The second week of classroom training will include three days of program-specific MiSACWIS instruction and two days of training on forensic interviewing.

Evaluation will be considered at every step of the design, development and delivery phases. The new learning management system will support efficient reporting of pre-service evaluation results with a focus on the consistent administration of level three evaluations.

In November 2016, legislative boilerplate requires a report on a feasibility study to reduce pre-service institute training classroom time by 50 percent. The Office of Workforce Development and Training is collaborating with Michigan State University, private agencies and MDHHS staff to conduct this study.

Initial Training for Supervisors
New supervisors are required to complete child welfare supervisory training within three months of hire or promotion; 98 percent of supervisors completed training timely. In 2015, 150 supervisors completed initial training.

A redesign of the new supervisor curriculum is underway that encompasses management and program-specific skill development. Many stakeholders have provided input on the training design, and the Training Council will provide feedback on the curriculum. Implementation of the redesigned curriculum is anticipated in early 2017.

New Supervisor Training Evaluation
Supervisors complete a level one evaluation and written exam at the conclusion of training. Evaluation results indicated that supervisors want additional training on MiSACWIS.

Initial Training – Plan for Improvement

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

- **Objective D.1.1:** MDHHS will ensure that initial training is provided within 16 weeks of hire that includes the basic skills and knowledge required for child welfare positions.
  Measure: MDHHS learning management system.
  Baseline - 2014:
  97.5 percent of new caseworkers completed initial training within 16 weeks.
  98.5 percent of new supervisors completed initial training within 12 weeks.
    - **2015 Performance:** 98 percent of new caseworkers completed initial training within 16 weeks.
    - **2015 Performance:** 98 percent of new supervisors completed initial training within 12 weeks.

Ongoing Training - Assessment of Performance

Caseworkers and supervisors:

- Ninety-nine percent of 3,473 child welfare caseworkers completed a minimum of 32 hours of ongoing training in 2015.
- Of 867 supervisors, 99 percent completed at least 16 hours of ongoing training in 2015.
- Program-Specific Transfer Training - Caseworkers who have completed initial training and are changing programs must complete Program-Specific Transfer Training. In 2015, 244 caseworkers completed this training.

MISACWIS Training

In January 2015, MiSACWIS Academy went live. This effort was the result of feedback from the field. Training needs were identified through help desk trends, onsite visits and system updates.

- The Business Service Center directors, Office of Workforce Development and Training, Child Welfare Field Operations, Federal Compliance Division and MiSACWIS project staffs developed a training plan for MiSACWIS users.
- Strike teams were deployed in local offices to provide hands-on training and over-the-shoulder support. Between classroom trainings and strike team activities, virtually every child welfare worker and supervisor had access to in-person MiSACWIS training in 2015.
- Webinars are available as needed. Computer-based trainings are available to complete as many times as needed. There were 15,107 completions for the 32 computer-based MiSACWIS trainings available in 2015.

MiTEAM Training

During 2015, MiTEAM coaching labs and supervisory support was provided for 722 MDHHS, private agency and residential foster care staff. Topics include trauma-informed:

- Assessment.
- Case planning and implementation.
- Engagement.
- Mentoring.
- Placement.
- Teaming.

Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

MDHHS provides the following training to MDHHS and private agency staff on providing appropriate and culturally sensitive services to LGBTQ youth:

- During initial training, caseworkers complete a computer-based training to introduce them to the unique needs of LGBTQ youth. Classroom discussions provide follow-up context, emphasizing that LGBTQ youth who age out of foster care and are at high risk for suicide, mental health issues, homelessness and unemployment. Connecting youth to support groups and services is critical.
- Training on Michigan's Youth in Transition program includes content on serving LGBTQ youth to ensure they have sufficient supports in place prior to their case closing.

- The training office offers a one-day instructor-led training designed to improve the quality of care offered to LGBTQ youth in placement. This training assists child welfare professionals to be aware of biases or judgments based on personal opinions.
- In the 2015 Adoption Workers Conference and at the 2016 Foster Care and Licensing Worker Summit there were sessions on working with LGBTQ youth, in which participants learned about evidence-based practices to increase health and safety for youth in care who identify as lesbian, gay, bisexual, transgender and questioning.
- Working with LGBTQ youth is included in ongoing university-led skills development training.

Additional Training

The classroom trainings listed below are followed by the number of staff who completed the training in 2015.

- Human Trafficking (117).
- Secondary Traumatic Stress (140).
- Bringing MiTEAM to Psychotropic Medication Consent (322).
- Employee Engagement (535).
- Safety by Design (1,066).
- Crucial Accountability (126).
- Enhancing Permanency through Effective Recruitment (120).
- Increasing College Outcomes for Foster Youth (131).
- Infant Safe Sleep (108).
- Verbal De-Escalation (117).
- Licensing Summit (244).
- Adoption Worker Conference (340).
- Family preservation core trainings (253).
- Permanency Forum (160).

To reduce travel costs, computer-based trainings were offered, including:

- Absent Parent Protocol (578).
- Administrative Hearings Central Registry Expunction (207).
- Completing the MDHHS 1927 Child Adoption Assessment form (198)
- Complying with the Multi-Ethnic Placement Act of 1994 and Inter-Ethnic Adoption Provisions of 1996 (279).
- Court-Appointed Special Advocates (414).
- Law Enforcement Information Network (489).
- Domestic Violence (597).
- Engaging the Family (280).
- Family Preservation (393).
- Foster Care Review Board (88).
- Helping Adoptive Parents Apply for Adoption Assistance (166).

- Indian Child Welfare Act (862).
- Interstate Compact on the Placement of Children (95).
- Introduction to Mental Health (205).
- Introduction to Substance Abuse (906).
- Management and Data-Driven Decision-Making Training – Supervisor (24).
- Management and Data-Driven Decision-Making Training – Worker (46).
- Mentoring Pre-Service Institute New Hires (68).
- Poverty (874).
- Report Writing (102).
- Sexual Abuse (209).
- Working with Lesbian, Gay, Bisexual, Transgender and Questioning Youth (138).
- Young Adult Voluntary Foster Care (187).
- Adoption Assistance Negotiation (100).
- CPS Caseworker Visits with Children (171).
- Foster Care - Adoption – Juvenile Justice Caseworker Visits with Children (59).
- Petition Writing (209).
- Working Safe, Working Smart (902).

An additional 2,299 completions of relevant training topics offered by Relias Essential Learning occurred in 2015.

Collaboration with Universities to Deliver Ongoing Training

In 2014, feedback indicated that staff wanted relevant and geographically accessible training opportunities. Staff also stated they wanted to use technology to receive training.

- During 2015, 1,283 staff participated in 45 classroom trainings conducted in 15 cities around the state.
- Staff reported employment in 64 of Michigan's 83 counties. This represents more than three-fourths of the counties in the state.
- In 2015, 295 staff completed five university-offered online trainings.
- In 2016, synchronous webinars will be utilized, further increasing the use of technology to deliver training.

Evaluation

- The vast majority of trainees completing university sponsored ongoing training responded with "agree" or "strongly agree" when asked whether the trainings they participated in increased their understanding of the topic.
- The vast majority of respondents selected "agree" or "strongly agree" when asked whether they would use the information in their current work.
- Reports by trainees for in-person training indicate that 86.2 percent of trainees considered themselves either "moderately competent" or "competent" in the learning objectives after participating in the training.

- Reports by trainees for online training increased from 34.2 percent to 87.2 percent feeling competent in the learning objectives after participating in the training.
- Reports of competence by in-person trainees indicate that 77.5 percent of trainees continued to consider themselves either "moderately competent" or "competent" in the learning objectives two months after training.

Planned Activities for 2016

- In 2016, the university in-service initiative will include trainings for front line supervisors and middle managers addressing leadership skills.
- To continue to improve evaluative efforts, creative ways of increasing survey response rates will be pursued. Focusing on level three evaluation will validate the levels one and two evaluation results that indicate trainees are benefitting from training and applying newly learned skills on the job.

Ongoing Training – Plan for Improvement

- **Objective D.1.2:** MDHHS will ensure ongoing training is provided that includes the basic skills and knowledge required for child welfare positions.
  Measure: Learning management system training completion data.
  Baseline 2014:
    - Caseworkers: 99.4 percent completed at least 32 hours of ongoing training.
    - Supervisors: No ongoing training requirement.

  Benchmarks:
  2015:
    - 99 percent of caseworkers completed at least 32 hours of ongoing training.
    - 99 percent of supervisors completed 16 hours of ongoing training.

  2016 - 2019:
    - 99 percent of caseworkers will complete 32 hours of in-service training.
    - 99 percent of supervisors will complete 16 hours of in-service training.

Foster and Adoptive Parent Training – Assessment of Performance

In 2015, 165 public and private child welfare staff were trained in the Foster/Adoptive Parents' Resource for Information, Development and Education (PRIDE) curriculum, which prepares them to provide the training to prospective foster and adoptive parents. Persons seeking approval as adoptive parents must participate in a minimum of 12 hours of training prior to the legal adoptive placement of a child. The PRIDE curriculum must be used for adoptive parent training and the material in the following designated PRIDE sessions must be covered:

1. Connecting with PRIDE.
2. Teamwork toward Permanence.
3. Meeting Developmental Needs: Attachment.
4. Meeting Developmental Needs: Loss.
5. Meeting Developmental Needs: Discipline.

The Foster, Adoptive and Kinship Parent conference was attended by over 260 participants.

Goal D.2: MDHHS will expand training for foster and adoptive parents.

- **Objective D.2.1:** MDHHS will explore centralizing training for foster and adoptive parents.
  Measure: MDHHS learning management system.
  Benchmarks:
  2015: Submit a proposal to the SOFAC for consideration of centralizing foster and adoptive parent training.
  2016: Determine funding sources for implementing centralized foster and adoptive parent training. This budget enhancement request was not selected.
  2017: Explore alternative approaches to improving the quality and consistency of foster and adoptive parent training.
    - **2015 Performance:** A proposal for contracting PRIDE training in Michigan, including a cost estimate, was developed. The proposal was included as a budget enhancement request for fiscal year 2016, but was not selected. This proposal will be included as a budget enhancement request for fiscal year 2017.

Foster and Adoptive Parent Training – Plan for Improvement

The PRIDE workgroup that included MDHHS and private agency staff met six times in 2015. The group focused on how PRIDE training is delivered around the state. A proposal for contracting PRIDE training in Michigan will be included as a budget enhancement request for fiscal year 2018. A subgroup will strategize ways to enhance policy for PRIDE training to address the lack of consistent delivery around the state.

In collaboration with the Michigan universities, in 2016, classroom and online trainings will include these topics for foster/adoptive/kinship parents:

- Raising Infants, Preschoolers and Young School-age Children: Creating Security.
- Advocating for my Child in the School System.
- Raising Elementary and Middle School-Age Children: Putting the Pieces Together.
- Understanding the Role of Life Books for Youth in Care.
- Raising Older Youth (Ages 14–21): Preparing to Fly.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

MDHHS is committed to providing services that are tailored to meet the individual needs of children and families throughout the state. MDHHS prioritizes evidence-based services to ensure children and families benefit from the latest research on the efficacy of the services offered to families. Services provided by MDHHS emphasize engaging with families effectively and working with the entire family system to increase safety and effect lasting change. In

addition, trauma-informed care has become a strong focus for the department and its service providers when determining how to address the individual needs of children and families.

Michigan's Service Array and Resource Development goals for the 2015 – 2019 Child and Family Services Plan were created based on then-current assessment of the service array in 2014. Following the release in October 2014 of the updated federal definition of systemic factors for Round 3 of the CFSR, Michigan modified the goals and objectives in this area to streamline efforts and focus on the areas likely to have the greatest impact on statewide service availability and ability to target services to the individual needs of children and families.

Service Array - Assessment of Performance

Strengths:

- Michigan offers a variety of prevention services through its Children's Trust Fund local child abuse and neglect councils and home visitation through MDHHS.
- Child welfare staff is trained in using structured decision-making tools to assess service needs and ensure each child and family receives individualized services.
- Michigan offers family preservation services in all 83 counties to keep children safe in their own homes, prevent repeat maltreatment and enhance parenting skills. All family preservation services are based on developing service plans with individual families rather than providing specific services to all families.
- Family preservation service staff are required to document family involvement in the development of service plans. Family preservation services include:
    - Families Together Building Solutions.
    - Families First of Michigan.
    - The Family Reunification Program.

  Outcome data for these services are provided in the Title IV-B(2) and Community-Based Services section of this report.
- Michigan's enhanced MiTEAM case practice model requires caseworkers to conduct family team meetings before placement and at every decision-making point in a case, ensuring family involvement in safety and risk assessment and placement decisions.
- MDHHS implemented a Title IV-E waiver demonstration project, Protect MiFamily, aimed at enhancing parenting capacity and child well-being for families at high risk. Protect MiFamily is an intensive case management service provided in three pilot sites.
- MDHHS provides Parent Partners, a parent mentoring program in Wayne County that allows parents to observe and practice parenting skills with a supportive peer.
- MDHHS offers interventions including Early On that address developmental delays in children and parenting education and interventions.
- MDHHS offers rehabilitative services, clinical intervention and other supports for parents experiencing substance abuse, mental illness and domestic violence.
- MDHHS has reduced the number of children abused or neglected in out-of-home care. The findings from a 2014 joint study of foster care maltreatment in Michigan concluded

that Michigan has a strong foster and adoptive parent recruitment, screening and licensing process.

Areas for Improvement

The 2015 Annual QSR Report identified some areas of focus as Michigan continues reform efforts in the child welfare system. Service gaps identified in stakeholder interviews were:

- Affordable housing.
- Inpatient and outpatient mental health services.
- Supportive visitation.
- Transportation.
- In-home prevention services.
- Domestic violence services for batterers.
- Foster parent/relative caregiver respite and support.

Progress in 2015

In 2014, MDHHS, the Children's Research Center and Casey Family Programs issued a joint report titled "Improving Child Safety and Well-being in Foster and Relative Placements: Findings from a Joint Study of Foster Child Maltreatment." As a result of the findings, MDHHS:

- Developed a work plan for service improvement that is being implemented in 2016.
- Developed a job aid for workers titled "Preventing Maltreatment of Kids in Care."
- Expanded Families First of Michigan from 36 to 37 contracts that serve all 83 counties.
- Expanded the Family Reunification Program to 15 additional counties.
- Expanded Foster Care Supportive Visitation to seven additional counties.

Progress in 2016

- A state-level Resource Development sub-team began meeting regularly in 2015 to evaluate the need for additional services around the state. The team will identify gaps, along with strategies and/or suggestions for addressing them. Identifying evidence-based services will be a priority.
- The Resource Development sub-team created a local contract template for domestic violence batterer intervention services.
- Families Together Building Solutions will expand by 25 counties in 2016.
- MDHHS added an additional Family Reunification Program contract to Kent County.
- MDHHS staff members were informed and educated on the availability of Maternal Infant Home Visitation services throughout the state.
- A requirement for trauma screening and assessment was added to the Family Reunification Program service description to assist with identifying individual needs.
- Foster Care Supportive Visitation expanded to Alpena, Alcona and Montmorency counties, making the program now available in 51 counties.

Planned Activities for 2017

- Projected expansion of the Parent Partner program to include Macomb and Genesee counties, in addition to the existing program in Wayne County. The additional counties were selected based on the number of children in care, number of children potentially returning from care and the expressed need of the county.
- The Parent Partner program is expected to expand further in 2017.
- The Family Reunification Program will expand to 29 additional counties in 2017 if funding permits.

Service Array and Resource Development - Plan for Improvement

Goal E.1: MDHHS' service array and resource development system will ensure an array of services is accessible and individualized to meet the needs of children and families served by the agency.

- **Objective E.1.1:** MDHHS will provide a service array and resource development system to ensure that accessible services are provided to:
  - Assess the strengths and needs of children and families and determine other service needs.
  - Address the needs of individual children and families to create safe home environments.
  - Enable children to remain safely with their parents when it is safe to do so.
  - Help children in foster and adoptive placements achieve permanency.

  Measure: To be determined.
  Baseline: 2014 array of services
  Benchmarks:
    - **2015:** Identify available services and gaps in services statewide.
    - **2016:** Establish a plan to expand effective services and supports.
    - **2017 - 2019:** Develop or expand supports.

Progress in 2015

To assess service needs, Michigan utilized:

- 2014 and 2015 QSR stakeholder interviews and focus groups.
- Surveys of MDHHS and private agency caseworkers and supervisors.
- Historical utilization of contracted services and unfulfilled demand.
- County placement and outcome data.

- **Objective E.1.2:** MDHHS' service array and resource development system will ensure services can be individualized to meet the unique needs of children and families.
  Measure: To be determined.
  Baseline: 2014 array of services
  Benchmarks:
  2015: Identify available services and gaps in services statewide.

2016: Establish a plan to expand effective services and supports.
2017 - 2019: Develop or expand supports.
2015 Performance: Not available at this time.

MDHHS' service array and resource development system ensures services are individualized to meet the unique needs of children and families. To ensure that children and families receive individualized services, MDHHS continues to modify existing programs and contracts, pilot new programs and initiatives and focus on ideas and strategies for refinement.

Progress in 2015 and 2016

- Protect MiFamily, Michigan's Title IV-E waiver demonstration project, provides families with enhanced screening, assessment and in-home case management for a 15-month period, coupled with access to an array of support services. Evaluation results will determine efforts to expand the project.
- Protective factors were incorporated into Families First of Michigan contracts and the Title IV-E waiver, Protect MiFamily.
- Trauma-informed practice is included in the enhanced MiTEAM case practice model.
- MDHHS collaborated with the Defending Childhood State Policy Initiative, in which national experts and state agencies and stakeholders developed a strategic plan to screen, assess and treat trauma using evidence-based interventions.
- MDHHS worked with the Children's Trauma Assessment Center on a statewide trauma screening and functional assessment for children in the child welfare system. Screening with this tool was added to the services in family preservation contracts.
- Protective factors will be incorporated in Family Reunification Program contracts effective spring 2016.
- MDHHS is responding to requirements outlined in the Preventing Sex Trafficking and Strengthening Families Act, including provisions to identify, report, document and determine services for youth victimized by, or at risk of, sex trafficking.

More information on Michigan's law and policy changes based on federal human trafficking legislation can be found in the Chafee section of this report and in the Child Abuse Prevention and Treatment 2017 Update.

Planned Activities for 2017

MDHHS will explore funding options for developing a prevention/preservation contract targeting families with children ages 5 and under experiencing challenges with substance abuse. Workers certified through the Michigan Certification Board for Addiction Professionals will provide assessment, treatment and strength-based interventions to families for six months.

AGENCY RESPONSIVENESS TO THE COMMUNITY

MDHHS is responsible for a broad range of services and initiatives, many of which require collaboration with stakeholders. The Children's Services Agency Strengthening our Focus on Children and Families Advisory Council (SOFAC) continues to serve as the organizational body responsible for ensuring that experts and stakeholders are involved, and that they assist in facilitating assessment and decision-making at every level. The QSR is the formal, qualitative process utilized in Michigan's child welfare system to gain further insight into practice effectiveness. The QSR process includes feedback from all parties involved in the randomly selected case sample.

Agency Responsiveness to the Community - Assessment of Performance

Michigan continues to progress in addressing practice issues and increasing capacity to track and measure outcomes. Stakeholder collaboration on every level has been an essential element in these achievements and remains a priority. MDHHS participated in several technical assistance and collaborative processes that led to improvements, including:

- Achieving permanence for many children that had been in care for long periods.
- Enhancing MiTEAM, Michigan's case practice model that emphasizes the critical components of engaging and working collaboratively with families.
- An in-house data management team capable of responding to data needs quickly and accurately.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).

The interviews and focus groups conducted as part of QSRs in 2015 provided Michigan with valuable feedback from stakeholders through interviews and focus groups. Proposed improvements resulting from stakeholder interviews and focus groups are described in several areas in this report.

Stakeholder Interviews

Strengths

- Individual stakeholders reported having committed, dedicated and motivated staff.
- There are strong relationships and collaboration with community partners in the counties reviews, such as courts, Community Mental Health, intermediate school districts and faith-based organizations.

Opportunities for Improvement

- There is a need for more high quality and specialized services for clients, including housing, mental health, supportive visitation, transportation and in-home prevention.
- Staff turnover In MDHHS and private agencies is an area needing improvement.

Focus Groups

Foster Youth

Strengths

- Foster youths enjoy the Michigan Youth Opportunities Initiative program and benefits.
- Foster youths stated that they have dedicated, supportive and caring workers.
- Foster youths reported that efforts are made to keep siblings together and when siblings are split, contact is maintained.

Opportunities for Improvement

- While in foster homes, youth want to be treated the same as non-foster children.
- Foster youth would like to see a decrease in caseworker turnover.
- Foster youth stated that they would like more involvement in the development of their treatment plans.

MDHHS/Private Agency Foster Parents

Strengths

- Foster parents stated that they are invested and dedicated to providing care for children who experience out-of-home placement.
- Foster parents report that they receive frequent high-quality visits from their workers.
- For counties with established foster parent support groups, foster parents appreciate the support and training they receive.

Opportunities for Improvement

- Foster parents feel that improvements can be made to the daycare assistance application process and receiving timely payment.
- Foster parents would like to receive more information regarding children before they are placed in their homes.
- Foster parents feel that increased caseworker demands have decreased the support needed by foster parents.

CPS Workers

Strengths

- CPS workers are committed and dedicated to working with children and families.
- CPS workers feel supported by their supervisors.
- CPS workers expressed that their units work as a team.

Opportunities for Improvement

- CPS workers stated that housing assistance/services is an opportunity for improvement.
- CPS workers reported that they need assistance balancing work demands and time management.

- Accessing mental health and emergency mental health services was reported as an opportunity for improvement by CPS workers.

MDHHS/Private Agency Foster Care Workers
Strengths

- Foster care workers reported that they have cohesive teams that support one another.
- Foster care workers feel that their supervisors are supportive and willing to assist them.

Opportunities for Improvement

- Foster care workers stated that they would like additional MiSACWIS training specific to their job functions and would like glitches in MiSACWIS fixed (case closure issues, payment issues, information being deleted).
- Foster care workers feel mental health services are an opportunity for improvement. Workers would like to have training on handling mental health emergencies and would like mental health assessment and screening to make services more accessible.

Licensing Coalitions
Strengths

- The counties have coalitions and licensing units that share resources and information.
- The coalitions and licensing staff reported cross-county and agency collaboration to provide an array of training opportunities for foster parents.
- The counties collaborate to sponsor recruitment/retention events for foster parents.

Opportunities for Improvement

- Counties are in need of additional homes for children with special needs, siblings and treatment foster homes.
- Counties reported that MiSACWIS affected timeliness of foster parent payments.
- Counties suggested cross-training foster care and CPS staff on licensing rules to improve the quality of initial placements.

MDHHS/Private Agency Foster Care and CPS Supervisors
Strengths

- Supervisors feel that they have dedicated, caring and flexible staff that go beyond requirements for their clients.
- Private agency and MDHHS supervisor relationships are positive and supportive.
- Supervisors stated that they have supportive teams that assist one another.

Opportunities for Improvement

- Supervisors would like additional MiSACWIS training for workers and supervisors.
- Supervisors feel there is an emphasis on quantity versus quality and they need help finding a balance between addressing data and mentoring or coaching staff.
- Supervisors feel that worker turnover is an opportunity for improvement.

Legal Partners

Strengths

- Legal partners stated that there are good child welfare caseworkers that go beyond expectations.
- Legal partners in one county reported that there is good communication with the MDHHS child welfare director.
- Legal partners stated that family team meetings are more meaningful when all team members are involved.

Opportunities for Improvement

- Legal partners expressed that worker turnover is an opportunity for improvement.
- Legal partners stated that they would like to be informed of caseworker changes and when foster children are changing placement.
- Legal partners would like to have additional court training (on the court process and providing testimony) available for caseworkers.

Service Providers

Strengths

- The child welfare community works collaboratively to improve the system.
- Service providers expressed that they have good working relationships with MDHHS.

Opportunities for Improvement

- Service providers would like improved communication with caseworkers, including opportunities to inform them of available services.
- Transportation was reported as a service gap in most of the counties.

Agency Responsiveness at the State Level

Progress in 2015

In 2015, MDHHS concluded pilots in Lenawee, Mecosta and Osceola counties that developed and implemented local continuous quality improvement plans driven by leaders from the public and private sectors. Those pilot sites were reassessed for progress through QSRs and there was evidence of improvement in Child and Family Status and Practice Performance Indicators in the counties that were reassessed, which are listed in the Quality Assurance section of this report.

Agency Responsiveness Workgroups in 2015

- In 2015, the department established a workgroup with the State Court Administrative Office, including a number of family court judges. This workgroup provides a venue for discussing contemplated changes and operational challenges, in addition to providing feedback to MDHHS from this critical stakeholder group.
- A second workgroup was created that includes prosecuting attorneys statewide in addition to the Prosecuting Attorney's Association of Michigan. Meeting with the

prosecuting attorneys provides feedback on agency effectiveness and allows operational challenges to be addressed.

In 2016, the Children's Services Agency will sustain the efforts taken in the last year and integrate QSR findings more substantially with state-level data to develop strategies to improve outcomes for children and families served by the child welfare system.

Michigan Race Equity Coalition

To examine and implement strategies to address the root causes of minority overrepresentation, stakeholders formed the Michigan Race Equity Coalition. The coalition includes Michigan's children and family services leadership, juvenile justice leadership, the judiciary, state and local officials, public and private agency leaders, educators, health and child welfare professionals, philanthropic leaders and advocates for children and their families.

The overarching recommendations and observations in other Michigan reports are that: 1) measures taken to prevent children from ending up in the juvenile justice and child welfare system are cost-effective; and 2) children of color experience significantly worse outcomes in the juvenile justice and child welfare systems than do non-minority children. To address these disparities, the Race Equity Coalition recommended:

- Michigan should direct resources to early childhood community-based services in communities where disproportionality exists.
- MDHHS should support the recommendation to pass a court rule requiring every court to report juvenile justice data to the State Court Administrative Office annually.
- Michigan should revise the Michigan Child Protection Law and the Juvenile Code to mirror current MDHHS policy that defines child neglect to exclude "situations solely attributable to poverty."
- The state should engage in education and outreach to county boards and legislators about the importance of adequate staffing for data collection and reporting in child welfare and juvenile justice agencies.
- MDHHS should provide training to child welfare workers and supervisors explaining the differences between poverty and neglect and include strategies for: 1) having conversations with families about their financial situations, 2) assessing the impact of poverty on child safety and threatened harm, and 3) alleviating poverty-related issues that cause stress for a family and lead to maltreatment and/or removal.
- MDHHS should establish a cultural competency-cultural humility training curriculum to increase awareness of racial and ethnic identity development, teach the importance of youth in care developing and maintaining a racial/ethnic identity, clarify how one's own perceptions influence work with people from different cultures and explore how to engage in courageous conversations around race and ethnicity.

Progress in 2015

1. Development and pilot implementation of the MiTEAM case practice model enhancements took place. The principles of the model include understanding of the dynamics of domestic violence, trauma-informed practice and cultural awareness.
2. Practice is measured through the QSR, which measures cultural/racial/socioeconomic factors that may affect case decision-making and planning.
3. The Office of Workforce Development and Training is building internal capacity for discussion about race and incorporating it in future trainings to help staff develop an understanding of systemic racism and its impact on outcomes for those served by institutions.
4. Foster care policy was clarified to ensure ongoing efforts to support relative placement for children placed in foster care.
5. Ongoing training on of parent-child visits focus on the family's involvement in the development, implementation and supervision of parenting time for children in care.

Progress in 2016

1. The implementation of the practice model in 2016 includes collaboration and implementation by external stakeholders that includes local courts, private agency providers and service providers. Highlights of the enhancements include:
    - Emphasis on family team meetings that include family participation and input regarding:
        - Family team participants.
        - Family strengths and cultural norms.
        - Case planning through the life of the case.
        - Family guided group decision-making.
    - Incorporation of cultural awareness, competence and inclusion in the MiTEAM model.
2. The MiTEAM Fidelity tool is designed to assist county staff and supervision in identifying strengths and areas of need in the implementation of the model. A MiTEAM Fidelity Tool is being piloted in Mecosta/Osceola, Lenawee and Kent counties.
3. Development of Prudent Parent standards ensure that children in foster care are allowed to continue to observe and practice cultural standards and norms.

Agency Responsiveness at the Community Level

- Field offices are tasked with working closely with local human service organizations including schools, courts, law enforcement, public health, housing assistance, employment services, substance abuse services and community foundations.
- Collaboration between the department and these agencies occurs through ongoing collaborative councils and when task-specific issues arise that require collaboration. This community engagement provides feedback that can be addressed through existing channels to ensure it is afforded necessary attention.

- Community feedback is also received through three-person MDHHS county boards. These advisory boards work collaboratively with the MDHHS county director, typically through formal monthly meetings. The experience of each board member helps shape conversation and strategy planning for improvement at the state and local levels.

Agency Responsiveness to the Community - Plan for Improvement

Goal F.1: MDHHS will be responsive to the community statewide through engagement with stakeholders.

- **Objective F.1.1:** MDHHS will engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child and family service agencies to ensure collaboration addresses the implementation of the Child and Family Services Plan and annual updates.
  Measure: Annual Implementation Report.
  Baseline: SOFAC and sub-teams; 2015.
  Benchmarks:
  2016 – 2019: Utilize the SOFAC and sub-teams and QSR findings for ongoing consultation and collaboration.

- **Objective F.1.2:** MDHHS will utilize the SOFAC and sub-team structure to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies.
  Measure: Annual Implementation Report.
  Benchmarks 2016 – 2019:
  - MDHHS will utilize the SOFAC and sub-teams for consultation and collaboration.
  - MDHHS will develop local organizational structures, resources and activities that reach the SOFAC and sub-team for communication about strengths and areas needing improvement and strategies to improve the child welfare system.
- **Objective F.1.3:** MDHHS will integrate analysis of state data on child welfare indicators and outcomes to assess performance and trends and ensure the state's services are coordinated with services and benefits of other federal programs.
  Measure: Annual Implementation Report
  Benchmarks 2016 - 2019:
  - MDHHS will develop and implement a state level organizational structure, resources and activities to assess child welfare data and trends, including feedback from stakeholders in the QSR process.

FOSTER AND ADOPTIVE PARENT RECRUITMENT, LICENSING AND RETENTION

Children in need of foster and adoptive homes include infants, children, youth and young adults from various ethnic and cultural backgrounds. Michigan's demographic and cultural diversity

ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority. Licensing relatives for foster care and adoptive placements is a strength, and the state-administered structure ensures a smooth process for placement of children across jurisdictions.

Diligent Recruitment that Reflects the Ethnic and Racial Diversity of Children

The Office of Child Welfare Policy and Programs provides materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans. Each county receives data regarding:

- Demographics of children currently in care by county.
- Children entering and exiting care by county.
- Total number of foster homes currently licensed by county.
- Foster home closures by relative and non-related foster homes.
- Data to complete the foster home calculator, which is a foster home needs assessment tool.

Counties and agencies review the data and Foster Home Calculator results to identify targeted populations. The counties and agencies collaborate to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between the MDHHS county office, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.

In 2015, each county’s licensing goal was analyzed and monthly targets were established to assist counties in monitoring their progress towards meeting their unrelated licensing goal. Michigan’s ongoing plan for diligent recruitment of foster and adoptive families is presented in Attachment H, The Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan. There were no changes made to the plan in 2015.

Collaboration in Recruitment, Licensing and Retention

MDHHS utilizes the SOFAC Recruitment and Retention sub-team to provide input on the annual adoptive and foster parent recruitment and retention plans. This sub-team develops strategies for recruiting and retaining foster homes, implementing recruitment and retention plans and compliance in the licensing of foster homes. The Placement sub-team monitors the implementation plans for placement of children in unlicensed homes and addresses practice in foster parent and relative licensing and placement exceptions.

Foster and Adoptive Home Recruitment, Licensing and Retention – Assessment of Performance - Progress in 2015

The table below outlines the progress in 2015 on licensing non-relative foster homes and homes for special populations.

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1050	1069	383	201	452	596	148	570

Data Source: MDHHS Child Welfare Licensing.

From Oct. 1, 2014 to Sept. 30, 2015, MDHHS and private child placing agencies licensed:

- Over one hundred percent of the non-relative foster home goal.
- Fifty-two percent of the non-relative foster home goal for adolescents.
- Over one hundred percent of the non-relative foster home goal for sibling groups.
- Over one hundred percent of the non-relative goal for children with disabilities.

The following recruitment and licensing activities were carried out locally in Michigan to ensure foster and adoptive homes met the needs of children and families in their area:

- Outlined strategies to recruit and retain foster, adoptive and kinship families.
- Produced specialized scorecards that monitored the number of licensed homes.
- Provided tools and guidelines for assessing and analyzing demographic data for recruiting, licensing and retaining foster, adoptive and kinship parents.

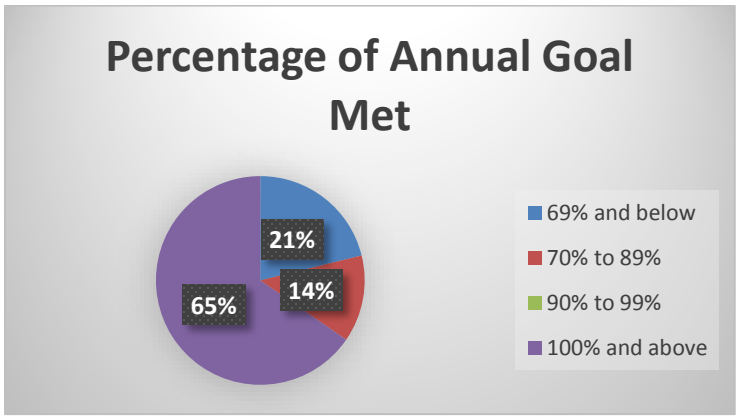
Each local MDHHS office was expected to:

- Assist private agency partners, local tribes, faith communities, service organizations and foster/adoptive/kinship parents in completing annual recruitment and retention plans.
- Provide specific strategies for reaching out to all parts of the community.
- Assure all prospective foster/adoptive/kinship parents have access to child-placing agencies that provide foster home certification.
- Increase public awareness of the need for adoptive and foster homes through general, targeted and child-specific recruitment activities within the counties.
- Provide strategies for dealing with linguistic barriers.

Counties determined goals and action steps based on:

- Historical trends and data provided by the Office of Child Welfare Policy and Programs.
  - Characteristics of children in care (i.e. age, gender, race and living arrangement).
  - Characteristics of children entering and exiting foster care.
  - Total number of homes licensed by the county at a point in time.
  - Number of foster homes licensed by the county during specified periods.
  - Foster home closure reasons.
  - Demographic data on barriers to placements.

The graph below shows the percentage of county recruitment and licensing goals met in 2015:



Sixty-five percent of Michigan counties met 90 percent of their annual recruitment and licensing goals and 79 percent met 70 percent of their recruitment and licensing goals.

Progress in 2016

The table below outlines the goals and progress from Oct. 1, 2015 through Feb. 29, 2016 for licensing non-relative foster homes and homes for special populations.

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1003	320	274	80	460	182	223	221

From Oct. 1, 2015 to Feb. 29, 2016, MDHHS licensed:

- Thirty-two percent of the non-relative foster home goal.
- Twenty-nine percent of the non-relative foster home goal for adolescents.
- Forty percent of the non-relative foster home goal for sibling groups.
- Ninety-nine percent of the non-relative goal for children with disabilities.

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

- Back to school events.
- Community festivals, fairs and events.
- Flyers and presentations at local schools.
- Presentations at local hospitals and doctor offices.
- Foster care awareness and appreciation events.
- Adoption Day events.
- Presentations at congregations on the need for foster and adoptive parents and collaboration with community and faith-based partners.
- Foster parent support groups.
- Flyers at sporting events.
- Local community presentations.
- Visiting library displays.
- Movie trailer ads.
- Billboards, mobile billboards and mall billboards.

In Michigan, the following activities have ensured that every foster and adoptive parent has a criminal history and central registry screening completed prior to licensure or home study approval:

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

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

Goal G.1: MDHHS will implement an annual adoptive/foster parent recruitment and retention plan to ensure there are foster and adoptive homes that meet the diverse needs of the children and youth that require out-of-home placement.

- **Objective G.1.1:** MDHHS will ensure that state standards are applied to all licensed or approved foster family homes or child-caring institutions receiving Title IV-B or IV-E funds by:
  - Tracking demographic data of children in foster care.
  - Screening all applicants for foster and adoptive home licensing to meet minimum standards.
  - Developing a youth seclusion and corporal punishment protocol.
  - Developing a continuous quality improvement process for institutions.

  Measure: Child Welfare Licensing data and other sources.
  Benchmarks 2015 – 2019: Local licensing agencies will collaborate with Child Welfare Licensing to ensure all standards are applied equally.

- **Objective G.1.2:** MDHHS will ensure that the state complies with federal requirements for criminal background clearances for licensing foster and adoptive homes and has provisions for ensuring the safety of foster and adoptive placements.
  Measure: Criminal history and central registry screening of foster or adoptive applicants.
  Benchmarks 2015 – 2019: Collaboration between the Child Welfare Licensing Division and local licensing agencies to ensure each foster and adoptive home is screened and approved before children are placed.

- **Objective G.1.3:** MDHHS will recruit and license an adequate and sufficient array of foster and adoptive homes to reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.
  Measure: Percentage of annual recruitment, licensing and adoption plans that meet 90 percent of their goal, or better.
  Baseline: Each county's 2015 licensing goal.
  Benchmarks: 2016 – 2019: Eighty percent or more of annual plans will meet 90 percent of their goal.

- **Objective G.1.4:** MDHHS will support safe and timely placement across jurisdictions when such placement is in the best interest of the children.
  Measure: Interstate Compact data on percentage of out-of-state placements in Michigan with completed home studies within 60 days of the state's request.
  Baseline - 2013: Sixty-two percent of home studies were completed with 60 days.
  Benchmarks 2015 – 2019: Demonstrate improvement each year.
    - 2015 Performance: Sixty-six percent of home studies were completed in 60 days.

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

- **Objective G.2.1:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.
  Measure: Number of youths available for adoption without an identified family that are registered with the Michigan Adoption Resource Exchange within required timeframes.
  Baseline - 2014:
    - Eighty percent of youths available for adoption without an identified family are registered with the Michigan Adoption Resource Exchange within required timeframes.
    - Eighty percent of youths available for adoption without an identified family one year after termination of parental rights are referred to an Adoption Resource Consultant.

  Benchmarks 2015 – 2019: Demonstrate improvement each year.
  2015 Performance:
    - In 2015, there were nineteen youths registered within the required timeframes; twenty-two percent compliance.
    - From Oct. 1, 2015 through Feb. 28, 2016, there were nine youths registered within the required timeframes; thirty-six percent compliance.
    - In 2015, there were 92 youths referred to the Adoption Resource Consultant Program.
    - From Oct. 1, 2015 through Feb. 28, 2016, there were 34 youths referred to the Adoption Resource Consultant Program.

Planned Activities for 2017

- Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family is not been identified at the time of referral:
    - A written, child-specific recruitment plan must be developed within 30 calendar days of the date of acceptance of the case transfer.
    - The child must be registered for photo listing on the Michigan Adoption Resource Exchange within 30 calendar days of termination of parental rights or the date of acceptance of the case transfer, whichever is later.
- An adoption case will be referred to an Adoption Resource Consultant if an adoptive home has not been identified for the child within one year of the child being legally free with a goal of adoption, or the month the child no longer has an identified family, if it has been more than a year since the child became legally free.
    - Adoption Resource Consultants will provide services until permanency is achieved through adoption or one of the other four federal permanency goals.
- Eight regional Post Adoption Resource Centers will continue to provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a

direct consent/direct placement adoption or children who have a Michigan subsidized guardianship agreement.

- The Adoption Oversight Committee will continue to meet bi-monthly.
- Adoption Navigators will continue to provide support and assistance to families pursuing adoption of children from Michigan's child welfare system.
- The Michigan Adoption Resource Exchange will continues to produce recruitment brochures and newsletters, maintain an informational website, host "meet and greet" events and maintain the Michigan Heart Gallery, a traveling exhibit introducing children available for adoption.
- The Match Support Program will provide statewide service for families who have been matched with a child from the MARE website and are moving forward with adoption. The Match Support Program will provide up to 90 days of informational and referral services to families.

Adoption Incentive Payments

Michigan did not receive Adoption Incentive Funds in 2015. If Michigan is allocated Adoption Incentive Funds between 2016 and 2019, MDHHS will ensure the funds are used for allowed activities and spent in a timely manner.

Adoption Savings Calculation

MDHHS utilized adoption savings to provide post-adoption services through eight regional Post-Adoption Resource Centers located throughout the state.

- Family participation is voluntary and free of charge.
- The Post Adoption Resource Centers are designed to support families who have:
  - Finalized adoptions of children from the Michigan child welfare system.
  - Children who were adopted in Michigan through an international or a direct consent/direct placement adoption.
  - Children who have a Michigan subsidized guardianship agreement.

The Post Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention:
- Coordination of community services.
- Information dissemination.
- Education.
- Training.
- Advocacy.
- Family recreational activities and support.
- A website and newsletter on topics relevant to adoptive families, a listing of community resources and a calendar with events and trainings.

Adoption Resource Consultant Services throughout the state:

- Provide services to youths who have a permanency goal of adoption and have been legally free for adoption for one year or more without an identified family.
- Utilize a solution-focused model.
- Develop, review and amend the Individualized Adoption Plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.
- Assist with problem solving to eliminate barriers and enhance the specificity of each Individualized Adoption Plan.

Recruitment of Foster and Adoptive Parents for Diverse Youth

At any given time, Michigan has approximately 13,000 children in foster care and relies on private child placing agencies to help find temporary and permanent homes for these children. Michigan has over 90 contracts with child placing agencies for foster care case management and 64 contracts for adoption services.

In June 2015, three public acts were signed into law in Michigan and went into effect September 9, 2015:

- 2015 PA 53 amended the Child Care Organizations Act, MCL722.111 et seq., which addresses foster care, by adding two new sections (MCL 722.124e and MCL 722.124f).
- 2015 PA 54 amended the Adoption Code, 710.1 et seq., by adding one new section (710.23g).
- 2015 PA 55 amended the Social Welfare Act, MCL 400.1 et seq., by adding one new section (MCL 400.5a).
- The new sections provide in part:
    - To the fullest extent permitted by state and federal law, a child-placing agency shall not be required to provide any services if those services conflict with, or provide any services under circumstances that conflict with, the child-placing agency's sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child-placing agency. (MCL 722.124e (2)).
    - To the fullest extent permitted by state and federal law, the state or local unit of government shall not take an adverse action against a child-placing agency on the basis that the child-placing agency has declined or will decline to provide any services that conflict with, or provide any services under circumstances that conflict with, the child-placing agency's sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child-placing agency (MCL 722.124e (3)).

If the department makes a referral to a child-placing agency for foster care case management or adoption services under a contract with the child-placing agency:

- The child-placing agency may decide not to accept the referral if the services would conflict with the child-placing agency's sincerely held religious beliefs contained in a written policy, statement of faith or other document adhered to by the agency.

- The child-placing agency may decide to accept the referral.
    - Before accepting a referral, the child-placing agency has the sole discretion to decide whether to engage in activities and perform services related to that referral.
    - For purposes of this subsection, a child-placing agency accepts a referral by doing either of the following:
        - Submitting to the department a written agreement to perform the services related to a particular child or particular individuals that the department referred to the child-placing agency.
        - Engaging in any other activity that results in the department being obligated to pay the child-placing agency for services related to the particular child or particular individuals that the department referred to the child-placing agency.

As a result of the amendments:

- MDHHS cannot take any adverse action against a child-placing agency if the agency refuses to accept a referral from the department for foster care case management or adoption services.
    - Adverse action is not precluded if a child-placing agency accepts the referral to provide foster care case management or adoption services to a particular child, and then fails to perform the required services under its contract with the department.
    - Once the referral is accepted, the agency may not assert a religious objection and fail to provide the required services.
- The department amended its master foster care and adoption services contracts to clarify the department's expectations when a child-placing agency accepts a referral from the department. The amended contracts make clear that:
    - The Contractor may not refuse to provide services for any case(s) in which the child-placing agency has accepted the referral from the department under its foster care case management or adoption services contract.
    - The Contractor shall comply with the departments' non-discrimination statement:
        - MDHHS will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability.
        - This statement applies to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

- If MDHHS makes a referral to a child-placing agency for foster care case management or adoption services pursuant to a contract, the child-placing agency must accept or decline the referral.
- After acceptance of a foster care referral, the contractor may not transfer the case to another agency and may not refer the case back to the department except for the reasons outlined in the Children's Foster Care Manual or upon the written approval of the county director, the Children's Services Agency director, or the deputy director.
- After acceptance of an adoption referral, the contractor may not transfer the case back to MDHHS, except upon the written approval of the county director, the Children's Services Agency director or the deputy director.
- If an agency declines the initial referral, MDHHS will refer the case to another contracted agency or for foster care referrals, may decide to provide direct foster care services through the local county office. This will ensure that all children and youth in need of foster care and adoptive services receive those services regardless of sexual orientation or identity. Michigan has contracts with sixty-three adoption agencies and fifty-seven private agency foster care providers, which ensures the recruitment of foster and adoptive parents for diverse youth throughout the state.

The Contractor may not delegate any of its obligations or subcontract for services required without the prior written approval of MDHHS.

CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES

Tribal Consultation and Coordination

MDHHS delivers services to Michigan's 130,000 American Indians through the Office of Native American Affairs. Native American Affairs coordinates with Michigan's tribes for:

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

Ensuring Culturally Appropriate Services

MDHHS ensures culturally relevant services to Michigan's American Indian Alaska Native residents through:

- Quarterly Tribal-State Partnership meetings with representatives from Michigan's 12 federally recognized tribes, tribal organizations and local MDHHS and central office staff.

- Participation in regional/national tribal consultation through the following events:
    - Bureau of Indian Affairs Partners in Action Regional Tribal meetings and conferences.
    - United Tribes of Michigan meetings.
    - Child Welfare League of America Indian child welfare state manager calls.
    - Governor's Tribal Summit.
    - Attendance at the National Indian Child Welfare Association, Annual Indian Child Welfare Conference.
- Development of grant and contract opportunities for tribal communities.
- Strengthening the MDHHS Indian Outreach Worker program through case reviews to target best practices and service barriers.
- Publishing culturally competent human service materials that reflect the unique status of tribal people and laws that protect their sovereignty.
- Reviewing and revising Indian Child Welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Strengthening the state courts' application of the Indian Child Welfare Act through collaboration with tribal courts, attorneys and social services, state court administration, MDHHS Legal Division and Native American Affairs toward development and codification of the Michigan Indian Family Preservation Act.
- Negotiating tribal-state Title IV-E and IV-D agreements. Michigan assists the tribe(s) to access Chafee Foster Care Independence Program funds, Education and Training Vouchers, training and data collection resources.
- Assisting tribal foster care agencies to access Title IV-E administrative funds through the administrative costs paid to non-MDHHS agencies that provide foster care services, in addition to the daily rate per child, based on Title IV-E funding eligibility. Tribes with private agency foster care contracts with MDHHS receive Title IV-E administrative rates. Current there are two tribes that have foster care contracts with the state:
    - The Sault Ste. Marie Tribe of Chippewa Indians (Binogii Placement Agency).
    - Grand Traverse Band of Ottawa and Chippewa Indians (New Path Home for Boys).
- Developing Indian child welfare case review tools in collaboration with Michigan tribes/urban Indian organizations.
- Developing Child and Family Services Review Program Improvement Plan goals regarding Indian child welfare.
- Conducting stakeholder surveys for quality assurance.
- Conducting public awareness events to sensitize consumers and vendors to issues of Native Americans in Michigan and improve cultural awareness and competence.

Contracting Culturally Appropriate Services

Michigan ensures effective and culturally appropriate services through the following contracted services:

- The Sault Ste. Marie Tribe of Chippewa Indians' Binogii Placement Agency for foster care and adoption services for tribal children.
- Sault Tribe Detention Center for juveniles for detention services.
- Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys' and girls' residential treatment.
- Keweenaw Bay Indian Community for direct tribal Title IV-E agreement and Title IV-D Memoranda of Understanding.
- Inter-Tribal Council of Michigan for Community Service Block Grant and Infant Safe Sleep initiatives.
- Michigan Indian Legal Services for Tribal Community Service Block Grant programming.
- Little River Band of Ottawa Indians for Tribal Community Service Block Grant programming.
- Families First of Michigan family preservation programs that serve seven of 10 reservation communities. Tribal representatives participate in the bid ratings.

Tribal Consultation

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

There are 12 federally recognized tribes within the state boundaries; two tribes do not have formal Indian child welfare code pertaining to child welfare services at this time (Match-E-Be-Nash-She-Wish Band of Potawatomi and Nottawaseppi Band of Huron Potawatomi Indians).

Statewide Tribal Consultation

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

- Tribal-State Partnership meetings (quarterly), a collaborative group of Tribal Social Service directors, state and private agencies and MDHHS staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.
- Urban Indian State Partnership meetings (annual), a collaborative group of urban Indian organizations, state agencies and MDHHS staff focused on the challenges facing tribal at-large membership and point-of-entry for MDHHS services.
- Michigan Tribal Child Care Task Force meetings (semi-annual), a group of tribal childcare and education directors and MDHHS staff working to ensure Zero to Three services, Great Start and Pathways to Success programming for children and adults.

- The Office of Workforce Development and Training (monthly), provides Indian Child Welfare Act training for new child welfare and supervisory staff through new worker online training and facilitator-led supervisor training.
- United Tribes of Michigan meetings (quarterly; upon request), a forum for tribes to join, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of Michigan tribes through the next seven generations.
- Regional Indian Outreach Workers meetings (quarterly) for professional development.
- The State Court Administrative Office Court Improvement Program Statewide Task Force meetings (quarterly) to advocate on behalf of tribal families.

Consultation on Protecting Tribal Children and Providing Child Welfare Services

MDHHS and the director of Native American Affairs meet at least annually with the federally recognized tribes at the regional Tribal-State Partnership meetings to obtain a description of responsible agencies within tribes providing child welfare services including operation of a case review system for children in foster care, pre-placement prevention, reunification, adoption, guardianship or another planned permanent living arrangement services.

Where tribal government agencies do not have child welfare or tribal court services available, the state provides care and supervision for Indian child welfare cases and collaborates with tribal Indian Child Welfare Act coordinators on case management. Direct child welfare state services/case management are provided through 83 local MDHHS offices.

Chafee Tribal Consultation Agreements

A Title IV-E meeting was conducted on May 5, 2015 to review tribal questions and agreements with the department; follow-up is ongoing. Currently, Keweenaw Bay Indian Community is the only tribe in Michigan that has developed a Title IV-E plan for child welfare maintenance and care and will administer/supervise those services independently, with the exception of Chafee services and the Education and Training Voucher program, which will continue to be provided through local MDHHS offices.

In addition, the Keweenaw Bay Indian Community maintains a Title IV-D program for child support services within their tribe and five tribes have Youth in Transition Agreements for children under tribal court jurisdiction to access Youth in Transition funding:

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

Review of whether tribes would like to develop, administer, supervise, or oversee Chafee, Education and Training Voucher and other child welfare services and receive a portion of the

state's allotment for administration or supervision is conducted at least annually or at the request of a tribe at the quarterly Tribal State Partnership meetings.

Michigan also has individual consultation agreements with eight federally recognized tribes or communities:

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

Michigan has an Indian Child Welfare Act agreement with the Saginaw Chippewa Indian Tribe.

Data on Services for American Indian Children and Families

Tribes have expressed concerns regarding not having accurate data to determine if all tribal children are receiving services according to the Indian Child Welfare Act or other federal or state programs available to children under the supervision of the department. The department has initiated an ongoing review of American Indian Alaska Native data report functionality and a clean-up and quality assurance process in collaboration with MiSACWIS, Data Management Unit, MDHHS Business Service Center and county directors, Child Welfare Field Operations, the Office of Workforce Development and Training and Native American Affairs.

Compliance with the Indian Child Welfare Act

Assessment of Performance

MDHHS tribal consultation performance was measured through:

- Tribal consultation on Michigan's CFSP and APSRs in 2015 and 2016 at quarterly Tribal State Partnership meetings.
- Tribal APSR written feedback. A form for providing feedback was provided at the 2016 APSR webinar.
- Michigan Court of Appeals Indian Child Welfare Act/Michigan Indian Family Preservation Act cases from October 2014 through May 2016.

Factors demonstrating improved Indian Child Welfare Act compliance ratings included an increase in the number of lower court decisions upheld for Indian child welfare cases between October 1, 2014 and May 23, 2016. During this period, there were 16 appeals in which:

- Seven contested lack of notice.
- Two contested active efforts.
- One contested qualified expert witness testimony.

- Three contested an evidentiary standard.
- One contested Indian ancestry verification.
- One contested placement priorities.
- One contested right to transfer.

The Michigan Court of Appeals indicated that of the 16 contested cases, eight lower-court decisions were upheld, seven were reversed and one was conditionally reversed.

Tribal Feedback on Indian Child Welfare Act Compliance

Feedback on Michigan's performance in complying with the Indian Child Welfare Act and the Michigan Indian Family Preservation Act was obtained through an anonymous survey. MDHHS received the following ratings from six Michigan tribes that provided written feedback on the Indian Child Welfare Act compliance goals in 2015:

Indian Child Welfare Act Goal	Strength	Fair	Needs Improvement
Notification is given to Indian parents and tribes of Indian child custody proceedings and their right to intervene.	1	2	3
Active efforts are made to prevent the breakup of an Indian family.	1	2	3
Placement preferences are followed when an Indian child is being placed in foster care and for adoption.	1	3	2
Tribes are notified of child welfare interventions and their right to transfer proceedings to tribal courts when appropriate.	2	1	1

The chart represents ratings on Indian Child Welfare Act compliance received from six tribes:

- **Notice to Indian Parents and Tribes:** one tribe rated the performance as strength, two tribes rated as fair and three tribes rated as needs improvement.
- **Placement Priorities:** one tribe rated performance as strength, two tribes rated as fair and three tribes rated as needs improvement.
- **Active Efforts:** one tribe rated performance as strength, three tribes rated as fair and two tribes rated as needs improvement.
- **Intervention and Transfer:** Two tribes rated performance as strength, one tribe rated as fair and one tribe rated as needs improvement.

Other methods used to rate compliance included:

- DCQI and Native American Affairs convened a Tribal APSR webinar on compliance with the Indian Child Welfare Act on March 30, 2016 to obtain tribal input on 2015 APSR goals; two of 12 tribes participated.
- Follow-up with Michigan tribes took place at the April 20 - 21, 2016 Tribal State Partnership Meeting. Follow-up included a presentation of compiled feedback; six of 12 tribes provided feedback at the Tribal State Partnership meeting.
- Individual tribal consultation discussions with tribes were ongoing from March 2016 to June 3, 2016 to gain tribal feedback for the APSR Tribal Consultation narrative.
- The American Indian Alaska Native Benchmark Data Report was disseminated to tribes on April 20, 2016, generated from MiSACWIS data.

Additional Feedback on ICWA Compliance

The following are comments and recommendation from the Native American Affairs APSR Feedback Form distributed to Michigan tribes rating the state on the Indian Child Welfare Act factors:

Notification to Indian Parents and Tribes

Strength:

- The department kept the tribal worker informed and communicated regularly.
- Our tribe has never not received notice; we receive notices and they are usually timely. It would be very, very rare where we have to rush on a case due to untimely notice of proceedings.

Fair:

- While MiSACWIS updates have been provided to tribes regularly, it is uncertain if Indian children are being categorized properly.

Needs Improvement:

- Lack of data is resulting in lack of “known” Indian Child Welfare Act cases to determine if notice is actually being provided.
- Lack of notice to hearings.
- Notice was improperly sent to the Communications department and not the designated Indian Child Welfare Act agent, which is also a confidentiality issue.

Active Efforts to Prevent Removal and Preserve Families

Strength:

- Hiring an Indian Outreach Worker for West Coast of Michigan (Benzie/Muskegon/Ottawa County Areas) would be highly recommended; extra hands on deck would be helpful.
- State and private agency foster care workers are contacting Tribal Social Services for service linkages for families.

Needs Improvement:

- Active efforts are not being included in petitions.
- Lack of tribal collaboration prior to court for petitioner recommendations or lack of incorporation of tribal recommendations into petitioner recommendations to the court.

Placement Preferences for Indian Children

Strength:

- Children are being placed with relatives.
- The state has been helpful by allowing tribes to utilize fingerprinting and criminal background checks through MDHHS Child Welfare Licensing. This has saved us money and provided more timely results for licensing and finalizing adoptions.
- I believe the state understands the least restrictive placement concept and has used it successfully for many years with child welfare and juvenile justice cases.

Fair:

- Reviews about placement preferences is mixed. Some counties take the Indian Child Welfare Act very seriously and others require very basic education and information.

Needs Improvement:

- When the state borrows homes, there has been an issue with caregivers being paid timely.
- Some tribes are finding it difficult for state workers to accept recommendations for family placement or native foster homes.

Tribal Intervention in Cases of Indian Children and Transfer to Tribal Agencies

Strength:

- Tribal intervention and transfer is encouraged. We consider it a strength and when a transfer is requested, we make every effort to accomplish it.
- Judges are allowing intervention in 20 days and allowing transfer to tribal court; those things go well. When we transfer, we have trouble getting the file in a timely manner.

Fair:

- We would really like to say it is a strength as many counties are outstanding; however, there are pockets of counties that do not implement Indian Child Welfare Act tribal intervention or transfer to tribal agency well at all and bring the quality down statewide.

Compliance with the Indian Child Welfare Act – Plan for Improvement

Goal: MDHHS will ensure compliance with the Indian Child Welfare Act statewide.

- **Objective NAA 1.1** MDHHS will increase the number of children identified as American Indian/Alaska native at the onset of cases statewide.
  Measure: MiSACWIS data on Indian heritage
  Benchmarks:
  2015: Establish a baseline using MiSACWIS data.
  2016: Determine goals for improvement.

2015 Performance: MiSACWIS data on identification of American Indian children was reviewed and it was determined that available data did not provide accurate information.

- **Objective NAA 1.2**: MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and will inform them of their right to intervene.
  Measure: MiSACWIS data on Indian Child Welfare Act/Michigan Indian Family Preservation Act placements.
  Benchmarks:
  2015: Establish a baseline using MiSACWIS data.
  2016: Determine goals for improvement.
  2015 Performance: MiSACWIS data on notification of Indian parents and tribes of state proceedings involving Indian children and informing them of their right to intervene was reviewed and it was determined that available data did not provide accurate information.

- **Objective NAA 1.3:** MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.
  Measure: MiSACWIS data on Indian Child Welfare Act/Michigan Indian Family Preservation Act placements.
  Benchmarks:
  2015: Establish a baseline using MiSACWIS data.
  2016: Determine goals for improvement.
  2015 Performance: MiSACWIS data on placement of Indian children was reviewed and it was determined that available data did not provide accurate information.

- **Objective NAA 1.4:** MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place an Indian child in foster care or for adoption.
  Measure: MiSACWIS data on foster care case management.
  Benchmarks:
  2015: Establish a baseline.
  2016: Demonstrate improvement each year.
  2015 Performance: MiSACWIS data on active efforts to prevent the breakup of the Indian family was reviewed and it was determined that available data did not provide accurate information.

Goal NAA 2: MDHHS will increase cultural connections of children in care statewide.

- **Objective NAA 2.1:** Children will be placed in the least restrictive culturally appropriate setting to meet their safety, permanency and well-being needs.
  Measure: MiSACWIS placement data and survey data on cultural connections.

Benchmarks:
2015: Establish a baseline.
2016 – 2019: Demonstrate improvement each year.
2015 Performance: MiSACWIS placement data was reviewed and it was determined that available data did not provide accurate information.
2016 Performance: A draft survey was completed in April 2016.

- **Objective NAA 2.2:** American Indian/native foster and adoptive homes will be prepared, supported and available for the placement of Native American children statewide.
  Measure: MiSACWIS placement data and data on recruitment, licensing and retention of American Indian foster care placement.
  Benchmarks:
  2015: Establish a baseline.
  2016 – 2019: Demonstrate improvement each year.
  2015 Performance: MiSACWIS placement data was reviewed and it was determined that available data did not provide accurate information.
  2016 Performance: A draft survey was completed in April 2016.

Goal NAA 3: The well-being of American Indian/Alaska native children under the care of MDHHS will be maintained and improved.
Measure: American Indian/Alaska Native Qualitative/Quantitative Foster Care Survey reports.

- **Objective NAA 3.1:** Children will develop a positive self-identity and increase self-esteem.
  Benchmarks:
  2015: Develop a survey and obtain baseline data.
  2016: Establish benchmarks based on baseline data
  2015 Performance: Not available at this time.
  2016 YTD Progress: A draft survey was completed in April 2016.

- **Objective NAA 3.2:** Children will obtain the life skills necessary to be healthy, competent and contributing adults in the future.
  Benchmarks:
  2015: Develop a survey and obtain baseline data.
  2016: Establish benchmarks based on baseline data
  2015 Performance: Not available at this time.
  2016 YTD Progress: A draft survey was completed in April 2016.

- **Objective NAA 3.3:** Children will demonstrate fewer detrimental risk-taking behaviors.
  Benchmarks:
  2015: Develop a survey and obtain baseline data.
  2016: Establish benchmarks based on baseline data.
  2015 Performance: Not available at this time.

2016 YTD progress: A draft survey was completed in April 2016.

Progress in 2015 and 2016

- The Indian Child Welfare Act case review tool was finalized in 2015 and tested in 2016. Training of reviewers and case reviews will begin in 2016.
- The Office of Workforce Development and Training and Native American Affairs provided Indian Child Welfare Act/Michigan Indian Family Preservation Act training in pre-service and new supervisor institutes. In 2015, 856 participants received training; 541 MDHHS and 315 private agency foster care workers.
- In 2015, 34 potential foster home caregivers were identified through the Foster Care Navigator Program, Native American Outreach Specialist as having a tribal affiliation. Of the 34, two families were licensed and four are in the process of licensure; the remaining families did not complete the licensing process.
- Tribal invitations to the following committees were solicited through email, in-person presentations, and written Tribal State Partnership meeting updates:
    - MDHHS Defending Childhood Home Team.
    - MDHHS Human Trafficking Workgroup.
    - MDHHS Safe Sleep Committee.
    - MDHHS Adoption/Foster/Kinship Care Committee.
    - Michigan Human Trafficking Task Force.
- Local case management meetings take place between tribes and county MDHHS office leadership on an ongoing basis.
- Case management and collection of Indian Child Welfare Act data in MISACWIS continues to be tracked. Verification and validation of the data is continuing.

Planned Activities for 2016 and 2017

- Cleanup of MiSACWIS data on identification, notification, placement and active efforts is occurring in 2016 and will continue as needed.
- MDHHS will exchange copies of the 2017 APSR with tribal representatives at the quarterly Tribal State Partnership meeting, or through consultation with individual tribes. The Tribal State Partnership meeting format will be restructured in 2017 to ensure adequate opportunities for tribal consultation and feedback.

For more information on child welfare services in tribal communities, please visit www.michigan.gov/americanindians.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

MDHHS administers, supervises and oversees the Chafee Foster Care Independence Program. Chafee goals are addressed through Michigan's Youth in Transition program. Youth in

Transition provides support to youth in foster care and increases opportunities for youth transitioning out of foster care through collaborative programming in local communities. MDHHS continues active collaboration with youth in planning and outreach.

MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. The eligibility criteria for Chafee-funded services are documented in MDHHS foster care policy. Youth meeting the criteria for Chafee-funded services are eligible, regardless of race, gender or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee funded goods and services. As foster care caseworkers, Juvenile Justice Specialists are offered all training opportunities regarding services available to youth under the Chafee Foster Care Independence Program.

MDHHS provides oversight to the programs and agencies providing direct services and support to youth through the Education and Youth Services unit. The Education and Youth Services unit is responsible for ensuring services meet federal requirements and are provided to all eligible youth. Unit staff also oversees the contracting process for Chafee services and ensure agencies comply with contractual obligations.

Michigan is committed to ensuring all allocated Chafee funds are provided to youth aging out of foster care and facilitating disbursement of funds to counties for direct payment to youth and through contracted services for youth. This budget is reviewed at regular intervals to identify spending patterns and align funds with areas of need. It is expected that demand for funds will increase as contracts introduced in 2015 are implemented fully or expanded.

Youth leaving foster care due to adoption or guardianship at 16 years of age and older are eligible for higher education financial aid (Education and Training Vouchers, Tuition Incentive Program, Pell Grant, Fostering Futures Scholarship); and at age 18, those youths are eligible for all Chafee-funded goods and services available to all eligible youth.

The Michigan Youth Opportunities Initiative is a partnership with the Jim Casey Youth Opportunities Initiative that was created to improve outcomes for youth transitioning from foster care to adulthood. It brings together community members, public and private agencies and resources critical to the success of young adults transitioning from the foster care system. Michigan Youth Opportunities Initiative programming is offered in 64 counties.

Compliance with the Justice for Victims of Trafficking Act of 2015 and the Trafficking Victims Protection Act

The Michigan Legislature passed bills in 2014 to address child sex trafficking, many of which took effect in 2015. The 2014 Michigan Human Trafficking legislation includes:

Safe Harbor

Safe Harbor was one of the key reforms in the 2014 Michigan human trafficking legislative package. Safe Harbor established stronger protection for victims of human trafficking, through the following legislation that:

- Presumes that a minor found engaging in prostitution is a victim of human trafficking and mandates law enforcement to refer the minor victim to MDHHS for appropriate treatment.
- Established probate court jurisdiction for minor human trafficking victims who are dependent and in danger of substantial harm.
- Allows victims of human trafficking to clear their criminal record of crimes they were forced to commit by traffickers.
- Provides adult human trafficking victims safe harbor through a diversion process to avoid prostitution convictions.

In recognition of the vulnerability of foster youth, MDHHS, with the Michigan Department of Attorney General created a protocol in 2012 for child welfare professionals, court personnel, law enforcement officials and schools. The protocol addresses the following goals:

- To provide a coordinated investigative approach while minimizing trauma to victims.
- To provide protection and specialized services to victims and family members.
- To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking.
- To provide alternatives for handling the case after a child or youth has been identified as a victim of human trafficking.

MDHHS developed a Title IV-E Program Improvement Plan that includes the following policy and procedural changes:

- The Foster Child Bill of Rights and Prudent Parent Standard policies and forms were modified to ensure foster children and youth and foster caregivers are informed of Prudent Parent Standards supporting foster youths' participation in social, extracurricular, enrichment and cultural activities.
- Foster caregivers will be required to complete training on the Prudent Parent Standard.
- Foster care workers will be required to gather information during foster home visits regarding whether the youth participates in activities appropriate to the youth's age and maturity level.
- For youths for whom another planned permanent living arrangement is the permanency plan, the court will inquire about the youth's participation in age-appropriate activities according to the Prudent Parent Standard and clarification of foster care policy limiting another planned permanent living arrangement to youths over 16 years of age or above.
- CPS policy will be modified to require the use of the Human Trafficking Protocol for the identification, placement and treatment of human trafficking victims.

- Guardian Assistance Program policy will be updated to allow a successor guardian for foster children whose guardians have died.

Progress in 2015

- Work groups met to review requirements in the federal legislation "The Preventing Sex Trafficking and Strengthening Families Act."
- Child welfare policy was updated to include requirements of this legislation.
- The DHS-5355 form was developed to provide a conversation guide for caseworkers when youth are located after being absent without legal permission.
- MiSACWIS added capacity for reporting information on trafficking victims, improving tracking for federal reporting.
- MDHHS staff participated in the Human Trafficking Health Advisory Board.
- Human Trafficking was the subject in several trainings and conferences.
- The Office of Workforce Development and Training offers a course on Human Trafficking. In 2015, 117 services specialists participated in this course.

Progress in 2016

- A workgroup of multiple agencies and stakeholders is meeting to update the MDHHS Human Trafficking Protocol.
- A departmental analyst position was created within the Office of Child Welfare Policy and Programs for development and oversight of policy in cases of child trafficking. This position functions as a statewide resource to child welfare staff, other state agencies, law enforcement, local courts and community stakeholders to ensure coordinated efforts.
- The theme of the annual 2016 Governor's Task Force conference is "Michigan's Response to Child Trafficking Policy and Practice."
- MDHHS staff is collaborating with the Human Trafficking Task Force on the development and deployment of a statewide human trafficking conference in September 2016.
- MDHHS is part of the State Court Administrative Office established work group of multi-agency partners formed to make recommendations to local courts, judges, referees and attorneys regarding the role of courts in cases involving human trafficking.
- Improvements in tracking victims of human trafficking are being developed with the MiSACWIS team for both CPS and foster care.

Planned Activities for 2017

- The MDHHS Human Trafficking Departmental Analyst will continue to identify training needs, establish collaboration with other state agencies and interested organizations and identify strategies for providing services to this population.

Housing Resources

Recognizing that runaways and homeless youth are especially vulnerable to the threat of human trafficking, MDHHS provides services to homeless youth and those at risk of homelessness. MDHHS developed contracts to provide an array of services through its Homeless Youth and Runaway programs. These contracts ensure:

- A minimum of 25 percent of the youth served are former foster youth or homeless due to a dissolved adoption or guardianship.
- Services are provided to foster youth who have voluntarily remained in, or return to, foster care after their 18th birthday that are homeless or at risk of becoming homeless.

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

- Collaborating with housing resource partners and local organizations to develop safe, stable and affordable housing for youth exiting foster care.
- Collaborating with the Detroit Housing Commission to provide housing choice vouchers to youth ages 18 to age 21.
- Participating in a new Housing and Urban Development demonstration grant to extend housing for youth eligible for the Family Unification Program for five years. The Detroit Housing Commission committed to applying for the demonstration grant and including MDHHS as their child welfare agency partner.
- Developing partnerships with faith-based organizations and community partners to expand housing opportunities for youth.
- Collaborating with the Michigan State Housing Authority and Michigan Coalition Against Homelessness in these areas:
    - Increasing leadership, collaboration and civic engagement.
    - Increasing access to stable and affordable housing.
    - Providing 24-hour crisis services via 22 Homeless Youth/Runaway contracts.

Progress in 2016

- The Housing Specialist in the Education and Youth Services unit provided technical assistance to Homeless Youth Runaway providers in serving youth identified as lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth identified as victims of human trafficking.
- The Homeless Youth Runaway provider in Genesee County sponsored training for their staff and extended the invitation to other Homeless Youth Runaway providers on providing safe and supportive services to youth who identify as LGBTQ. The training was provided by staff of the Ruth Ellis Center, a residential program for LGBTQ youth in Wayne County.

Planned Activities for 2017

- MDHHS will Incorporate contract language for Homeless Youth Runaway providers to be trauma informed in their service delivery and trained on the needs of youth who have been trafficked who identify as LGBTQ.

Serving Youth across the State

Independent living preparation is required for all youth in foster care ages 14 and older, regardless of their permanency goal. The goal of independent living preparation is to assist youth transitioning to self-sufficiency. MDHHS allocates funds to all 83 counties for independent living services.

Native American youth served by tribal child welfare services or MDHHS that meet eligibility criteria are eligible for Chafee and Education and Training Voucher services. Information about services is shared with tribes through quarterly Tribal-State Partnership meetings and technical assistance to individual tribes. MDHHS Indian outreach workers in counties with tribal populations provide information and assistance to tribal youth eligible for services.

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

The transition plan covers all areas of a youth's needs, including housing, supportive relationships, independent living skills, education, employment, health, mental health, financial needs and the opportunity to extend foster care to age 21. Pregnancy prevention is included among the topics that may be discussed with youth in creating a plan for transitioning to independent living. This document becomes the youth's transition plan where progress is evaluated during each meeting.

MDHHS allocates funds to counties for independent living services for all youth aging out of foster care. Counties can contract with private agencies or give funds directly to youth to obtain services. Payments to youth or vendors can include:

- First month rent.
- Security deposit.
- Utilities.
- Car repair.
- Day care.
- Preventive services.
- Mentoring.
- Securing identification cards.

- Participation in support groups and youth advisory boards.
- Vehicle insurance.
- Housing startup goods.
- Startup items and supplies for new infants.

Opportunities to Engage in Age- or Developmentally-Appropriate Activities

The discretionary allocation for each county provides funding for youth to participate in a range of activities that support their transition to self-sufficiency. Foster Care Licensing Rule 400.9419 requires foster parents to encourage youths to participate in recreational activities appropriate to their age and ability. The Michigan Youth Opportunities Initiative utilizes Chafee funds to support youth leadership and activities in local and statewide events.

Progress in 2015

- Foster care policy was updated to include language supporting the federal Prudent Parent Standards.
- The Michigan Youth Opportunities Initiative provided advanced leadership and advocacy training to 14 youths in the first Youth Leadership Institute.
- Policy updates were finalized in 2015 that increases financial assistance for insuring vehicles owned by youth and includes startup funds for youth who have had a baby.
- Youth in Transition services were provided statewide to 4,627 young people.
- Eight hundred forty-seven youths were enrolled in the Michigan Youth Opportunities Initiative program to build financial competency and participate in events to build self-sufficiency and self-advocacy.
- Matching funds totaling $35,386 assisted youth in obtaining goods and services to assist them in developing self-sufficiency.
- Non-Chafee eligible Michigan Youth Opportunities Initiative participants utilized private grant funds to match $140,751 for goods and services for developing self-sufficiency.
- Life skills training was provided to youth served by local public and private child welfare offices in areas of need they identified.
- Each year, Chafee-eligible youth participate in the annual Teen Conference, a two-day event that focuses on independent living skills and topics of importance to older youth in foster care.
- Youth from Michigan participated in the national Daniel Memorial Growing Pains Independent Living Conference, a three-day conference that focuses on independent living skills and includes national speakers addressing topics of importance to older youth in foster care.

Progress in 2016

- Training was provided to child welfare staffs in Genesee, Monroe, Lenawee, Ingham, Kent, Macomb and Wayne counties on accessing Youth in Transition funds, new contract opportunities and benefits to older youth in foster care.

- The Michigan Youth Opportunities Initiative provided advanced leadership and advocacy training to a second group of 14 youth participants.
- The Michigan Youth Opportunities Initiative will support participants that completed the Youth Leadership Institute in 2015 and 2016 with supplemental training opportunities.
- Youth from Michigan participated in the national Daniel Memorial Independent Living conference, a national three-day conference with sessions focused on building independent living skills and self-sufficiency for youth experiencing foster care.
- Chafee-eligible youth participated in the annual Teen Conference and attended sessions on independent living skills and topics of interest to youth experiencing foster care.

Planned Activities for 2017

- Identify strategies to communicate to youth in care regarding the services and opportunities available to them through the Chafee Foster Care Independence Program.

Youth Participation in Improving Foster Care

Goal: Youth will be actively involved in developing practices, policies and procedures to improve services for young people.

Progress in 2015

Youth participated in advocacy and outreach through:

- Foster parent PRIDE training.
- Child Welfare Training Institute panels.
- Kids Speak events for legislators and policy makers.
- Community partnership meetings.
- Permanency Forum.
- MDHHS workgroups including:
    - Health Advisory and Resource Team.
    - Foster Care Bill of Rights.
- The Michigan Youth Opportunities Initiative provided advanced leadership and advocacy training to fourteen participants at the Youth Leadership Institute.
- Monthly youth board meetings and independent living skills trainings were offered in the state's 34 Michigan Youth Opportunities Initiative sites.

Progress in 2016

- The Education and Youth Services program office has reached out to local youth boards to review the National Youth in Transition Database, older youth policy and service gaps.
- MDHHS will provided a second group of 15 youth with advanced leadership and advocacy training through a Youth Leadership Institute.

- MDHHS will continue to support graduates of the Youth Leadership Institute through supplemental training activities.
- MDHHS will utilize graduates of the Youth Leadership Institute to inform policy and practice improvements.
- A youth panel is included in the 2016 Community and Faith-Based Summit.
- Youth from Michigan Youth Opportunities Initiative who attended the Youth Leadership Institute were invited to develop an advocacy document, VOICE IV, providing input and recommendations in child welfare to policy makers.
- Youth and child welfare staff participated in the Michigan Youth Leadership Advocacy Summit and were provided opportunities to share their experience and recommendations in child welfare policy to legislatures and child welfare policy makers.

Youth participated in advocacy and outreach through:

- Foster parent PRIDE training.
- Child Welfare Training Institute panels.
- Kids Speak events for legislators and policy makers.
- Community partnership meetings.
- Permanency Forum.
- Providing information related to education supports by serving as an Education Liaison with their local youth boards.
- MDHHS workgroups including:
  - Health Advisory and Resource Team.
  - Foster Care Bill of Rights.

Planned Activities for 2017

- Youth will be invited to participate in advocacy and outreach through their participation in workgroups and focus groups, including the LGBTQ and Residential Transformation committees.
- Youth will be included in panel presentations in conferences that focus on child welfare issues and improvement.
- Youth will continue to be included in child welfare staff training and presentations.
- Youth will be included in the analysis of National Youth in Transition Database to identify service areas in need of improvement.
- Youth will be included in advocacy of new policy needs, as well as improvement in implementation of existing policy.

National Youth in Transition Database

MDHHS will continue to cooperate in evaluation of the Chafee program through the National Youth in Transition Database. Since 2011, Michigan has gathered demographic and outcome information on youth receiving independent living services. Michigan will continue to collect service and outcome data and use the data to identify areas for improvement.

Michigan recognizes the importance of collecting accurate information regarding the services provided youth who experience foster care and the outcomes they experience. Michigan has remained in compliance with data collection standards every year since 2012. The state uses this data to improve understanding the needs of youth served, as well as identify areas for improvement. The Education and Youth Services unit engages in ongoing review of the data elements and meets with the data reporting team prior to each submission to ensure services are collected as completely and accurately as possible and to identify any updates or corrections needed in the data collection process.

Goal: MDHHS will use data from National Youth in Transition Database submissions to assess services provided to youth and identify types and numbers of services provided.

- **Objectives:**
  - By Sept. 1, 2015, MDHHS identified the number of youths receiving independent living services and types of services provided 2011 through 2014.
  - By Sept. 1, 2016, MDHHS will examine youth characteristics, foster care history and educational level to identify trends and gaps.
  - MDHHS will assess Chafee services provision for Native American youth.
  - By Sept. 30, 2015, the Education and Youth Services unit will have the services data that identifies the number of youths receiving independent living services by service domain for 2011 through 2013.
  - By Sept. 30, 2016, the Education and Youth Services Unit will have examined three years of data to identify strengths and gaps in services for youth.

Measure: National Youth in Transition Database.

Progress in 2015

- The National Youth in Transition Database 21-year-old follow-up surveys were collected, which finalized the survey for this cohort. Over 200 youths participated in the survey.
- A preliminary review of the outcome surveys for 17-, 19- and 21-year-olds was conducted to identify areas where services are provided or where gaps exist.
- A focus group was formed to make recommendations regarding the services data.
- A preliminary review was conducted of the 17, 19 and 21-year-old surveys to identify areas where service were provided or gaps existed.

Progress in 2016

- The data query for identifying services provided to youth in foster care was updated to better capture services provided to youth in the elements of Career Preparation and Employment Programs and Vocational Training.
- The Education and Youth Services unit invited youth leaders from Michigan Youth Opportunities Initiative and private agency partners to participate in a focus group to

identify key questions to be answered by National Youth in Transition Database data and to identify areas of strength and existing gaps in data and services.

- National Youth in Transition Database data was shared at a youth board meeting consisting of several youth and the Michigan Youth Opportunities Initiative coordinator.
- National Youth in Transition Database data and trends were shared during the Michigan Youth Leadership Advocacy Summit to an audience consisting of youth who have experienced foster care, child welfare workers, staff from Michigan's Children, Michigan Department of Education, Casey Youth Opportunities Initiative, Fostering Success Michigan, and post-secondary institutions.
    - They were asked to provide input as to their priorities using the data and ways to improve outcome survey collection.

Planned Activities for 2017

- Data analysis of National Youth in Transition Database will continue through the established focus group that includes youth, public and private child welfare staff, Fostering Success Michigan and Michigan's Children.
- Mapping of the elements will be an ongoing process to ensure services provided are captured accurately.

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

- **Objectives:** During 2015 – 2019, MDHHS will:
    - Engage staff at all levels as well as youth and community partners.
    - Identify and select pertinent data.
    - Collaborate with the data team.
    - Develop an implementation plan that includes data monitoring.

  Measure: Collaborative process for analyzing National Youth in Transition data.

  Benchmarks:
    - **2015:** MDHHS will establish a focus group that includes MDHHS staff, community partners, stakeholders and youth.
    - **2016:** The focus group will identify the area(s) of focus including population and key questions to be asked. Appropriate data and measures needed to answer the key questions will be agreed upon by the focus group.
    - **2017 - 2019:** Strategies will be considered to address gaps and strengthen programming, and a monitoring process will be developed.

Progress in 2015

- MDHHS participated in a local Michigan Youth Opportunities Initiative youth board meeting to discuss findings from the 17-year-old and 19-year old follow-up surveys in the first cohort of surveyed youth.
- Youth board participants were asked for input regarding service gaps and included a diverse cross-section of experiences.

Progress in 2016

- A focus group of youth leaders from Michigan Youth Opportunities Initiative, public and private child welfare staff, Fostering Success Michigan and Michigan's Children were invited to meet quarterly to assess the outcomes and services information provided through the National Youth in Transition Database submissions.

Planned Activities for 2017

- Data analysis of National Youth in Transition Database will continue through the established focus group that includes youth, public and private child welfare staff, Fostering Success Michigan and Michigan's Children.

Serving Youth of Various Ages and States of Achieving Independence

MDHHS is committed to ensuring all youth in care receive appropriate services to support their needs. Michigan provides age-appropriate services to the following:

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

Independent living preparation is required for all youth in foster care ages 14 and older, regardless of their permanency goal. The goal of independent living preparation is to assist youth transitioning to self-sufficiency. Independent living preparation for youth ages 12 and 13 are encouraged based on availability of services and need.

Planned Activities for 2017

- Services and outcomes data from the National Youth in Transition Database will be assessed to identify trends and gaps in opportunities provided to youth experiencing foster care.

Life Skills Assessment

The Casey Life Skills Assessment is a free, online tool that assesses the life skills of young people in foster care as they navigate high school, post-secondary education, employment and other milestones. The assessment must be completed with youth annually starting at age 14.

Youth ages 14 and older are involved in the development of their service plan and participate in quarterly case planning. Beginning at age 16, youth participate in semi-annual transition meetings to discuss their permanency goal, identify needs, resources and adults to support them when the agency is no longer involved. Transition plans cover all areas of a youth's needs, including housing, relationships, independent living skills, education and employment.

Assistance with Startup Living Expenses

Youth 18 and older are eligible for independent living supports that include first month's rent, security deposit and startup goods, with a lifetime limit of $1,500. Room and board funds are available to youth who were in foster care at the age of 18 and have not yet reached their 21st birthday. Youths access funds through the local MDHHS office. If the youth is a parent or expecting a baby, there is an additional allowance for goods to be used specifically for the baby.

Progress in 2015

- In 2015 policy was updated to increase the amount of funding available to a youth for first month rent and a car purchase.
- In 2015, policy was also updated to allow Youth in Transition funds to cover items needed for infants.

Progress in 2016

- Training was provided to public and private child welfare staff regarding the availability of startup living expenses for eligible youth.
- Technical assistance was provided to public and private child welfare staff when needed to support timely access and documentation of startup living expenses for eligible youth.

Planned Activities for 2017

- MDHHS will identify strategies to communicate to youth in care regarding the services and opportunities available through the Chafee Foster Care Independence Program.

Educational Assistance

- MDHHS education planners work with foster youth ages 14 and older. They work one-on-one with youths to assist with education record transfer, advocate for remaining in the youth's school of origin, special education issues, post-secondary preparation and attendance and disciplinary issues. Education planners provide training and technical assistance to caseworkers in their counties. Currently, 16 education planners serve youth in 51 counties.

Progress in 2016

- Education policy was updated in 2016 to include the requirement for caseworkers to provide education documentation to the caregivers within 14 days of placement.
- In preparation for the foster care provisions in the Every Student Succeeds Act of 2015, an Education Point of Contact was identified in each county. This person will serve as

the county's liaison with their local school districts and a resource to child welfare staff in their geographic area on education issues.

- The Strengthening Our Focus Advisory Council subcommittee on Education Well-being focuses on education outcomes for youth experiencing foster care, including best practice strategies, identifying trends and policy and practice gaps.

Planned Activities for 2017

- Strategies to improve data on education outcomes will be identified in order to better assess education outcomes for youth experiencing foster care.

Personal and Emotional Support to Youth Aging out of Foster Care

In October 2014, an Independent Living Plus contract was implemented. Youth served through these contracts receive case management, weekly independent living skills coaching and support in education, mental health and employment as developed in their individualized treatment plan.

Progress in 2015 and 2016

- In 2015, contracts for mentoring services were awarded in three counties to provide personal support to youth currently or previously in foster care in areas the youth identifies as a priority. The contract was posted a second time in 2015 to identify additional providers in areas not yet covered by a mentor contract.
- In January 2016, a fourth provider was awarded a contract to provide mentoring supports to youth in foster care and in June 2016 a fifth provider was awarded a contract.

Planned Activities for 2017

- Opportunities to provide emotional support to youth transitioning to independence will be identified and strategies developed to address this need.

Employment

Local MDHHS offices collaborate with businesses and agencies in their communities to refer older youth in foster care for job training and employment opportunities. The discretionary allocation provided to county offices is used to cover the costs of a training program and provide employment services through a contract. Additionally, youth ages 14 and older are referred to the local Michigan Works! Agency for employment supports. Employment assistance includes the following projects:

- For several years, the Education and Youth Services unit has collaborated with MiWorks! to offer the Summer Youth Employment Program. The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for up to 350 youths per year. The program was

implemented in seven sites in 2016 and the minimum amount of time spent on job readiness training was increased to two weeks.

- In 2015, three hundred sixty-three foster youths received services in seven Summer Youth Employment Program sites. Two hundred fifty youths successfully completed the program. Because of the increase in the state minimum wage.
- In 2015 and 2016, training was provided to Education Planners regarding services available through the Workforce Innovation and Opportunity Act and pre-employment transition services, targeting youth 14 and older who may have an identified disability.
- Education Planners provide resource information to public and private child welfare staff in their geographic areas and refer youth to employment and educational programs in their area.
- In 2016, Education Planners were trained regarding the employment training opportunities available to youth with an identified disability that are available through the Michigan Career and Technology Institute.
- The Education and Youth Services unit and Michigan Youth Opportunities Initiative partnered with Jobs for Michigan's Graduates to improve education and employment outcomes for youth experiencing foster care and juvenile justice in Berrien, Wayne and Genesee counties. Jobs for Michigan's Graduates was awarded a grant from the Annie E. Casey Foundation to work with youth from child welfare over the next three years.

Planned Activities for 2017

- Strategies will be developed to collaborate with school districts to refer eligible youth who are experiencing foster care to services available through the Workforce Innovation and Opportunity Act.

Michigan Youth Opportunities Initiative

MDHHS continued to expand programming through the Michigan Youth Opportunities Initiative. Programming results in positive outcomes in permanency, education, employment, housing, health, financial management and relationships. Engaging youths to share their insights and experiences enables MDHHS to receive critical input on current policy and practice.

- Michigan Youth Opportunities Initiative programming is offered in 64 counties.
- Eight hundred forty-seven youths were enrolled in the Michigan Youth Opportunities Initiative program at the end of 2015.
- Michigan Youth Opportunities Initiative is available to Chafee eligible youth with either an abuse and neglect case or a juvenile justice case.

Goal: During 2015 - 2019, MDHHS will use the Michigan Youth Opportunities self-evaluation work to identify strategies for engagement with foster youth about gender and race disparity.

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

- MDHHS will include state and national data and current research to increase engagement of foster youth by gender.
- MDHHS will collaborate with the MiTEAM specialists to interface training and communication for youth engagement and outreach.

Measure: Demographic information on Michigan Youth Opportunities Initiative enrollment.

Benchmarks 2015 – 2019:

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

Progress in 2015 and 2016

- All Michigan Youth Opportunities Initiative sites are provided with demographic data of enrolled youths to assist development of programming.
- Staff from Wayne and Genesee counties attended a Race Equity Design Lab sponsored by the Annie E. Casey Foundation to begin assessment of youth enrolled in Michigan Youth Opportunities Initiative about disparities in race and gender.
- Wayne and Genesee counties are developing training for child welfare staff to increase awareness of race and gender as it affects programming and outreach.
- Technical assistance is offered to Wayne and Genesee counties from the Annie E. Foundation in preparation for the training.

Planned Activities in 2017

- Technical support and training will be offered to Michigan Youth Opportunities sites to increase participation and service delivery with equitable opportunities for all youth.

Pregnancy Prevention

- Youth participating in the Michigan Youth Opportunities Initiative are offered monthly training regarding development of age-appropriate independent living skills in employment, education, financial competency and health. Many Michigan Youth Opportunities Initiative programs include pregnancy prevention and reproductive health as frequent training topics to all participants.
- The Michigan Youth Opportunities Initiative utilizes local experts, including Planned Parenthood, to educate participating youth regarding safe sex, pregnancy prevention and healthy relationships.

Planned Activities for 2017

- Michigan will seek guidance and technical assistance from national resources, such as the Family and Youth Services Bureau to identify gaps in policy, best practices or program opportunities for pregnancy prevention.

Lesbian, Gay, Bisexual, Transgender and Questioning Youth

Michigan's non-discrimination policy is the following:
"MDHHS will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability."

This statement applies to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

To assist caseworkers and others to provide culturally sensitive services to youth that identify as lesbian, gay, bisexual, transgender and questioning (LGBTQ), community stakeholders and youths joined MDHHS beginning in 2014 to discuss best practice recommendations for increasing awareness and support of youth who are LGBTQ. MDHHS is committed to developing a child welfare workforce that is knowledgeable and competent to support all children in care.

Progress in 2015

- A computer-based training is available through the Office of Workforce Development and Training. In 2015, 138 services specialists participated in this course.
- In 2015, the Ruth Ellis Center, a residential program for LGBTQ youth in Wayne County began providing Family Group Decision-Making services, which coordinates family groups to support youth in residential care.
- The Adoption Worker Conference offered a session at their annual conference on working with LGBTQ youth in which participants learned about evidence-based practices to increase health and safety for youth in care who identify as LGBTQ.

Progress in 2016

- In 2016, the Education and Youth Services Unit is working with private agencies providing homeless youth/runaway services to identify training opportunities to improve contracted services to youth who are survivors of human trafficking and those who identify as LGBTQ. This training will be included in the next contract series.
- In 2016, Strengthening Our Focus Advisory Council added LGBTQ youth as a subcommittee of the MiTEAM Continuous Quality Assurance Committee to assess child welfare policy and practice needs for this population. This subcommittee will:
    - Obtain a comprehensive understanding of the needs of this population in child welfare.
    - Identify gaps in MDHHS child welfare policy, practice, protocols and services for youth and families.
    - Review available best practices from research, advocacy organizations and other states.

    - Implement policy, practice, protocols and programs to improve safety, permanency and well-being for this population.
- The Foster Care and Licensing Worker Summit offered a session on working with LGBTQ youth in which participants learned about evidence-based practices to increase health and safety for youth in care who identify as LGBTQ.

Planned Activities for 2017

- The work in the Strengthening Our Focus Advisory Council subcommittee will continue to assess and implement needed policy, practice, training opportunities and programs for LGBTQ youth and their families.

Young Adult Voluntary Foster Care

Michigan passed the Young Adult Voluntary Foster Care Act in 2011, allowing youths to remain in foster care until age 21 and receive services and financial support. Services include mental health, medical, dental, substance abuse, educational and employment supports. Placements to support homeless and runaway youth are available under Chafee-funded contracts. Michigan contracts with nine colleges and universities to provide independent living coaches for students currently and formerly in foster care.

To be eligible, participants must maintain employment of at least 80 hours per month or participate in an educational program. In Michigan, the majority of youths in Young Adult Voluntary Foster Care are in the following placement types:

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

Participants living with a biological parent, regardless of the status of that parent's parental rights or incarceration, become ineligible for Young Adult Voluntary Foster Care. Participation in Young Adult Voluntary Foster Care is voluntary and participants may choose to exit the program at any time. Participants also become ineligible when they fail to meet educational, employment, or disability-related requirements. Michigan allows unlimited exits and re-entries into Young Adult Voluntary Foster Care.

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

- **Objectives:**
    - MDHHS will review housing, education and employment data to determine the status of youths exiting voluntary extension of care.
    - MDHHS will include recommendations from the focus group, self-evaluation team and the Jim Casey Youth Opportunity Initiative to develop programming.

Measure: Follow-up data on youths leaving foster care.

Benchmarks – 2015 – 2019:
The National Youth in Transition Database focus group will review the data available through the outcome surveys of youth at 17, 19 and 21 years of age to identify trends and needs in the educational, employment, housing and experiences of older youth. Service or policy gaps will be identified and recommendations considered for improvement.

Progress in 2015 and 2016

- The Education and Youth Services analyst collaborated with the Federal Compliance Division to providing training to local child welfare staff on policy and payment for the Young Adult Voluntary Foster Care program.
- Technical assistance was offered to local child welfare offices to resolve barriers to timely enrollment and processing payments to youth in the Young Adult Voluntary Foster Care program.

Planned Activities for 2017

- Policy will be updated to clarify implementation of the Youth Adult Voluntary Foster Care program.
- The National Youth in Transition Database focus group will identify service needs for older youth who remain in foster care to address service or policy gaps.
- Strategies will be identified for additional methods to communicate this opportunity to youth transitioning from the child welfare system.

Support for Foster Children in Higher Education

- The Michigan legislature appropriates the Fostering Futures Scholarship for eligible youth from foster care to attend higher education in Michigan.
    - MDHHS collaborates with the Department of Treasury to process applications and award scholarship funds.
    - The Education and Youth Services unit verifies eligibility for the Department of Treasury Office of Grants and Scholarships.
- MDHHS supports 13 post-secondary institutions with campus-based supports for youth that have experienced foster care and are attending college.
- Of these, ten institutions have contracts with MDHHS to provide independent living skills coaches to participating youths.
- In the remaining three colleges, MDHHS provides an employee on campus to be a liaison and support person to enrolled students in foster care.
- The Education and Youth Services partners with the contractor of Education and Training Vouchers and with Fostering Success Michigan to provide regional statewide trainings on higher education supports available to eligible youth from foster care.

Campus Coaches
Campus coaches assist students acclimating to campus life and reaching their education goals.

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

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

Progress in 2015

- In 2015, 130 youths were served under the contracts.
- The University of Michigan was allocated an additional half-time campus coach for students in University of Michigan – Ann Arbor's program.
- Two Michigan community colleges were awarded independent living skills coach contracts, Lansing Community College and Washtenaw Community College.

Progress in 2016

- In 2016, a third Michigan community college was awarded an independent living skills contract to Wayne County Community College.

Planned Activities for 2017

- Strategies will be identified to inform all eligible youth in foster care of opportunities available to support access higher education and successfully attend higher education.

Collaboration with Other Private and Public Agencies

Planned Activities for 2017

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

- MDHHS provides Medicaid coverage to foster youth who leave MDHHS supervision and care to age 26 under the Patient Protection and Affordable Care Act.
- The Michigan Youth Opportunities Initiative is a partnership with the Jim Casey Youth Opportunities Initiative. The partnership is in its 12th year of assisting older youth in foster care through training, advocacy, leadership development and financial competency.
- MDHHS provides an array of supports to youth enrolled in the Michigan Youth Opportunities Initiative. Each site collaborates with community partners and stakeholders to develop opportunities for employment, education and social activities for young people in foster care, including banking partners, housing developers, employers, the faith based community and mentors.

- MDHHS collaborates with a Wayne County community stakeholder to provide the Entrepreneur Youth Program, providing opportunities for youth to connect with Wayne County business leaders for internships, mentoring and employment opportunities.
- MDHHS awarded mentor contracts to private agencies in five counties to provide one-to-one mentoring for older youth.

Chafee Foster Care Independence Program Consultation with Tribes

MDHHS includes information about Youth in Transition services and Education and Training Vouchers at each quarterly Tribal-State Partnership Meeting as a standing agenda item. Services are described, as well as how tribal youth can access them. Tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is offered at each quarterly meeting and provided to individual tribes as requested. Other examples of consultation and coordination to ensure access for tribal youth include:

- MDHHS provides Indian Outreach Workers in each local office with a tribal population who provide individual services and assistance with applications to ensure all tribal youths are aware of the available services and how to access them.
- The Office of Workforce Development and Training provides Indian Child Welfare Act training monthly for new child welfare and supervisory staff through new worker online training and facilitator-led supervisor training.
- The State Court Administrative Office Court Improvement Program statewide task force holds meetings quarterly to advocate on behalf of tribal families.
- Reviews of whether tribes would like to develop, supervise or oversee Chafee, Education and Training Voucher and other child welfare services and receive a portion of the state's allotment for administration are conducted annually, or at the request of a tribe at Tribal-State Partnership Meetings.

MDHHS developed a Memorandum of Understanding for each of Michigan's 12 federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in foster care. The Education and Youth Unit presented at the quarterly Tribal-State Partnership meetings, provided outreach and conducted follow-up. To date, eight tribes have signed agreements. Technical assistance is offered at each quarterly meeting and as requested. The Keweenaw Bay Indian Community has requested a Title IV-E tribal/state agreement that will be effective when their federal plan is approved.

EDUCATION AND TRAINING VOUCHERS PROGRAM

The Education and Training Vouchers Program is a state-administered program implemented through a contract with Lutheran Social Services (now Samaritas) of Michigan since 2006. Samaritas maintains an online database and website that streamlines the application process. Education and Training Vouchers staff complete 50 outreach activities each year, including

training, webinars and mass mailings. Samaritas tracks utilization of vouchers on each youth's award and education history. This database ensures a youth is never awarded more than $5,000 in one fiscal year, per policy.

Education and Training Vouchers for Unaccompanied Minors

In 2013, MDHHS began including unaccompanied refugee minors in the Education and Training Vouchers Program. The Education and Training Vouchers staff works closely with the Office of Refugee Services to ensure that youth are aware of the program and application process. In 2015, 672 unaccompanied refugee minors were awarded Education and Training Vouchers.

Education and Training Vouchers for Tribal Youth

All tribal human services directors are sent Education and Training Voucher materials and provided technical assistance. MDHHS participates in quarterly Tribal-State Partnership meetings that include tribal human services directors to discuss availability and access of tribal youth to Education and Training Vouchers.

Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
2014-2015 School Year (July 1, 2014 to June 30, 2015)	570	192
2015-2016 School Year (July 1, 2015 to March 31, 2016)	481	182
2015-2016 School Year, estimated (July 1, 2015 to June 30, 2016)	585	200

Training in Support of the Goals and Objectives of the Chafee Program

To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in the Office of Workforce Development and Training Pre-Service Institute and the Program-Specific Transfer Training. Technical assistance is provided as requested. As new issues are identified, information is shared with child welfare management and staff through communication issuances and monthly supervisory phone calls. Michigan provides the following training on the needs of youth preparing for independent living:

- Education - College Scholarships and Resources - Educational needs of children and youth in foster care and the associated federal and state laws and policy. The training includes how to access post-secondary resources for youth from foster care.
- Education planner training to the 16 education planners with policy and program updates, changes in law and topics of interest.
- Education Requirements for Youth in Foster Care - Education policy and the educational needs of youth.
- Monthly technical assistance phone calls with education planners and Michigan Youth Opportunities Initiative coordinators on policy updates.

- Regional and county office trainings on the policy, procedures and benefits of accessing Youth in Transition funding for older foster youth.
- Youth Panel and Michigan Association of Foster, Adoptive and Kinship Caregivers delivered by caregivers on caring for children in the child welfare system. Foster and adoptive youths share their experiences.
- MDHHS local offices and private foster care agencies offer training to foster and adoptive caregivers on topics identified in their communities as areas of need. Training includes assisting youth preparing for independent living and providing culturally sensitive services to youth, including LGBTQ youth.
- The training "Working with LGBTQ Youth" offered through the Office of Workforce Development and Training addresses the special needs that may occur regarding sexual orientation and sexual identification.

JUVENILE JUSTICE PROGRAMS

In 2015, MDHHS Juvenile Justice Programs continued its administration of state and federal grants. Juvenile Justice Programs continues to manage a regional detention support service, an assignment unit for all juvenile justice residential placements and two residential juvenile justice facilities. These facilities provide treatment and detention services for delinquent youths 12 to 20 years old who either are placed directly by the county court for detention services, or referred by a county court to MDHHS for supervision. Juveniles include males and females for whom community-based treatment is determined insufficient. Services include treatment of sexually reactive youth, substance abuse and mental health treatment. The residential facilities operate at the MDHHS secure level and include 24-hour, seven day per week staff supervision.

Juvenile Justice Programs continues to hold as a top priority improving data collection and integration that supports juvenile justice and child welfare services. Data will be used to develop a continuous quality improvement process.

Michigan Youth Re-Entry Initiative

The MDHHS Juvenile Programs Division implements the Michigan Youth Re-Entry Initiative that operates through a contract with Professional Consulting Services for care coordination, with emphasis on assisting youth with significant medical, mental health or other functional life impairments that may impede success when re-entering community placement.

Michigan continues implementation of the Young Adult Voluntary Foster Care Act, 2011 PA 225-230. Youths who are dual wards at the time they become 18 years of age may be eligible for young adult voluntary foster care.

To address the needs of dual wards, or "crossover youth," MDHHS is collaborating with Casey Family Programs to support a pilot project of the Georgetown University Center for Juvenile

Justice Reform Crossover Youth Practice Model. MDHHS contracted with Georgetown to provide technical assistance to the Crossover Youth Project in Wayne County. Juvenile Justice Programs continues to oversee and monitor this pilot. Several workgroups have been established in Wayne County that are reviewing and developing policies and procedures. They are also in the process of establishing a protocol for how the "crossover youth" will be identified, as well as a system for how services will be delivered.

Goal: MDHHS will improve data collection to assess the targeting of services to crossover youth.
Status: The Data Management Unit is working with the Department of Technology, Management and Budget on the integration of juvenile justice data into a single repository to facilitate integration of juvenile justice and child welfare reports.

Goal: MDHHS will improve services to youth aging out of the juvenile justice system.
Status: The Education and Youth Services unit is collaborating with Juvenile Justice Programs to secure funds for youth aging out of the juvenile justice system. The bureau submitted a grant for funding re-entry services to youth after residential treatment.

MDHHS incorporated juvenile justice youth in programming for youths aging out of the child welfare system. Training was provided to the County of Wayne Care Maintenance Organizations and Wayne County MDHHS to process requests for funding.

Planned Activities for 2017

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

- Reviewing and evaluating the Wayne County Crossover Implementation Pilot.
- Expanding the Crossover Youth Model to other counties.
- Continuing to enhance re-entry services to disabled youth who can work and/or be rehabilitated to ensure supports are available to help them return to the community.
- Streamlining applications for Social Security and State Disability Assistance for disabled youth returning to the community from residential placement.
- Enhancing the MDHHS website to include information for juvenile justice youth on services such as the Tuition Incentive Program, Education and Training Vouchers, Youth in Transition funding and information on expunging delinquency records.

JUVENILE JUSTICE TRANSFERS

In Michigan, 103 youths in Michigan's foster care system were adjudicated as delinquents in 2015. This data was derived from the wardship coding in MiSACWIS that counted those children and youth whose type of wardship changed from abuse/neglect to juvenile justice, or became dual abuse/neglect-juvenile justice wards in 2015. As of June 30, 2016, there were 225 dual abuse/neglect-juvenile justice wards, or "crossover youth" in Michigan.

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. Counties may, under the Probate Code, 1939 PA 288, refer a youth to MDHHS for care and supervision or commit the youth under the Youth Rehabilitation Services Act, 1974 PA 150.

Juvenile Supervision in Michigan

Most youths remain the responsibility of their local court. Some youths who have had open foster care cases enter the juvenile justice system and remain under county supervision. The state does not have access to the case management systems used by county programs; therefore, determining the number of dual wards or "crossover youth" is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.
Status: Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20. MDHHS implemented a new juvenile justice case management system. MDHHS is also contracting with Georgetown University to continue spreading the Crossover Youth Practice Model that increases collaboration between courts and MDHHS for dual wards.

Services to County-Supervised Youth

In Michigan, county-supervised youths are treated in the community, in county-operated juvenile facilities, or in privately operated juvenile facilities under contract to the counties. Some youths are in foster homes licensed through the court. These youths are often younger than those the state supervises, have committed less severe offenses, and generally do not require specialized services. The Child Care Fund is the primary funding mechanism for juvenile justice services in Michigan. This fund reimburses counties for 50 percent of eligible costs for juvenile justice and non-Title IV-E-eligible youths. Many counties have utilized their Child Care Fund dollars to develop effective lower cost community-based interventions for juvenile delinquents.

Services to State-Supervised Youth

Youth referred or committed to MDHHS for juvenile justice services are provided with case management by MDHHS juvenile justice specialists. A youth may remain in the community and receive local services or be placed in public or private residential treatment facilities.

SERVICE DESCRIPTION - TITLE IV-B(1) AND (2) FUNDS

Title IV-B(1) Service Description - Stephanie Tubbs Jones Child Welfare Services

Michigan's Title IV-B(1) funding is used for child welfare services, including:

- Children's Protective Services, described in Michigan's Child Abuse Prevention and Treatment Act (CAPTA) 2017 Annual Update.

- Crisis Intervention – Family Preservation Services, in addition to Title IV-B(2) funds, described on page 138.
- Prevention and Support Services, in addition to Title IV-B(2) funds, described on page 140.
- Time-Limited Family Reunification Services, in addition to Title IV-B(2) funds, described on page 141.
- Foster Family and Relative Care Maintenance (foster care payment) services, in addition to Title IV-E and state, local and donated funds, described on page 29 in the Permanency section of this report.

Locally Allocated Funds

The MDHHS commitment to providing accessible services to families includes community-based programs. Allocation of funds to local county offices ensures that the services offered to families are appropriate to the needs of each geographical region and local needs. Funds allocated to the MDHHS local offices may be consolidated to allow counties with low populations to combine funds in contracts that serve a broader population or geographic area.

Child Protection Community Partners

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

- Reduce the number of re-referrals for substantiated abuse and/or neglect.
- Improve the safety and well-being of children and family functioning.

Services contracted with these funds include:

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

Child Safety and Permanency Plan

Funding is provided to 83 MDHHS local offices to contract for services to families with children at high risk of removal for abuse and/or neglect, or families with children in out-of-home placement. The purpose of the funding is to:

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

Purchased services include:

- Counseling.

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

Family Preservation Services

In addition to the locally determined services described above, Michigan provides evidence-based family preservation services to prevent the need for placement or to allow an early return from placement. Each of Michigan's family preservation models described below is based on collaboration with the family to assess their strengths and needs and providing individualized services focused on the family's particular needs and circumstances.

Families Together Building Solutions

Families Together Building Solutions is a county-administered program that provides services for lower-risk families that need support. The program consists of in-home counseling utilizing strength-based, solution-focused techniques. Workers spend an average of three hours in the home each week for 90 days, and are available to families 24 hours a day, seven days a week. In 2015, 2,922 families were served by Families Together Building Solutions.

Families First of Michigan

Families First of Michigan is a home-based, intensive crisis intervention model supporting the CPS, foster care, adoption and juvenile justice programs. Designated domestic violence shelter programs may refer families with children at risk of homelessness due to domestic violence to Families First of Michigan. The program also accepts referrals from Michigan's 12 federally recognized Native American tribes. Agencies that provide services to tribal children and families must ensure cultural competence in intervention. The purpose of the service model is to:

- Keep children safe in their own homes and prevent foster care placement.
- Return children to their families in a safe and timely manner.
- Provide enhanced safety for children in the home.
- Defuse the potential for violence within the family.

Examples of individualized intervention services the model provides include:

- Parenting skills modeling and coaching.
- Budgeting.
- Housekeeping.
- Counseling.
- Connecting families with community resources.

In 2015, Families First of Michigan served 2,440 families statewide. In the 12-month period following services, 88.3 percent of families avoided placement of their children.

Family Reunification Program
The Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes. Services may begin as early as 30 days prior to the return of children from foster care. Out-of-home placement may include the following placement types:

- Residential treatment.
- Family foster care.
- Group family foster care.
- Relative placement.
- Psychiatric hospitalization.

In 2015 and 2016, the service model was available in 41 counties in Michigan. In 2017, if funding permits, the Family Reunification Program will expand services by 29 counties, now serving 70 counties.

In 2015, the Family Reunification Program served 952 families. Of families served in 2014, 88 percent avoided replacement 12 months after services ended.

Family Preservation Services Continuous Quality Improvement
The family preservation services described above are provided by contractors who are responsible for following up in person with families six and 12 months after the conclusion of services to learn whether the children have remained in the family home. If a family is in need of services to prevent removal, they are provided with referrals and short-term assistance.

To ensure high quality services are being provided with integrity to the model, MDHHS Family Preservation specialists and trainers complete case record reviews at least annually for each contractor. They also attend case staff meetings for each team in which cases are discussed and feedback offered. Results from follow-up visits, case reviews and case staff meetings are tracked within MDHHS and form the basis of ongoing technical assistance and training for direct service family preservation staff.

Title IV-B(2) Service Description

Community-based programs are key components of the MDHHS services continuum and are recommended by local stakeholders to address needs identified in their communities. Funding allocated to Michigan's 83 counties enables local MDHHS offices to contract for services to keep children safely in their homes including:

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

Local MDHHS decision-making on expenditures through the above funding programs is one way Michigan ensures that diverse local and regional services are available that meet the needs of specific communities and regions.

Strong Families/Safe Children

Strong Families/Safe Children requires collaborative planning among local human services and other child welfare stakeholders. Community groups, in partnership with MDHHS local offices, assess local resources and gaps in services, develop annual service plans and recommend contracts for local service delivery. The program is statewide.

Title IV-B(2) Family Preservation - Placement Prevention Services

These include services to help families at-risk or in crisis, including:

- Alleviating concerns that may lead to the out-of-home placement of children.
- Maintaining the safety of children in their own homes when appropriate.
- Providing support to families to whom a child has been returned from placement.
- Supporting families preparing to reunite or adopt.
- Assisting families in obtaining culturally sensitive services and supports.

Services are targeted to parents or primary caregivers with minor children who have an open foster care, juvenile justice or CPS Category I, II or III case. Services in 2015 and 2016 include:

- Parent aide services.
- Parenting education.
- Wraparound coordination.
- Families Together Building Solutions.
- Crisis counseling.
- Flexible funds for individual needs.

Title IV-B(2) Family Support Services

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

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

Family support services are provided to primary caregivers who meet one of the following:

- An open foster care, juvenile justice or CPS Category I, II or III case.
- A MDHHS child welfare case that has closed in the past 18 months.
- A CPS investigation in the past 18 months.
- Three or more rejected CPS complaints.

The services provided in 2015 and 2016 include:

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

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

Services are provided to children in foster care and their primary caregivers to facilitate reunification within 15 months from the date the child entered foster care. Services include:

- Individual, group and family counseling.
- Substance abuse treatment.
- Mental health services.
- Services to address domestic violence.
- Therapeutic services for families.
- Transportation to and from services.
- Wraparound coordination.
- Supportive visitation/parenting time support services.
- Parent Partners peer mentoring.
- Flexible funds for individual needs.

Title IV-B(2) Adoption Promotion and Support Services

Services that encourage adoption from the foster care system include pre- and post-adoptive services that expedite the adoption process and support adoptive families. Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan's foster care system. Services provided in 2015 and 2016 include:

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

Title IV-B(2) Percentages

Federal reporting percentages in 2015 were:

- Family Preservation, Placement Prevention, 27 percent.
- Family Support, 34 percent.
- Time-Limited Reunification, 20 percent.
- Adoption Promotion and Support, 16 percent.
- Administrative costs, three percent.

The above percentages reflect 2015 expenditures for the total Title IV-B(2) grant and include other allowable expenditures in addition to Strong Families/Safe Children services. Some Title IV-B(2) funds were used to augment state resources for post-adoption counseling services and for preventive services to families.

Michigan's Title IV-B(2) funds are primarily utilized through county allocations for Strong Families/Safe Children services. This allows services to be determined by the diverse needs of each county and allows counties to maximize available resources. Local needs for this service category may be limited because some counties no longer oversee direct adoption cases and adoptive families receive services funded by other state resources. Adoptive families may also receive services categorized as family support or family preservation. Post-adoption counseling expenditures from the Title IV-B(2) grant in 2015 were less than historical expenditures.

- Total grant expenditures for Adoption Promotion and Support Services were four percent less than anticipated in 2015.
- Of the total 16 percent expended, aggregate local expenditures from Strong Families/Safe Children were 5.3 percent.
- Statewide post-adoption counseling totaled 10.7 percent of total expenditures.

The impact of the percentage variation did not affect the accessibility of resources for adoption promotion and support. Michigan has centrally administered initiatives and adoption support services funded through Title IV-B(1), as well as state, local and donated funds. Michigan has traditionally met or exceeded the CFSR Round 2 national standard for adoption.

Title IV-B(2) Estimated Percentages for 2017

The Title IV-B(2) estimates for fiscal year 2017 submitted with this plan indicate that Michigan will work toward a minimum of 20 percent in each of the four service categories, with a maximum 10 percent for administrative costs.

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to all 83 counties for community-based collaborative planning and delivery of family preservation, family support, time-limited reunification and adoption promotion and support services. Michigan's program includes local groups in service planning to ensure that services fit the needs of the community and can be individualized. Stakeholder groups include representatives from:

- Michigan Department of Education.
- Local and regional schools.
- Public and private service organizations.
- The medical community.
- Mental and behavioral health service providers.

- Courts.
- Parents.
- Consumers.

The program design maintains community-based assessment, selection and delivery of Title IV-B(2) services. Service planning and delivery reflect the service principles identified in federal regulations at 45 CFR 1355.25. There are no changes planned to Michigan's Title IV-B(2) program design for 2017.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight for children adopted from other countries and enter into Michigan's custody because of disrupted or dissolved adoptions. Children adopted from other countries are entitled to the full range of child welfare services as are all children in Michigan. These include family preservation and family reunification services and local services for pre- and post-adoptive families experiencing a risk of adoption disruption or dissolution. There were no internationally adopted children identified whose adoptions dissolved in Michigan in 2015.

Activities to Support the Families of Children Adopted from Other Countries

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

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

Planned Activities to Support Children Adopted from Other Countries

Since April 2012, MDHHS has provided post adoption services through eight regional Post-Adoption Resource Centers. Participation is voluntary and free of charge. The Post Adoption Resource Centers are designed to support families who have finalized adoptions of:

- Children from the Michigan child welfare system.

- Children adopted in Michigan through an international or a direct consent/direct placement adoption.
- Children who have a Michigan subsidized guardianship agreement.

The Post Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention.
- Coordination of community services.
- Information dissemination.
- Education.
- Training.
- Advocacy.
- Family recreational activities and support.
- A website and newsletter about topics relevant to adoptive families, community resources and a calendar of events and training.

Adoption Incentive Payments

Michigan did not receive Adoption Incentive Funds in 2015. If Michigan is allocated Adoption Incentive Funds in the period of 2016 to 2019, MDHHS will ensure the funds are used for allowed activities and spent in a timely manner.

MONTHLY CASEWORKER VISIT DATA AND FORMULA GRANT

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

- 2010 requirement: 70 percent - Michigan achieved 70.9 percent.
- 2011 requirement: 90 percent - Michigan achieved 83.8 percent.
- 2012 requirement: 90 percent - Michigan achieved 96.4 percent.
- 2013 requirement: 90 percent - Michigan achieved 94.7 percent.
- 2014 requirement: 90 percent - Michigan achieved 96.3 percent.
- 2015 requirement: 95 percent - Michigan achieved 96.7 percent.

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

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

- 2014: 83.8 percent.
- 2015: 73.4 percent.

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

- The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or placement move. The first contact must take place within five business days from the date the case is assigned or within five business days of the placement move. At least one contact each month must take place at the child's placement.
- The caseworker must have at least one face-to-face contact with the child each calendar month in subsequent months. At least one contact each calendar month must take place at the child's placement.
- The caseworker must have weekly face-to-face contacts with the parent(s) and the child in the home for the first month after the child returns home. This period may be extended to 90 days if necessary.
- The caseworker must two have face-to-face contacts with the parent(s) and the child each calendar month in the home for subsequent months after the child has returned home until case closure, unless the family is receiving Family Reunification or Families First services.
- Each contact must include a private meeting between the child and the caseworker.

The topics listed below must be discussed with the child at each visit:

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

Monthly Caseworker Visit Formula Grant

MiTEAM Enhancement and Ensuring Model Fidelity

In 2015, Michigan continued to contract with the Center for the Support of Families to provide technical assistance with the expanded MiTEAM rollout and training in the MiTEAM case practice model. The technical assistance enhanced caseworkers' engagement, assessment, teaming and case planning skills and guided decision-making to enhance safety, permanency planning, well-being and caseworker retention in four pilot counties.

MDHHS is continuing to contract with the Center for the Support of Families in 2016 and has developed a statewide implementation plan for the MiTEAM enhancements that includes virtual learning, practice and application exercises and observation and support. Exercises are conducted in the field to support learning. In 2016, supervisors began utilizing the MiTEAM fidelity tool to reinforce caseworker skills and report MiTEAM fidelity trends for local planning. Statewide enhanced MiTEAM implementation began with four regional orientations. Implementation will run through November 2017.

Foster Care Workload Study

In addition, caseworker visit funds were used to contract with the National Council on Crime and Delinquency to conduct a foster care workload study. Ensuring workloads are manageable is instrumental in:

- Retaining staff.
- Promoting the delivery of quality services and evidence-based practices.
- Ensuring that staffs are adequately trained.
- Engaging families and building positive relationships.

The final report was issued in January 2016. The report suggested that a small reduction in caseloads would lead to better staff retention and higher quality services. The department is assessing the feasibility of implementing the recommendations. In the interim, the department is conducting the following worker retention efforts:

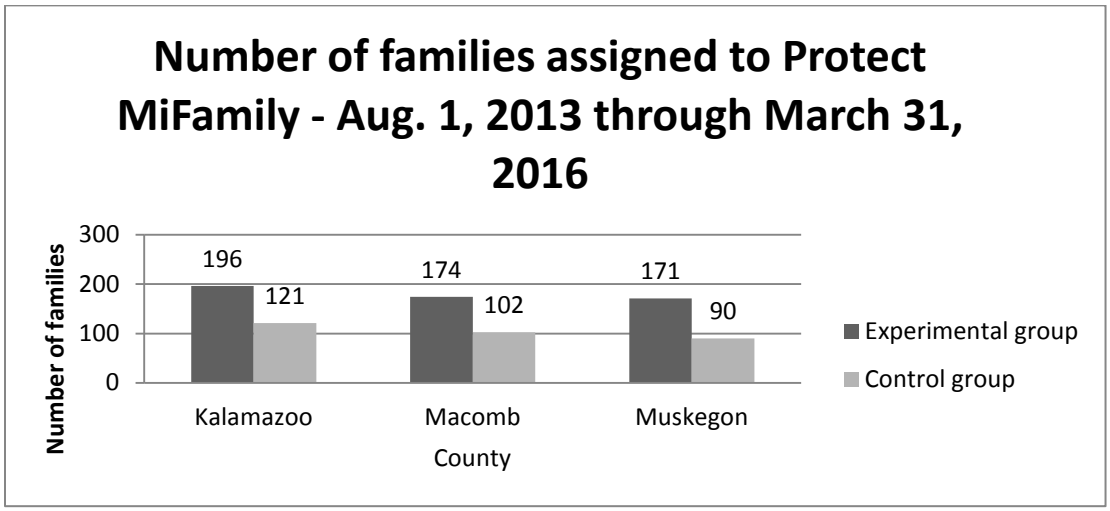
- MiSACWIS enhancements and fixes.
- MiSACWIS training.
- Parenting time plan.
- Streamlining policies.
- Secondary trauma pilot project.

PROTECT MiFAMILY - CHILD WELFARE WAIVER DEMONSTRATION PROJECT

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

Protect MiFamily seeks to reduce out-of-home placement and repeat maltreatment, while improving parental capacity and child well-being. Contracts were awarded to engage families in an enhanced screening, assessment and in-home case management model for 15 months,

coupled with access to an array of support services. The chart below outlines the number of families assigned to the project from the time of implementation through March 31, 2016.



Protect MiFamily uses an experimental research design in which families are referred to treatment and control groups. The experimental group is provided with Protect MiFamily case management and assistance, while services funded through Title IV-B, such as Families Together Building Solutions, Wraparound, parent support groups and parenting skills training are provided to families selected for the control group. Title IV-B funded services may also be employed as step-down services, should a family require ongoing support.

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

- Participating counties use this Title IV-E flexibility to expand secondary and tertiary prevention services to improve outcomes for children and families.
- Protect MiFamily services rely, in part, on the availability of community programming and services funded through Title IV-B. These funds provide supportive services in demonstration counties and support families in improved parenting and maintenance of new skills. It is anticipated that the project may stimulate innovation in local family support services and preservation activities eligible for Title IV-B reimbursement.
- To maximize fully the amount of Title IV-E funds available, Michigan will consider using the reinvestment monies accumulated because of cost savings to support only child welfare activities eligible for both Title IV-E and IV-B reimbursement. A priority will be placed on investing cost savings to prevent child abuse and neglect, preserve and reunite families and promote safety.

The Protect MiFamily project integrates the goals and objectives of the Child and Family Services Plan by:

- Providing evidence-based services.
- Engaging families as partners.
- Improving family functioning.

- Reducing abuse and neglect.
- Keeping children safely in their own homes.
- Improving the well-being of children.
- Implementing continuous quality improvement practices.
- Evaluating program effectiveness on established outcomes.

Project Evaluation

MDHHS contracted with an independent evaluation team to determine the effectiveness of the demonstration. Interim and final evaluation reports will include process, outcome and cost/benefit analyses. The number of cases enrolled in the evaluation is 862; of these, 549 cases are in the experimental group and 313 cases are in the control group. Distribution of families across the three counties is approximately equal.

- In 2016, preliminary outcomes were reported, showing that families who complete the Protect MiFamily program showed statistically significant improvement on three of the four Protective Factors Survey subscales and on three of the five Knowledge of Parenting/Child Development items.
- Children in the experimental group were significantly less likely (4.6 percent) to be removed from their family home, compared with children in the control group (10.8 percent). This finding suggests that families are more likely to remain intact when families complete Protect MiFamily services.

Children's Services Agency
Division of Continuous Quality Improvement

Child Abuse Prevention and Treatment Act State Plan

2017 Annual Update

June 2016

CONTENTS

Attachments

Note: Michigan's 2015 Citizen Review Panels Annual Report with MDHHS Response is in the process of being completed and will be submitted to the Children's Bureau later in 2016.

Michigan's Child Abuse Prevention and Treatment Act (CAPTA) Coordinator

Colin Parks, Manager, Children's Protective Services Policy and Program Office
Michigan Department of Health and Human Services
235 S. Grand Avenue, Suite 510, P.O. Box 30037
Lansing, MI 48909-0037
517-388-5125
parksc@michigan.gov

CHILD ABUSE PREVENTION AND TREATMENT ACT 2017 ANNUAL UPDATE

Michigan's Child Abuse Prevention and Treatment Act state plan addresses the requirements of the Child Abuse Prevention and Treatment Act (CAPTA) and aligns with the state's Child and Family Services Review (CFSR) goals of improving the safety, permanency and well-being of children and families. Michigan's Child Protection Law, and child protection policies and procedures are applicable to all jurisdictions in the state.

Activities to address those outcomes are noted in this 2017 update. Information on ward transfers from the abuse/neglect system to the juvenile justice system can be found at the end of this report.

Michigan uses the 2008 baseline and continues to coordinate Children's Protective Services (CPS) goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	Baseline 2008	2011	2012	2013	2014	2015
Number of complaints received	124,716	127,106	141,338	148,392	151,185	157,417
Percent of complaints accepted for investigation	60%	65%	65%	59%	55%	59%
Percent of investigations resulting in substantiation of abuse or neglect	23%	26%	27%	26%	25%	25%
Absence of recurrence of maltreatment within 6 months	92.9%	93.2%	92.8%	93.3%	Data not available[1]	Data not available
Absence of child abuse and/or neglect in foster care	99.62%	99.13%	99.34%	99.31%	Data not available	Data not available

CAPTA STATE GRANT FUNDS

CAPTA state grant funds are used for activities and contracts to reduce child abuse and neglect and improve practice. Currently these activities include:

- Providing "birth match" services to identify parents who have had their parental rights terminated, leading to an automatic complaint and investigation.
- Providing specialized supportive services, assessments and when needed, reviews of abuse and neglect cases through a medical services contract.
- An annual child abuse and neglect conference.
- A paternity testing contract for children in the child welfare system.
- Safe sleep programming and services support.

[1] Data from 2014 is not available due to the resubmission of FY 2014 data to the Children's Bureau.

- Support for the CPS Advisory Committee and annual conference.
- Support for the statewide child death review contract.
- Support for the annual Medical Advisory Conference.
- CPS program office travel costs.
- Safety assessment and planning training.

CHILD ABUSE AND NEGLECT LAWS ENACTED IN THE REPORTING PERIOD

There were no substantive changes to Michigan law during the report period (July 1, 2015 – June 30, 2016) that will affect the state's continued eligibility for CAPTA State Grant Funds. Recent Michigan legislation and its impact on CPS police and practice are described below.

Compliance with the Justice for Victims of Trafficking Act of 2015 and the Trafficking Victims Protection Act

The Michigan Legislature passed bills in 2014 to address child sex trafficking, many of which became law in 2015. The 2014 Michigan Human Trafficking Legislation includes:

Safe Harbor

Safe Harbor was one of the key reforms in the 2014 Michigan human trafficking legislative package. Specific changes included:

Stronger Protection for Victims

- 2014 PA 336 provides Safe Harbor to minor sex trafficking victims by presuming that a minor found engaging in prostitution is a victim of human trafficking and mandates law enforcement to refer the minor victim to MDHHS for appropriate treatment.
- 2014 PA 342 provides Safe Harbor to minor sex trafficking victims by establishing probate court jurisdiction for minor human trafficking victims who are dependent and in danger of substantial harm.
- 2014 PA 335 allows victims of human trafficking to clear their criminal record of crimes they were forced to commit by traffickers.
- 2014 PA 334 provides adult human trafficking victims safe harbor through a diversion process to avoid prostitution convictions.

Stronger Tools to Hold Traffickers Accountable

- 2014 PA 326 - Increases the crime of buying sex from a minor to a felony to reduce demand.
- 2014 PA 329 - Overhauls the human trafficking chapter of the penal code by updating, consolidating and streamlining the current provisions regarding human trafficking.
- 2014 PA 324 - Removes the statute of limitations in cases where trafficking is punishable by life and lengthened the statute of limitations for bringing charges against traffickers.

- 2014 PA 328 - Strengthens penalties against sex-buyers by revising the definition of Tier I Sex Offender to include the new crime of soliciting prostitution from a minor, as well as adding those engaging in trafficking minors for sex as Tier II sex offenders, and requires buyers to be placed on the sex offender registry.
- 2014 PA 331 - Removes outdated gender-specific references in the prostitution chapter, and increases the fine for operating a place of prostitution from $2500 to $5000 (effective October 2014).
- 2014 PA 340 - Updates the Crime Victim's Rights Act to account for the overhaul of the human trafficking chapter.
- 2014 PA 332 - Updates the Omnibus Forfeiture Act to include provisions to account for the overhaul of the human trafficking act, as well as extends the time in which to file a forfeiture action.
- 2014 PA 333 - Amends the Omnibus Forfeiture Act to include human trafficking as crime subject to forfeiture to aid in removing the profit motive from the crime of human trafficking.
- 2014 PA 344 - Makes human trafficking of a child an offense that must be reported by mandatory reporters to Children's Protective Services.
- 2014 PA 327 - Reflects changes in the sentencing guidelines for increased penalties against criminals soliciting sex from minors under 16 years of age, as well as changes in the human trafficking chapter updates.
- 2014 PA 387 - Amends civil nuisance provisions to allow human trafficking violations to qualify as a nuisance.

Victim Health and Welfare Provisions

- 2014 PA 337 - Medical passports - Requires indication in the medical passport of whether the child could be a victim of human trafficking and professional assessment of suspected human trafficking victims to ensure appropriate counseling.
- 2014 PA 339 - Civil cause of action for human trafficking victims broadens the scope of damages available to a victim of human trafficking in a civil suit against the trafficker.
- 2014 PA 341 - Medical assistance for human trafficking victims, allows trafficking victims eligible for Medicaid to receive medical assistance benefits to treat injuries (medical or psychological) sustained as a result of trafficking.
- 2014 PA 338 - Foster care for human trafficking victims, requires special consideration in foster care for minors who may be human trafficking victims.
- 2014 PA 343 - Training for medical professionals, requires the promulgation of new training requirements regarding human trafficking that would apply to most medical professionals.

Establishment of Commissions and Boards

- 2014 PA - Creates a standing Michigan Commission on Human Trafficking within the Department of Attorney General to continue the work of the first Michigan Commission on Human Trafficking.
- 2014 PA 461 - Creates the Michigan Human Trafficking Health Advisory Board within the Michigan Department of Community Health (now MDHHS) to examine and explore issues relating to medical and mental health policies for victims of human trafficking.

Preventing Sex Trafficking

In response to the growing problem of child trafficking, and in recognition of the vulnerability of foster youth to being targeted, MDHHS, in collaboration with the Michigan Department of Attorney General, created a protocol for child welfare professionals, court personnel, law enforcement officials and schools. The protocol addresses the following goals:

- To provide a coordinated investigative approach while minimizing trauma to victims.
- To provide protection and specialized services to victims and family members.
- To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking.
- To provide alternatives for handling the case after a child or youth has been identified as a victim of human trafficking.

Progress in 2015

- Work groups met to review requirements in the federal legislation "The Preventing Sex Trafficking and Strengthening Families Act."
- Policy was updated to include requirements of this legislation.
- The DHS-5355 form was developed to provide a conversation guide for caseworkers to use when youth are located on return after being absent without leave.
- MiSACWIS added capacity for reporting information on trafficking victims, allowing better tracking for federal reporting.
- MDHHS staff participated in a number of opportunities to address the needs of children and youth who are victims or are at risk of becoming victims of trafficking, including the Human Trafficking Health Advisory Board.
- Human Trafficking was the subject in several trainings and conferences.
- The Office of Workforce Development and Training offers a course on Human Trafficking. In 2015, 117 services specialists participated in this course.

Progress in 2016

- A workgroup of multiple agencies and stakeholders is meeting to update the MDHHS Human Trafficking Protocol.
- A departmental analyst position has been created within the Children's Services Agency/Office of Child Welfare Policy and Programs, to be responsible for the oversight

and development of policy and related activities in cases of human trafficking occurring to children.

- This position will function as a statewide resource to child welfare staff, other state agencies, law enforcement, local courts and community stakeholders to ensure efforts are coordinated.
- The theme of the annual Governor's Task Force on Child Abuse and Neglect was "Michigan's Response to Child Trafficking Policy and Practice."
- MDHHS staff is collaborating with the Human Trafficking Task Force on the development and deployment of a statewide human trafficking conference in September 2016.
- MDHHS developed a Title IV-E Program Improvement Plan that includes the following policy and procedural changes:
    - The Foster Child Bill of Rights and Prudent Parent Standard policies and forms were modified to ensure foster children and youth and foster caregivers are informed of Prudent Parent Standards supporting foster youths' participation in social, extracurricular, enrichment and cultural activities.
    - Foster caregivers will be required to complete training on the Prudent Parent Standard.
    - Foster care workers will be required to gather information during foster home visits regarding whether the youth participates in activities appropriate to the youth's age and maturity level.
    - For youths for whom another planned permanent living arrangement is the permanency plan, the court will inquire about the youth's participation in age-appropriate activities according to the Prudent Parent Standard and clarification of foster care policy limiting another planned permanent living arrangement to youths over 16 years of age or above.
    - CPS policy will be modified to require the use of the Human Trafficking Protocol for the identification, placement and treatment of human trafficking victims.
    - Guardian Assistance Program policy will be updated to allow a successor guardian for foster children whose guardians have died.

MDHHS has provisions and procedures to identify and assess all reports of known or suspected victims of child sex trafficking. Specifically:

- CPS policy was updated in 2015 to require that all assigned reports of suspected human trafficking of a minor be investigated jointly with law enforcement.
- The MDHHS mandated reporter training includes the definition of child sex trafficking and mandated reporters' responsibility for reporting suspected child sex trafficking.
- MiSACWIS was updated in 2015 to begin collecting information on child victims of sex trafficking, allowing for better tracking for state and federal reporting, beginning in 2018.
- Any child or youth identified as a sex trafficking victim must be referred to specialized services aligned to their needs. MDHHS service provision includes a contract with Vista

Maria (https://www.vistamaria.org/) which provides supportive services and housing for sex trafficking victims.

Training CPS Workers about Sex Trafficking
Child welfare staffs are provided training focused on child sex trafficking and labor trafficking. An overview of sex trafficking assessment and investigation is included in CPS Pre-Service Institute. An additional training, Human Trafficking, is available to all child welfare staff on an ongoing basis.

The Infant Safe Sleep Act

Enacted In 2014, Michigan House Bill 4962, the Infant Safe Sleep Act requires hospitals and health professionals to provide readily understandable information and educational and instructional materials regarding infant safe sleep practices.

MDHHS modified CPS policy to require that investigators discuss the dangers of unsafe sleep with parents of children under 12 months. Workers are required to address with the parent whether:

- The infant sleeps alone.
- The infant has a bed, bassinet or portable crib.
- There is anything in the infant's bed.
- The mattress is firm with tight-fitting sheets.

The worker must inform the parent of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with parents, the worker should:

- Utilize safe sleep educational materials.
- Educate family members about how to provide a safe sleep environment for their child.

If the infant is not provided with a safe sleep environment, the worker will make and document attempts to assist the family in creating one. The worker can utilize friends and family, community resources, or local funds to assist the family in creating a safe sleep environment.

Each year, Michigan reports deaths attributed to unsafe sleep environments to the federal Centers for Disease Control. Obtaining accurate numbers of these deaths can be a lengthy process, and is dependent on assessments by medical examiners and reviews by local child death review teams. In 2014, the official count of infant deaths due to unsafe sleep environments Michigan reported to the Centers for Disease Control was 152.

MDHHS works to improve public awareness of the dangers of placing infants to sleep in an unsafe sleep environment. MDHHS will continue to participate in the Safe Sleep Advisory Committee, a multi-agency collaborative group that advocates for education of the public. MDHHS is improving the quality of CPS investigations through initiatives including:

- **CPS Child Death Alert and Report.** This software enhancement collects child death information and notifies key MDHHS personnel. The information collected at intake and at disposition of an investigation is stored in a secure database that promotes consistency and accuracy of data collection.
- **Foster Care, Adoption and Juvenile Justice Child Death Alert and Report.** Programming helps MDHHS collect accurate death information for children under the care and supervision of MDHHS. The information is stored in a secure database.

MDHHS continues to educate families on the risk of Sudden Unexpected Infant Death Syndrome through local MDHHS offices. MDHHS sponsored a safe child/safe sleep campaign for the prevention of child deaths. Risk factors in child deaths include:

- Lack of smoke detectors
- Poor prenatal care
- Drug or alcohol use during pregnancy
- Unsafe sleep environments
- Poor supervision
- Inappropriate selection of babysitters

The MDHHS prevention campaign educates customers on home safety, shaken baby syndrome and creating safe sleep environments. The local offices have brochures, videos and resources available to clients and providers. MDHHS distributed Safe Sleep Kits statewide that include posters, brochures, toy cribs and dolls, reminder door hangers, and an informational DVD. MDHHS also provides a website for ongoing education. The website includes testimonials from parents who have lost a child due to unsafe sleep. The CPS Infant Safe Sleep website can be accessed at: www.michigan.gov/safesleep.

The CPS program office will continue coordination with the Michigan Department of Education, community providers and the state Child Death Review Team to create and maintain a statewide plan to provide the video to the public in a variety of settings, including:

- Health care settings
- Public health offices
- MDHHS county offices

CPS POLICY UPDATES IN 2015

The MDHHS updates CPS policy each year to improve case management and enhance child safety. Significant policy changes in 2015 include:

- During face-to-face visits, the CPS worker must engage with the family for a case contact to meet policy requirements. This must be done by creating an environment of

empathy, genuineness and empowerment that supports entering into a helping relationship with the family and actively working toward change.

- A face-to-face contact with the family must be made within seven business days of a case transfer to ongoing CPS services. A risk re-assessment cannot be completed until this contact is made with the family.
- Regardless of risk level, each victim and non-victim must be seen once a month and the total required visits with the family are based on the risk level.
- Priority response timeframes no longer include a 24-hour commencement and 24-hour face-to-face option. Policy has been updated to include a dual priority response system. This includes commencement within 12 hours and face-to-face contact within 24 hours, or commencement within 24 hours and face-to-face contact within 72 hours.
- When contacting an alleged perpetrator, CPS workers must provide their name, show their State of Michigan identification and advise the individual of the specific complaints made against him or her.

MDHHS Intake Policy

MDHHS modified CPS policy to address the centralized intake system. Changes include:

- Determining Native American heritage for all complaint calls.
- Revising and consolidating policy to address preliminary investigation requirements.
- Development of a process for reviewing rejected complaints.

MDHHS revises policy throughout the year to incorporate updated legislation or programming and provide staff with direction to carry out responsibilities effectively. The CPS program office and Business Service Centers determine the actions necessary to improve the performance of staff on Child and Family Services Review safety measures.

CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRAM AREAS

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

There were no significant changes in Michigan's CAPTA plan in this program area. Current and ongoing program activities are described below.

CPS Centralized Intake

To ensure consistency in response to CPS complaints across the state, MDHHS established a statewide 24-hour central intake hotline for abuse and neglect. Full implementation of centralized intake was effective in March 2012.

Objectives:

- To operate/administer an effective centralized intake system to ensure child safety and consistency in CPS complaint assignments.
- To determine the required level of oversight for rejected complaints.
- To develop and maintain ongoing training and development for centralized intake staff.
- To communicate CPS intake policy changes to centralized intake staff.
- To maintain collaboration with the centralized intake director and the Business Service Center directors to evaluate centralized intake.
- To monitor the centralized intake process and provide administrative support.
- To collaborate with the MDHHS Business Service Centers and Data Management Unit on continuous monitoring and quality assurance.

Measures:

- Data reports are obtained and analyzed.
- Regular communication takes place between centralized intake staff, MDHHS administration, Child Welfare Field Operations and CPS program office.
- Centralized intake policy was written and approved for statewide release.
- Centralized intake data is evaluated weekly to monitor quality.
- The Centralized intake administrative staff reviews protocols to ensure that case assignment reflects current policy.

Centralized intake ensures assignment consistency among the 26 supervisors through the following activities:

- Bi-weekly staff meetings ensure clear communication about cases.
- Monthly meetings of centralized intake supervisors to ensure consistency.
- Updating and distributing the centralized intake manual.
- Clarification of CPS policy in centralized intake Quality Review Team meetings with managers from local offices.
- Discussions between centralized intake managers and CPS program office to ensure correct policy is communicated.
- Ongoing communication with MDHHS field staff to discuss disputed complaints.

Criminal Background Clearances

Michigan complies with federal requirements for background clearances for prospective licensed foster care, relative providers and adoptive parents by completing central registry and criminal history clearances for all foster care, relative and adoptive placements. Michigan Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children (R. 400.9205) require a criminal background check and a CPS central registry check for all licensed foster and adoptive parents and other adult household members. Licensing Rules for Child

Placing Agencies (R. 400.12309) also require child-placing agencies to conduct these checks. No changes in this process have occurred over the last year.

Licensing consultants complete an annual on-site inspection of every child-caring institution. During annual reviews, personnel files are reviewed, in addition to a sample of files for current staff. The licensing consultant checks the central registry clearance, training records, criminal history information and other documentation.

The Michigan Child Protection Law was amended to allow MDHHS to verify that an employee, potential employee, volunteer or potential volunteer of an agency in which the person will have access to children is not on the central registry. There have been no substantive changes to the law affecting the state's eligibility for the state grant (Section 106 (b)(C)(1)).

- In 2015, the CPS program office reviewed and responded to over 3,237 central registry requests.

CPS program office initiated a change in policy to address after-hours placements in unlicensed out-of-home care. This change requires CPS workers to contact CPS centralized intake to receive central registry and criminal history background checks. Centralized intake has 24-hour staffing, so thorough central registry and criminal background checks are completed as quickly as necessary.

MDHHS Birth Match Process

The MDHHS birth match process matches childbirths to a list of parents whose parental rights were terminated in Michigan because of neglect or abuse. It allows MDHHS to identify cases that may require a court petition documenting the likelihood of threatened harm based on previous termination of parental rights or a history of severe physical abuse. The process results in investigation and assessment of risk to the infant.

CAPTA Section 106(a) 2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations and improve legal preparation and representation.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

Multidisciplinary Teams and Interagency Protocols

MDHHS works with the Child Welfare Training Institute, Prosecuting Attorneys' Association of Michigan and State Court Administrative Office to train public and private child welfare staff to use investigative protocols. To improve practice, MDHHS utilizes the following:

- **A Model Child Abuse Protocol -** To coordinate handling of child abuse and neglect cases between MDHHS, law enforcement and prosecuting attorneys, the Governor's Task

Force created "A Model Child Abuse and Neglect Protocol with an Approach Using a Coordinated Investigative Team" in 2013.

- In 2016, the association will provide training to increase collaboration.

- **Forensic Interviewing Protocol -** MDHHS assists investigative professionals to use best practices when interviewing children. MDHHS and Central Michigan University developed the Forensic Interviewing Protocol to conduct an interview with a child in a developmentally sensitive, unbiased and truth-seeking manner that supports accurate and fair decision-making. The protocol is trained in law enforcement and child welfare programs. This protocol continues to be utilized as the primary protocol for training new child abuse and neglect investigators.
  - In 2016, the Governor's Task Force will begin revisions to this protocol.
- **Medical Child Abuse Protocol -** To address risk in families that includes complex medical and psychological issues, the Governor's Task Force revised the investigative protocol "Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation, Assessment and Treatment" and created the Medical Child Abuse Protocol that identifies medical child abuse and establishes guidelines for each discipline involved in an investigation. This update places the focus of the investigation on the abuse inflicted on the child, instead of the potential mental health concerns of the alleged perpetrator (Children's Justice Act grant funded via the Governor's Task Force).
- **Absent Parent Protocol -** The State Court Administrative Office with the Governor's Task Force developed a protocol outlining a procedure for locating all parents of children involved in the child welfare system. This protocol is covered in MDHHS training and is standard practice in cases when out-of-home placement is considered (Children's Justice Act grant funded via the Governor's Task Force).
- **Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol -** MDHHS ensures coordinated investigation in child maltreatment cases that result in a child death and minimize additional trauma to children during the investigation. The Governor's Task Force developed the protocol, compiling existing child abuse and neglect protocols including guidelines for responders from law enforcement, CPS workers and prosecutors and coordinated investigation methods. (Children's Justice Act grant funded via the Governor's Task Force).

The protocols above can be accessed on the Governor's Task Force website at: http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_66367-77800--,00.html

- **Administrative Law Hearings Protocol -** MDHHS created an Administrative Hearings Protocol in 2014. This protocol assists child welfare staff in the effective handling of administrative hearings and requests for expunction from the central registry. Providing this protocol and training will ensure that those individuals who present a safety risk to

children do not have their name removed from the central registry due to incorrect handling of expunction requests.

- **Methamphetamine Protocol -** MDHHS addresses the immediate health and safety needs of children exposed to methamphetamine lab settings, establish best practices and provide guidelines for coordinated efforts between MDHHS workers, law enforcement and medical services. A multi-disciplinary work group developed the Methamphetamine Protocol. The Methamphetamine Protocol can been seen here: https://www.michigan.gov/documents/dhs/Meth_Protocol_179585_7.pdf

CAPTA Section 106(a) 3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

Current and planned program activities are described below. Changes to this program area in 2015 are noted in Progress in 2015, below.

Case Management, Monitoring and Delivery of Services

MDHHS will continue to improve case management and services by decreasing the number of children in out-of-home placement and enhancing the role of parents and families throughout the case planning process. MDHHS is using the following strategies:

- Michigan has implemented the enhanced MiTEAM case practice model in champion counties and is preparing for statewide rollout. This model integrates engagement, assessment, mentoring and family team meetings, all crucial components of a family-centered, strength-based and team-guided process.
- MDHHS revised CPS policy to require additional supervisory oversight and pre-removal family team meetings for all complaint investigations including cases involving children in out-of-home placement. CPS workers are required to consult with their supervisor prior to final case disposition.
- Differential response: MDHHS does not utilize a differential response protocol; however, CPS investigative staffs are trained in the utilization of tools and protocols that guide critical safety decisions. These research-based protocols address issues that emerge in child welfare case practice in Michigan. Based upon the circumstances of each case, a range of case responses may result, from referral for services to immediate removal.

Progress in 2015

- In 2015, CPS caseworkers were mandated to participate in an enhanced safety planning training, Safety by Design. This training assists caseworkers to integrate families into the safety planning process with the intent of affecting long-term positive changes.
- In 2015, CPS program office hosted a conference for public and private child welfare staff with a focus on child-centered safety. The conference featured speakers and breakout sessions to provide caseworkers with tools, skills and knowledge to improve

case management skills and service delivery. Another conference with the same objective is planned for 2016.

- Michigan's five-year Title IV-E waiver project, Protect MiFamily, enables the state to use Title IV-E funds to test innovative strategies that prevent child abuse and neglect, avert foster care entry and re-entry and improve child safety and well-being. The goal of the project is to help parents meet the needs of their young children and increase safety in their homes.
- Throughout 2015, MDHHS supported the use of the enhanced MiTEAM practice model in identified "champion counties." These counties are provided additional guidance and support for the implementation of MiTEAM, ensuring model fidelity and supporting a robust rollout statewide.

CAPTA Section 106(a) 4. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols.

Current and planned program activities are described below. Changes to this program area in 2015 are noted in 'Progress in 2015,' below.

MDHHS addressed safety through changes in CPS policy through the following activities:

- The department created the Strengthening our Focus Advisory Committee, which has a sub-committee that focuses on child safety initiatives. The sub-committee meets monthly. The following initiatives received committee support:
    - Providing mandatory statewide safety planning trainings (Safety by Design) and threatened harm training for all child welfare staff.
    - Safe sleep initiatives, including mandatory safe sleep training for all MDHHS and private agency staff.
    - Signs of Safety pilot projects in two counties.
    - OK2Say, an anti-bullying initiative focusing on safety concerns in public schools.
    - Suicide prevention initiatives, including a conference co-sponsored by MDHHS.
    - First Annual Child Centered Safety Conference held in December 2015.
- Safety assessment and planning training will be provided:
    - To all staff and supervisors statewide through county peer coaches.
    - To private agency foster care staff, focusing on safety assessment and planning.
    - Through podcasts, focusing on cases when better safety assessment planning and training may have resulted in better outcomes for families.

Progress in 2015

- In 2015, MDHHS provided training on policy in multiple sessions offered by the State Court Administrative Office. Training is also provided during the New Supervisor Institute.

- In 2015, the Signs of Safety approach to assessing and addressing child and family safety was utilized in two counties.

CAPTA Section 106(a) 5. Developing and updating systems of technology that support the program and tracking reports of child abuse and neglect.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

Goal: CPS program office continues to work with the Data Management Unit and the MiSACWIS team to create reports for local managers to track outcomes.
Status: Development of enhanced reports is underway and ongoing, as the MiSACWIS system continues to be refined and users trained in case documentation in MiSACWIS. Data reports are published in the MDHHS Infoview data system and county managers are trained on how to use them to monitor case management activities.

Goal: MDHHS will continue to improve CPS investigative tools.
Status: CPS program office collaborated with the Michigan State Police, the Office of the Family Advocate and the Child Welfare Training Institute to develop a field guide for CPS workers. MDHHS updates the field guide to incorporate policy and practice changes.

CAPTA Section 106(a) 6. Developing, strengthening and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals and personal safety training for caseworkers.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

Goal: MDHHS will provide training statewide in collaboration with stakeholders.
Status: MDHHS will continue provide training for child welfare professionals, including:

- Michigan's annual Child Abuse and Neglect Prevention Conference.
- Yearly summit conferences on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policymakers.
- In partnership with the universities, the Child Welfare Training Institute will continue to provide in-service training to enhance caseworker skills.

CAPTA Section 106(a) 7. Improving the skills, qualifications and availability of individuals providing services to children and families and the supervisors of such individuals through the child protection system, including improvements in the recruitment and retention of caseworkers.

Current and planned program activities are described below. Changes to this program area in 2015 are noted in Progress in 2015, below.

Training for CPS Caseworkers and Supervisors

MDHHS provides training statewide in collaboration with stakeholders, including:

- Michigan's annual Child Abuse and Neglect Prevention Conference.
- Yearly summit conferences on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policy-makers.
- In partnership with the universities, the Child Welfare Training Institute will continue to provide in-service training to enhance caseworker skills. (Children's Justice Act funded via the Governor's Task Force).

There are 1,562 CPS workers allocated in Michigan in 2016. MDHHS continues to collaborate with Michigan State University and other schools of social work and the Michigan Department of Civil Service to identify and hire qualified candidates and develop internship programs.

MDHHS continues to implement the Child Welfare Certificate Program through a partnership with the Michigan schools of social work. Students participating in the program complete 60 social work credit hours in child welfare-related course work and a 400-hour internship in a CPS, foster care or adoption program at MDHHS or a child-placing or tribal agency. When students with child welfare certification are hired into child welfare positions, they are able to attend a condensed version of the Pre-Service Institute. Twelve universities participated in Michigan's Child Welfare Certificate Program in 2015.

Experienced managers continue to provide targeted training to reduce attrition. In addition, the department continues the recruitment efforts to fill existing services manager positions. Efforts include use of national posting services, college/university career offices and changes to the current civil service system to increase benefits for managers.

MDHHS updated the curriculum for the CPS Pre-Service Institute. MDHHS will ensure that the content is relevant, up-to-date and effective in preparing new workers. Alternative delivery methods for the knowledge-based segments of the training continue to be enhanced.

Progress in 2015

With the Governor's Task Force, MDHHS provided training and resources in 2015 to address child welfare legal issues. The Governor's Task Force developed an interagency agreement with the State Court Administrative Office to train child welfare professionals via the printing, distribution and implementation of protocols, resource guides, practice manuals and other materials. Specialized trainings and webcasts that took place in 2015 include:

- "Parent Attorney Training" discusses the ways parents' lawyers can use the law to protect their clients' rights.
- "Child Welfare Essentials and Reasonable Efforts Advocacy" is part of an ongoing effort to improve the quality of representation in child protective proceedings.

- "L-GAL Bootcamp" is an introduction for attorneys who are new to the Lawyer Guardian Ad Litem role, as well as a refresher for experienced Lawyer Guardians Ad Litem.
- "Child Welfare Essentials and Reasonable Efforts Advocacy" provides an overview of the legal framework governing child protective proceedings in Michigan, including the applicable statutes, court rules and MDHHS policy.
- "Testifying in Court for Non-Lawyers" is provided to CPS and foster care caseworkers, private agencies, tribes and service providers who may testify in court in child protective proceedings.
- "Handling the Indian Child Case" training provides an understanding of the legal requirements of the Indian Child Welfare Act and a detailed review of the role of a qualified expert witness.

CAPTA Section 106(a) 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

Current and planned program activities are described below. Changes to this program area in 2015 are noted in Progress in 2015, below.

Training for Mandated Reporters

MDHHS educates mandated reporters on their responsibility to report suspected abuse and neglect as required under Michigan's Child Protection Law. CPS program office will provide technical assistance to the field, professional groups and the public on the role of CPS.

The CPS program office works with county offices and other local and state partners to provide statewide mandated reporter training. In 2016, CPS will take the following steps to enhance mandated reporter training:

- Continued coordination with the MDHHS Office of Communications to distribute an online video training developed in 2014 for mandated reporters.
- Ongoing assessment and revision as needed for the mandated reporter training curriculum, which is provided statewide.
- Distribution of a list of staff in each county that provide mandated reporter training.
- Provision of an online training video to improve public understanding of reporting child abuse and neglect. This training describes the responsibilities of mandated reporters, guidance for reporting abuse and neglect and resources available.
- Provision of online training for specific types of mandated reporters and exploring whether reporters may obtain continuing education credits for the training.

MDHHS centralized intake provides staff for the Mandated Reporter Hotline. A contact phone number is provided to mandated reporters statewide who have questions about their role or concerns about a complaint they submitted. When mandated reporters contact the hotline, the following steps are taken:

- The reporter's name and identifying information are recorded with his or her concerns.

- Centralized intake management and Business Service Center directors are notified about the concerns.
- A determination is made between centralized intake and Business Service Center directors about who will address the mandated reporter's concerns.

Other MDHHS activities regarding mandated reporters include:

- Distribution of the Mandated Reporter's Resource Guide and maintaining the website.
- Working with the Children's Trust Fund to provide prevention councils with training materials and mandated reporter education as part of Child Abuse Prevention and Awareness Month.
- Guidance regarding mandated reporting and training, as requested.
- Continuing to provide training to hospitals, schools and health departments throughout the state.
- Maintaining a statewide mandated reporter training initiative. This initiative ensures that trainers are available in every county MDHHS office throughout the state. Additional training support is provided by local Child Abuse Prevention Councils.

Progress in 2015

Online Reporting for Mandated Reporters

During 2015, MDHHS initiated the creation of an online reporting portal for mandated reporters. This plan includes seeking a legislative sponsor and developing a plan for changes in the MiSACWIS system. In early 2016, this bill was signed into law. The portal will begin as a regional pilot including local schools, hospitals and law enforcement agencies. Allowing mandated reporters the ability to report suspected child abuse and/or neglect online will provide an additional avenue for reporting and increase the likelihood that reports of abuse/neglect will be made in a timely manner, increasing the accuracy of the central registry.

- In 2015, MDHHS enhanced the mandated reporter training website, including an online training for mandated reporters who may be unable to attend an onsite training. That training may be accessed at: www.michigan.gov/mandatedreporter

MDHHS providing mandated reporter trainings for a wide variety of community partners in 2015, including:

- A presentation at the statewide Home Visitor's Conference in Detroit.
- A countywide training for health department staff in Kent County.
- Training for former Michigan Department of Community Health staff at their annual conference.
- Training at the annual MDHHS Faith-Based Leaders Conference and several other trainings throughout the state.

CAPTA Section 106(a) 9. Developing, implementing or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

Services for Infants with Disabilities or Medical Conditions

MDHHS provides medical services to infants at risk of disability or life-threatening conditions. MDHHS chairs the Medical Advisory Committee, which reviews policies and makes recommendations on how MDHHS can meet the medical needs of children. The committee provides a bi-monthly forum to discuss medical issues pertaining to child abuse and neglect. Topics of past meetings include:

- CPS policy.
- Medically fragile children.
- Medical child abuse.
- Drug-exposed infants.
- The use of psychotropic medication.

The committee convenes an annual conference on abuse and neglect for medical professionals and facilitates discussion on issues related to abuse and neglect. In 2015, the Medical Advisory Committee continued to work with MDHHS to provide guidance and clarification to the field regarding recent changes in policy, which include:

- When obtaining the results of a medical examination, a worker should contact the medical practitioner or other medical personnel with knowledge of the exam and ask him/her to interpret the findings to ensure a proper understanding.
- A second opinion should not be sought when a comprehensive examination and/or review has already been completed by a pediatric child abuse specialist.

Medical Resource Services

MDHHS provides coordinated medical consultation to help staff address health issues effectively through a contract with the Child Protection Team at DeVos Children's Hospital. Medical Resource Services provides:

- A hotline for caseworkers and physicians who need consultation on cases involving medical issues. A physician is always on call for direct consultation.
- A statewide medical provider network for local and regional medical resources.

Early On

CAPTA requires all child victims, ages birth to 36 months in substantiated cases of CPS categories I or II to be referred to a Part C-funded early intervention service. Michigan's early intervention service, Early On assists families with infants and toddlers that display developmental delays or have a diagnosed disability.

MDHHS continues to focus on enhancing developmental information provided by CPS workers about Early On to ensure appropriate services are provided. In 2015, MDHHS referred 3,764 children to Early On. Of these:

- The number of drug-exposed infants was 1,695 (45 percent).
- The number of infants less than one year old at referral was 2,034 (54 percent).

Planned Activities for 2016 and 2017

In 2016, MDHHS is focusing on the following projects related to *Early On*:

- Maintaining an internal website about *Early On* and CAPTA requirements.
- Working with *Early On* to remain abreast of ongoing projects and policy changes.
- Updating policy as needed about *Early On* referral.
- Working toward establishment of a website for interested families.
- Continuing to identify programs in MDHHS that will benefit from working with *Early On*.

ASSESSING THE NEEDS OF INFANTS AFFECTED BY SUBSTANCE USE

Michigan has policies and procedures to address the needs of infants born with and identified as affected by illegal substance abuse or withdrawal symptoms. These include:

- Mandated reporters who have reasonable cause to suspect that a newborn infant has alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body that are not the result of medical treatment are required to make a complaint of suspected child abuse to CPS (MCL 722.623a Sec. 3a).
- Mandated reporters include but are not limited to the following medical professionals:
    - Physicians and physician's assistants.
    - Dentists and registered dental hygienists.
    - Medical examiners.
    - Nurses.
    - Persons licensed to provide emergency medical care.
- CPS must investigate complaints alleging that a newborn has been exposed to alcohol or drugs before birth. Policy requires CPS investigators to:
    - Contact the reporting source.
    - Contact medical professionals to confirm exposure and/or to identify appropriate medical treatment.
    - Review the criminal and CPS history of the family.
    - Interview the mother to assess the need for substance abuse assessment/treatment.
    - Determine the parents' capacity to provide adequate care of the newborn and other children in the home.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

Michigan's policies and procedures for developing a plan of safe care for infants identified as affected by substance use include the following requirements and procedures:

- Mandated reporters are required to report suspected child abuse or neglect if the reporters knows or suspects that a newborn infant has any amount of alcohol, a controlled substance or a metabolite of a controlled substance (whether legal or illegal) in his or her body.
- Confirmed complaints of drug- or alcohol-exposed infants must be classified as physical abuse, Category I, II or III, based on the risk assessment.
- In confirmed complaints in which the infant requires medical treatment to address symptoms resulting from the drug/alcohol exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being, a petition for court jurisdiction is required within 24 hours.
- The state does not exclude complaints when a child is withdrawing from drugs legally prescribed to the mother. The state assesses whether those legally prescribed drugs were taken in accordance with a doctor's treatment requirements. If that treatment was not following treatment guidance and/or if the parent's substance use/abuse affects the ability to safely care for their child, a CPS case is opened and monitored and a plan of safe care is established.
- Services must be coordinated, as appropriate, with medical personnel, maternal infant health program and substance abuse assessment and treatment providers.
- Infants that are victims of confirmed prenatal substance exposure must be referred to *Early On* for an assessment and treatment of developmental delays.
- In Michigan, mandated reporters include the following medical personnel:
    - Physicians, dentists, physician's assistants, registered dental hygienists, medical examiners, nurses, persons licensed to provide emergency medical care, audiologists and psychologists.

Technical assistance to improve practice for caring for infants affected by substance abuse includes:

- Ongoing collaboration with *Early On*, Michigan's Part C-funded early intervention service to ensure that Infants who are victims of prenatal substance exposure undergo assessment of developmental delay and treatment.
- The Medical Advisory Committee, which makes recommendations on how to meet the medical needs of children. The committee includes pediatric child abuse specialists at the University of Michigan, the Child Protection Team at DeVos Hospital and the Detroit Medical Center.
- MDHHS participated in two teleconferences in 2015 to address viability of service provision for mothers undergoing opiate dependency/methadone treatment and

residential treatment care allowing children to remain with their mothers during recovery.
- Through a contract with DeVos Children's Hospital, MDHHS provides a hotline for caseworkers and physicians who need consultation on cases involving medical issues. A physician is always on call for direct consultation.

CAPTA Section 106(a) 10. Developing and delivering information to improve public education on the roles and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

Goal: MDHHS will educate the public on the roles and responsibilities of the child protection system. CPS program office has contact with county office staff and the public daily, providing technical assistance with data systems and policy.
Status: MDHHS educates mandated reporters on their responsibility to report suspected abuse and neglect as required under Michigan's Child Protection Law. CPS program office will provide technical assistance to the field, professional groups and the public on the role of CPS.

MDHHS activities to assist mandated reporters include training and education on how the public may report suspected child abuse and neglect. These activities include:
Goal: CPS program office will work with county offices and other local and state partners to provide statewide mandated reporter training. In 2016, CPS will take the following steps to enhance mandated reporter training:

- Continued coordination with the MDHHS Office of Communications to distribute an online video training developed in 2014 for mandated reporters.
- Ongoing assessment and revision as needed for the mandated reporter training curriculum, which is provided statewide.
- Distribution and updating of a list of staff in each county to provide mandated reporter training.
- Provision of an online training video to improve public understanding of reporting child abuse and neglect. This training describes the responsibilities of mandated reporters, guide for reporting abuse and neglect and resources available.
- Provision of online training for specific types of mandated reporters and exploring whether reporters may obtain continuing education credits for the training.

CAPTA Section 106(a) 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and

professionals to prevent and treat child abuse and neglect at the neighborhood level.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

Citizen Review Panels

Michigan's three citizen review panels are:

- The Citizen Review Panel on Prevention.
- The Citizen Review Panel on CPS, Foster Care and Adoption.
- The Citizen Review Panel on Child Fatalities.

Citizen Review Panel for Prevention

Since 1999, the Children's Trust Fund has administered the Citizen Review Panel for Prevention. The purpose the panel is to develop and improve prevention services. The Children's Trust Fund promotes the health, safety and well-being of children and families by funding community-based abuse prevention programs.

Citizen Review Panel on CPS, Foster Care and Adoption

This panel functions as a committee of the Governor's Task Force and serves as a stakeholder group for Michigan's Child and Family Services Review and the Child and Family Services Plan.

Citizen Review Panel on Child Fatalities

The Michigan Child Death State Advisory Team serves as the Citizen Review Panel for Child Fatalities. The panel is comprised of MDHHS, law enforcement, medical examiners, hospitals, the courts, educational professionals and other children's advocates. The panel examines child fatality cases in which the family had previous interaction with CPS. The Child Death State Advisory Team is managed through a contract with the Michigan Public Health Institute, which helps coordinate the Michigan Child Death Review Program.

CAPTA Section 106 (a) 12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

MDHHS Juvenile Justice Programs formed a work group in 2012 to create and modify dual ward policy and practice. Dual wards are youth who are both abuse/neglect and delinquent court wards. The group developed policies on service provision and coordination. In addition, the MDHHS Juvenile Justice Programs division is researching best practice models for "crossover" youth, those who are not formally in the child welfare system, have experienced abuse or

neglect and end up in the juvenile justice system. Program and policy recommendations will be made to address the issues these juveniles experience.

Juvenile Programs update

MDHHS published policy on case management of dual wards that requires early identification of "crossover" youth and coordination of services and planning with other programs including CPS and foster care. Wayne County published the policy to address these issues. MDHHS is collaborating with Casey Family Programs to support a local office and court pilot of the Georgetown University Center for Juvenile Justice Reform Crossover Youth Practice Model. MDHHS is reviewing the potential benefit of adding a section requiring the juvenile justice service plan to include an analysis of previous or current child welfare history with the youth and their family and its impact on the youth's behavior.

Goal: MDHHS will improve data collection to assess the targeting of services to crossover youth.
Status: The Data Management Unit is working with the Department of Technology, Management and Budget on the integration of juvenile justice data into a single repository to facilitate integration of juvenile justice and child welfare reports.

MDHHS Juvenile Justice Programs worked with the Data Management Unit to incorporate juvenile justice data into monthly reports on child welfare populations. Reports now include the state facility populations, a breakdown of the juvenile justice population by legal status and the population of dual wards. Efforts continue to improve data collection and analysis.

Goal: MDHHS will improve services to youth aging out of the juvenile justice system.
Status: The Education and Youth Services unit is collaborating with Juvenile Justice Programs to secure funds for youth aging out of the juvenile justice system. The bureau submitted a grant for funding for re-entry services to youth after residential treatment.

Status: MDHHS incorporated juvenile justice youth in programming for youth aging out of the child welfare system. Training was provided to the County of Wayne Care Maintenance Organizations and Wayne County MDHHS to process requests for funding.

Planned Activities for 2016

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

- Enhancing re-entry services to disabled youth who can work or be rehabilitated to ensure supports are available to help them return to the community.
- Streamlining applications for Social Security and State Disability Assistance for disabled youth returning to the community from residential placement.
- Enhancement of MDHHS' website to include information for juvenile justice youth on services such as the Tuition Incentive Program, Education and Training Vouchers, Youth in Transition funding and information on expunging delinquency records.

CAPTA Section 106(a) 13. Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services.

There were no significant changes in Michigan's CAPTA plan in this program area in 2015. Current and planned program activities are described below.

The MDHHS Fatherhood Initiative collaborated with the Michigan Department of Corrections to implement programming for prisoners to improve parenting skills in preparation for their release. The committee developed a protocol to enhance communication between Title IV-E and Title IV-D staff to identify fathers at the initial removal of a child. The Governor's Task Force on Child Abuse and Neglect promotes positive outcomes for abused and neglected children through communication with legislators and policy makers at all levels and by identifying supportive partners in the legislature.

CAPTA Section 106(a) 14. Developing and implementing procedures for collaboration among CPS, domestic violence services and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families and the provision of services that assist children exposed to domestic violence and the caregiving role of their non-abusing parents.

Current and planned program activities are described below.

Collaboration with Domestic Violence Services

Domestic violence is present in over half of all CPS investigations, and in open CPS services cases, it increases to over 70 percent. In 2014, the department contracted with nationally recognized expert on domestic violence, David Mandel, and began implementation of the Safe and Together Model for the handling of cases involving domestic violence in Michigan. Implementation began as a pilot and is in the process of being rolled out statewide.

The goal for CPS is that in every investigation, domestic violence should be evaluated. If the child is safe and the victim of domestic violence is not taking action to protect the children, or is willing to take action but does not know what resources are available, the worker should refer the non-offending parent to supportive services. The worker is also required to develop a safety plan with the non-abusing parent.

CHILD MALTREATMENT DEATHS

Michigan receives reports on child fatalities from a number of sources, including law enforcement agencies, medical examiners/coroners and local child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters, the reports are not inserted into Michigan's National Child Abuse and Neglect Data System submission until a link between the child fatality and maltreatment is established after completion of a CPS investigation. Upon completion of the investigation, if the link between the death and maltreatment is confirmed, it is recorded as a fatality due to abuse and/or neglect in MiSACWIS. Michigan uses data from MiSACWIS to compile responses for child maltreatment deaths.

Michigan utilizes information provided by the state vital statistics department through the Michigan Fetal Infant Mortality Review and the Sudden Unexplained Infant Death Registry. This data is compiled with the assistance of the Michigan Public Health Institute and is incorporated with the information obtained from local child death review teams, law enforcement, local health departments and medical examiners/coroners to ensure accurate recording of child deaths in Michigan. Each year, this information is compiled into the Annual Michigan Child Death Report provided to the governor and Michigan state legislature. The link for this report can be accessed at: http://michigan.gov/dhs/0,4562,7-124-5459_61179_7695_8366---,00.html.

Michigan Child Death State Advisory Committee

The committee reviews findings and data from local Child Death Review Teams to make recommendations for policy and statute changes and guide statewide education and training to prevent child deaths. The committee disseminates an annual compilation of the reviews of child deaths in Michigan. The report outlines recommendations on policy, legislation and procedures to reduce the number of preventable deaths. Sleep-related fatalities, fetal drug exposure resulting in death and violence are areas critical for future study. The project coordinator of the National Citizen Review Panels has recognized this team as the model for other states' citizen review panels.

Child Death Investigation Training

Training on child death investigations, uniform definitions, protocols and prevention is offered annually to CPS staff, medical examiners, law enforcement and other professionals. Participants are trained on the use of the reporting form, learn from case examples and discuss all aspects of child death scene investigations. Trainings are provided by MDHHS and partner agencies on an ongoing basis.

EXPANDING AND STRENGTHENING PROTECTIVE SERVICES

Michigan has developed a number of unique approaches to address the prevention and treatment of risk and safety factors that may contribute to child abuse and neglect, including:

- Utilizing the Safe and Together approach to domestic violence in child welfare cases. Workers statewide are being trained in utilization of Safe and Together and the skills it provides are being incorporated into Michigan's case practice model, MiTEAM.
- Statewide Safety by Design training and skill development for frontline workers and supervisor's. This training continues and provides a child-centered approach to effective safety planning.
- Ongoing training and support to prevent unsafe sleep deaths statewide.
- Utilizing "Practice Spotlights" on the intra-agency website to focus on reducing maltreatment in care by improving safety assessments and planning. This work will continue and expand in 2016, focusing on correct use of risk and safety assessment tools, voluntary utilization of a safety arrangement form and sharing effective child safety practices from multiple counties.
- Utilizing the SOFAC Placement and Safety sub-teams to lead efforts to improve placement assessment and decision-making. Child-centered safety approaches are discussed and information is brought to the SOFAC team for support and planning.
- Continued collaboration with Casey Family Programs and the National Council on Crime and Delinquency to determine strategies for improving the safety of children in foster and relative placements and the effectiveness in meeting the child and family's needs. In 2016, MDHHS will consider modifying risk assessment tools to improve caseworker response, service delivery and child and family outcomes.
- Continued piloting in Ingham County of a modified version of the Eckerd Model, which focuses on the reduction of maltreatment recurrence for ongoing CPS cases. The pilot includes current substantiated CPS cases in which at least one child victim in the home is under age 6. The quality review of cases that meet this criterion is done in real time so that any safety concerns can be identified and addressed in a timely manner.

CAPTA ANNUAL STATE DATA REPORT

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

Goal: MDHHS will improve the skills, qualifications and availability of staff and supervisors that provide services to children and families.
Status: In 2016, there are 1,562 CPS workers allocated. In addition, there are 35 CPS Maltreatment in Care Specialists and 121 centralized intake staff.

The following CPS staffing ratios were defined by the modified settlement agreement and remain the standard for MDHHS:

- CPS cases per ongoing worker: 17 to 1, for CPS categories I, II and III.
- CPS cases per investigation worker: 12 to 1.
- CPS worker to supervisor: 5 to 1.

CPS workers must possess a bachelor's or master's degree with a major in one of the following:

- Social work.
- Sociology.
- Psychology.
- Family ecology.
- Consumer/community services.
- Family studies.
- Family and/or child development.
- Guidance/school counseling.
- Counseling psychology.
- Criminal justice.
- Human services.

CPS workers must successfully complete a nine-week pre-service training and a minimum of 270 hours of competency-based classroom and field training. The employee is required to pass a competency-based performance evaluation, including a written examination. The employee must also complete a minimum number of hours of in-service training each year.

The CPS supervisory training is a competency-based 40-hour curriculum for child welfare supervisors who have not previously had supervisory training. At the conclusion of the training, the supervisor must pass a competency-based evaluation. MDHHS will continue to provide program-specific training for supervisors in the monitoring of staff performance, policy and case reading.

The demographic information on CPS worker allocations includes their location in the state, by county. Statewide and county level CPS worker information is in APSR 2017 Attachment L: Worker Allocations 2016.

Information on education, qualifications and training requirements for CPS workers is located in APSR 2017 Attachment M: Services Specialist Job Specifications.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2015, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 39 percent of total child victims; this data was captured through MiSACWIS. The percentage of identified victims ages 3 and younger has increased in the past three reporting years (2013: 36.5 percent, 2014: 38 percent, 2015: 39

percent. CPS program office will evaluate this increase and try to determine if this increase indicates a trend and if so, what steps to consider including targeting services to families with children 3 and younger.

The policies and services described below are directed toward this vulnerable population and remained in place in 2015 and 2016. Other policy enhancements and services described on pages 23 to 27 are applicable and available to all children regardless of their age, except where specific populations are noted.

Factors included in identifying the population of children at the greatest risk of maltreatment include vulnerability due to their age and stressors on parents because of the children's dependent status. Five areas of policy and practice focus on this population in Michigan:

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

Multiple Complaint Policy

The multiple complaint policy requires that whenever MDHHS centralized intake receives a third complaint in a home with a child under 3 years of age, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and their service needs. This leads to provision of necessary services to improve safety.

Safe Sleep Policy

The Safe Sleep policy, described earlier in this report, requires that workers include in their assessments of children under 1 year the factors that place a child at risk of suffocation in his or her sleep environment

Birth Match System

This screening system identifies when a parent who previously lost rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This service includes automatic case assignment that requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each year this system identifies nearly 1,000 matches, leading to investigation and services for many children at high risk of maltreatment.

Early On
All child victims ages birth to 36 months in substantiated cases of categories I or II are referred to Michigan's Part C-funded early intervention service, Early On. Early On is described earlier in this report.

Protect MiFamily
In 2015, Protect MiFamily, Michigan's Title IV-E waiver project, focused on reducing the likelihood of maltreatment or repeat maltreatment. Protect MiFamily continues operation in Macomb, Muskegon and Kalamazoo counties. Results from the family satisfaction surveys continue to suggest that the families are highly satisfied with program services.

JUVENILE JUSTICE TRANSFERS

In Michigan, 103 youths in Michigan's foster care system were adjudicated as delinquents in 2015, making them dual wards. This data was derived from the wardship coding in MiSACWIS that counted those children and youth whose type of wardship changed from abuse/neglect to juvenile justice, or became dual abuse/neglect-juvenile justice wards in 2015. As of June 30, 2016, there were 225 dual abuse/neglect-juvenile justice wards in Michigan.

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. Counties may, under the Probate Code, 1939 PA 288, refer a youth to MDHHS for care and supervision or commit the youth under the Youth Rehabilitation Services Act, 1974 PA 150.

Juvenile Supervision in Michigan

Most youths remain the responsibility of their local court. Some youths who have had open foster care cases enter the juvenile justice system and remain under county supervision. The state does not have access to the case management systems used by county programs; therefore, determining the number of dual wards or 'crossover youth' is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.
Status: Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20. MDHHS implemented a new juvenile justice case management system. MDHHS is also contracting with Georgetown University to continue spreading the Crossover Youth Practice Model that increases collaboration between courts and MDHHS for dual wards.

Services to County-Supervised Youth
In Michigan, county-supervised youths are treated in the community, in court-operated juvenile facilities, or in privately operated juvenile facilities under contract to the counties. Some youths

are in foster homes licensed through the court. These youths are often younger than those the state supervises, have committed less severe offenses, and generally do not require specialized services. The Child Care Fund is the primary funding mechanism for juvenile justice services in Michigan. This fund reimburses counties for 50 percent of eligible costs for juvenile justice and non-Title IV-E-eligible youths. Many counties have utilized their Child Care Fund dollars to develop effective lower cost community-based interventions for juvenile delinquents.

Services to State-Supervised Youth

Youth referred or committed to MDHHS for juvenile justice services are provided with case management services by MDHHS juvenile justice specialists. A youth may remain in the community and be provided with local services or placed in public or private residential treatment placements that include private contracted facilities or one of two state facilities.

Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs

State Plan Assurances added by P.L. 114-22
The Justice for Victims of Trafficking Act of 2015

(These amendments to CAPTA Are Effective May 29, 2017)

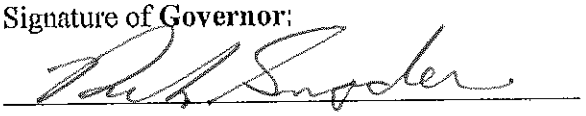
***Governor's* Assurance Statement for**
The Child Abuse and Neglect State Plan

As **Governor** of the State of Michigan, I certify that the state has in effect and is enforcing a State law, or has in effect and is operating a statewide program, relating to child abuse and neglect, which includes:

1. Provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); (section 106(b)(2)(xxiv) of CAPTA)

2. Provisions and procedures for training Children's Protective Services workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters; (section 106(b)(2)(xxv).

Signature of **Governor**:



Date: 5-31-16

Reviewed by:_____

(CB Regional Child Welfare Program Manager)

Dated:_____

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2017, October 1, 2016 through September 30, 2017

1. State or Indian Tribal Organization (ITO): Michigan	**2. EIN:** 38-6000134-C4
3. Address: 235 S Grand Avenue, Lansing, MI 48909	**4. Submission:** [X] New [ ] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$8,794,317
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$59,050
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$9,391,187
a) Total Family Preservation Services	$2,817,357
b) Total Family Support Services	$1,878,237
c) Total Time-Limited Family Reunification Services	$1,878,237
d) Total Adoption Promotion and Support Services	$1,878,237
e) Total for Other Service Related Activities (e.g. planning)	$
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$939,119
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$591,533
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$59,155
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$720,257
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$4,254,794
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$1,276,438
11. Estimated Education and Training Voucher (ETV) funds	$1,380,691
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$

13. Certification by State Agency and/or Indian Tribal Organization.

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature and Title of State/Tribal Agency Official	**Signature and Title of Central Office Official**
Director, Bureau of Budget	

Attachment B
OMB Approval #0970-0426
Approved through September 30, 2017

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO): Michigan

For FY 2017: OCTOBER 1, 2016 TO SEPTEMBER 30, 2017

SERVICES/ACTIVITIES	(a) IV-B Subpart I-CWS	(b) IV-B Subpart II-PSSF	(c) IV-B Subpart II- MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E**	(h) STATE, LOCAL, & DONATED FUNDS	(i) Number Individuals To Be Served	(j) Number Families To Be Served	(k) POPULATION TO BE SERVED	(l) GEOG. AREA TO BE SERVED
1.) PROTECTIVE SERVICES	$ 291,396			$ 709,750			$ -	$ -		157,067	Abuse/neglect reports	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ 2,168,896	$ 2,817,357		$ -			$ -	$ -	N A	6,314	Eligible families	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 3,936,894	$ 1,878,237		$ -			$ 159,508	$ 2,488,346	N A	23,669	Eligible families	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	$ 168,896	$ 1,878,237		$ -			$ -	$ -	13,653	N A	Eligible families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,878,237					$ -	$ -	25,258	N A	Eligible children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -					$ -	$ -	N A	N A	Eligible children	Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ 2,169,185						$ 32,826,200	$ 58,793,700	9,184	N A	Eligible children	Statewide
(b) GROUP/INST CARE	$ -						$ 23,336,900	$ 216,032,400	1,254	N A	Eligible children	Statewide
8.) ADOPTION SUBSIDY PMTS.	$ -						$ 101,114,600	$ 74,212,500	24,637	N A	Eligible children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.	$ -						$ 3,064,200	$ 8,089,500	1,162	N A	Eligible children	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -	$ -			$ 4,254,592		$ -	$ 1,063,648	4,627	N A	Eligible youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$ -	$ 1,380,691	$ -	$ 345,172	570	N A	Eligible youth	Statewide
12.) ADMINISTRATIVE COSTS	$ 59,050	$ 939,119	$ 59,155				$ 83,470,647	$ 85,881,249				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 1,551,768	$ 1,932,578				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 1,196,094	$ 1,841,693				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	N A	N A	N A	N A
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ 10,507	$ 202	$ -	$ 2,803,571	$ 5,246,322				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 532,398				$ -	$ -				
18.) TOTAL	$ 8,794,317	$ 9,391,187	$ 591,553	$ 720,257	$ 4,254,794	$ 1,380,691	$ 249,523,488	$ 455,927,108	N A	N A	N A	

*** These columns are for States only; Indian Tribes are not required to include information on these programs.**

**** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.**

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2014: October 1, 2013 through September 30, 2014

1. State or Indian Tribal Organization (ITO): Michigan	2. EIN: 38-6000134-C4	3. Address: 235 S Grand Avenue, Lansing, MI 48909				
4. Submission: [X] New [ ] Revision						
Description of Funds	***Estimated Expenditures***	***Actual Expenditures***	***Number Individuals served***	***Number Families served***	***Population served***	***Geographic area served***
5. Total title IV-B, subpart 1 funds	$ 9,019,652	$ 8,984,604	13,902	N A	Eligible children	Statewide
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	$ 23,700	$ -				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	$ 10,306,387	$ 10,306,387	N A	29,439	Eligible families	Statewide
a) Family Preservation Services	$ 2,061,277	$ 2,925,348				
b) Family Support Services	$ 3,091,918	$ 3,365,052				
c) Time-Limited Family Reunification Services	$ 2,061,277	$ 2,058,352				
d) Adoption Promotion and Support Services	$ 2,061,277	$ 1,658,988				
e) Other Service Related Activities (e.g. planning)	$ -	$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	$ 1,030,638	$ 298,647				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$ 648,710	$ 1,117,753				
a) Administrative Costs (not to exceed 10% of MCV allotment)	$ 64,871	$ -				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$ 4,842,248	$ 4,133,246				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$ 1,452,674	$ 175,124	3,138	N A	Eligible youth	Statewide
9. Total Education and Training Voucher (ETV) funds	$ 1,558,221	$ 1,558,221	634	N A	Eligible youth	Statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.						
Signature and Title of State/Tribal Agency Official	***Date***	***Signature and Title of Central Office Official***				***Date***
Susan Langan	6/28/2016					

Payment Limitations - Title IVB, Subpart 2 **Date: 06/02/16**

The State of Michigan provides the following chart as verification of compliance with the non-supplantation requirements in section 432(a)(7)(A) of the Act. FY2013 expenditures reflect amounts expended for the purposes of Title IV-B, subpart 2 (family preservation & family support services) funded by State, Local and Federal sources other than Title IV-B, Subpart 2.

	1992 Base Year Expenditures	FY2014 Expenditures [1]
Federal	$ 19,096,000	$ 95,374,700
State / Local	$ 25,089,700	$ 84,548,800
Total	$ 44,185,700	$ 179,923,500

(1) FY2014 Title IVB, subpart 2 federal grant ($9,391,187) and required State matching funds ($3,130,396) are not included in reported expenditure amounts.

State of Michigan

Comparison of FFY 2016 and FFY 2005 Title IV-B, Subpart 1 Expenditures

Date: 06/03/16

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

		2005 Federal Funds (1)	2005 Non-Federal Funds	2005 Total Federal & Non-Federal	2005 Non-Federal Funds Used as 25% Match (2)	2005 Amount State Exceeded Match Requirement
(3)	Administration & Other Services	$7,567,068	$10,993,304	$18,560,372	$0	$10,993,304
	Foster Care Board & Care (Maintenance)	$2,169,185	$62,810,809	$64,979,994	$3,245,418	$59,565,391
	Child Care	$0	$0	$0	$0	$0
	Adoption Assistance Payments	$0	$0	$0	$0	$0
	Totals	$9,736,253	$73,804,113	$83,540,366	$3,245,418	$70,558,695

Michigan estimated expenditures for Title IV-B Child Welfare Program, period ended September 30, 2017 (FFY 2017): 0

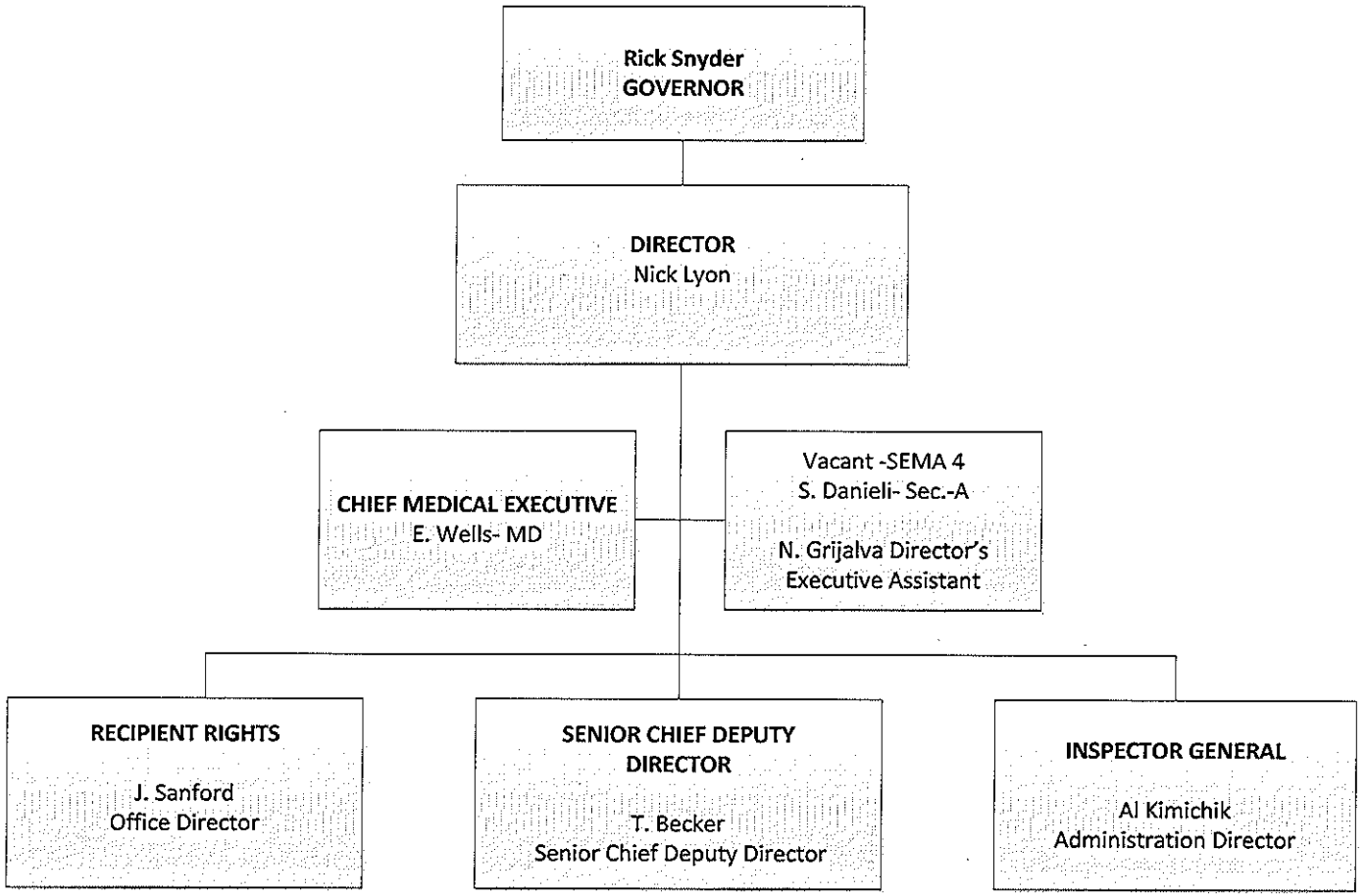
		2017 Estimated Federal Funds (1)	2017 Estimated Non-Federal Funds	2017 Estimated Total Federal & Non-Federal	2017 Estimated Non-Federal Funds Used as 25% Match (2)	2017 Est. Amount State Exceeded Match Requirement
(3)	Administration	$59,050	$98,631	$157,681	$0	$98,631
	Foster Care Board & Care (Maintenance)	$2,169,185	$35,711,134	$37,880,319	$2,931,439	$32,779,695
	Prevention & Family Support Services	$3,936,894	$2,488,346	$6,425,240	$0	$2,488,346
	Protective Services	$291,396	$0	$291,396	$0	$0
	Family Preservation-Crisis Intervention	$2,168,896	$0	$2,168,896	$0	$0
	Time-Limited Family Reunification	$168,896	$0	$168,896	$0	$0
	Child Care	$0	$0	$0	$0	$0
	Adoption Assistance Payments	$0	$0	$0	$0	$0
	Totals	$8,794,317	$38,298,111	$47,092,428	$2,931,439	$35,366,672

(1) Total Title IV-B, Subpart 1 funds spent for foster care maintenance = $2,169,185, child care = $0, adoption assistance payments = $0.

(2) Estimated FFY 2016 match amount from State spending on foster care maintenance payments ($2,931,439) does not exceed the FFY 2005 match amount ($3,245,418).

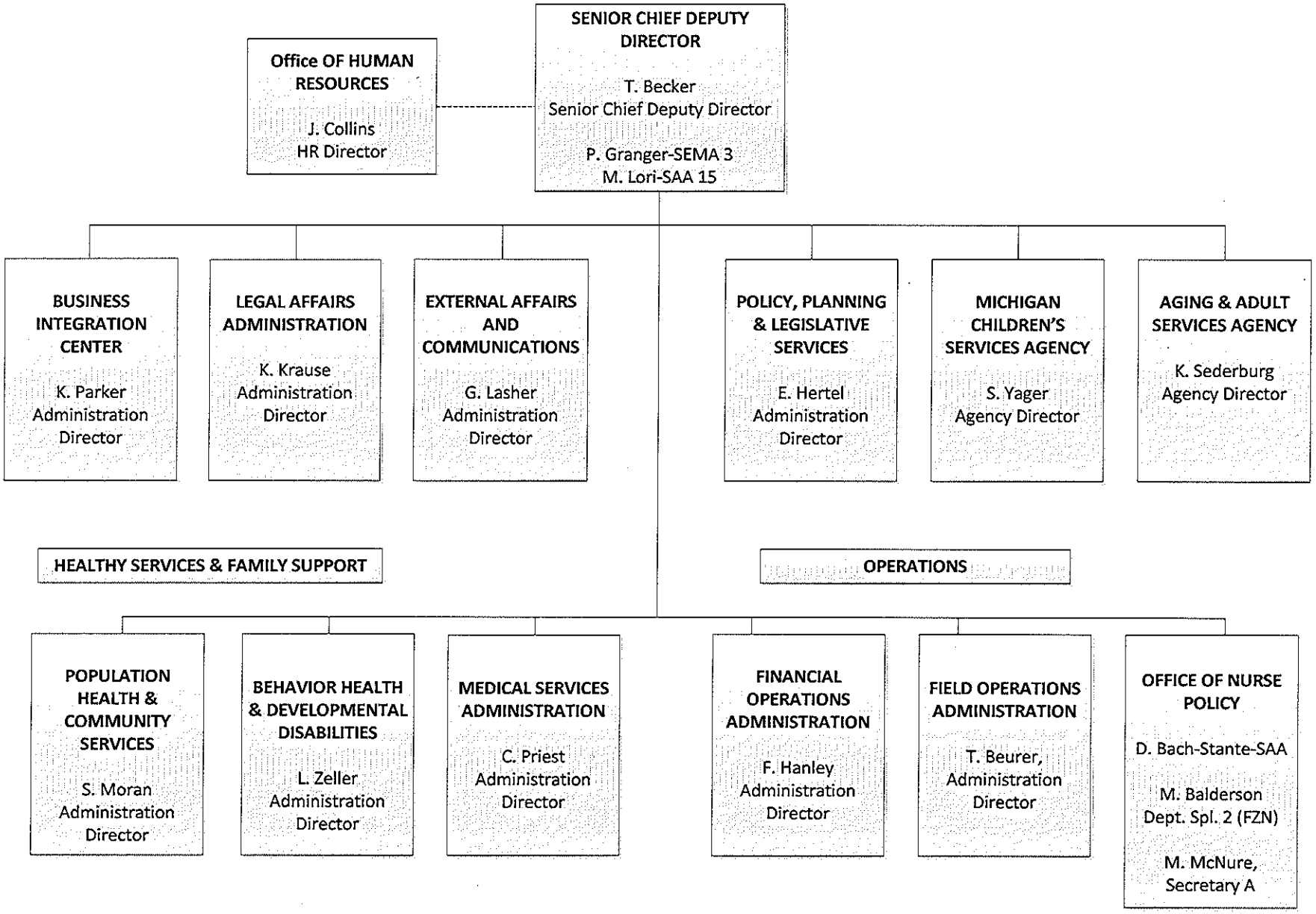
(3) Prior to FFY 2008, ACF required distinctive tracking and reporting of foster care maintenance expenditures only. All other expenditures, services and administrative, were reported in a second category. Beginning FFY 2008, expenditures are broken-down between administration and service areas. Estimated FFY 2016 administrative costs do not exceed 10% of grant.

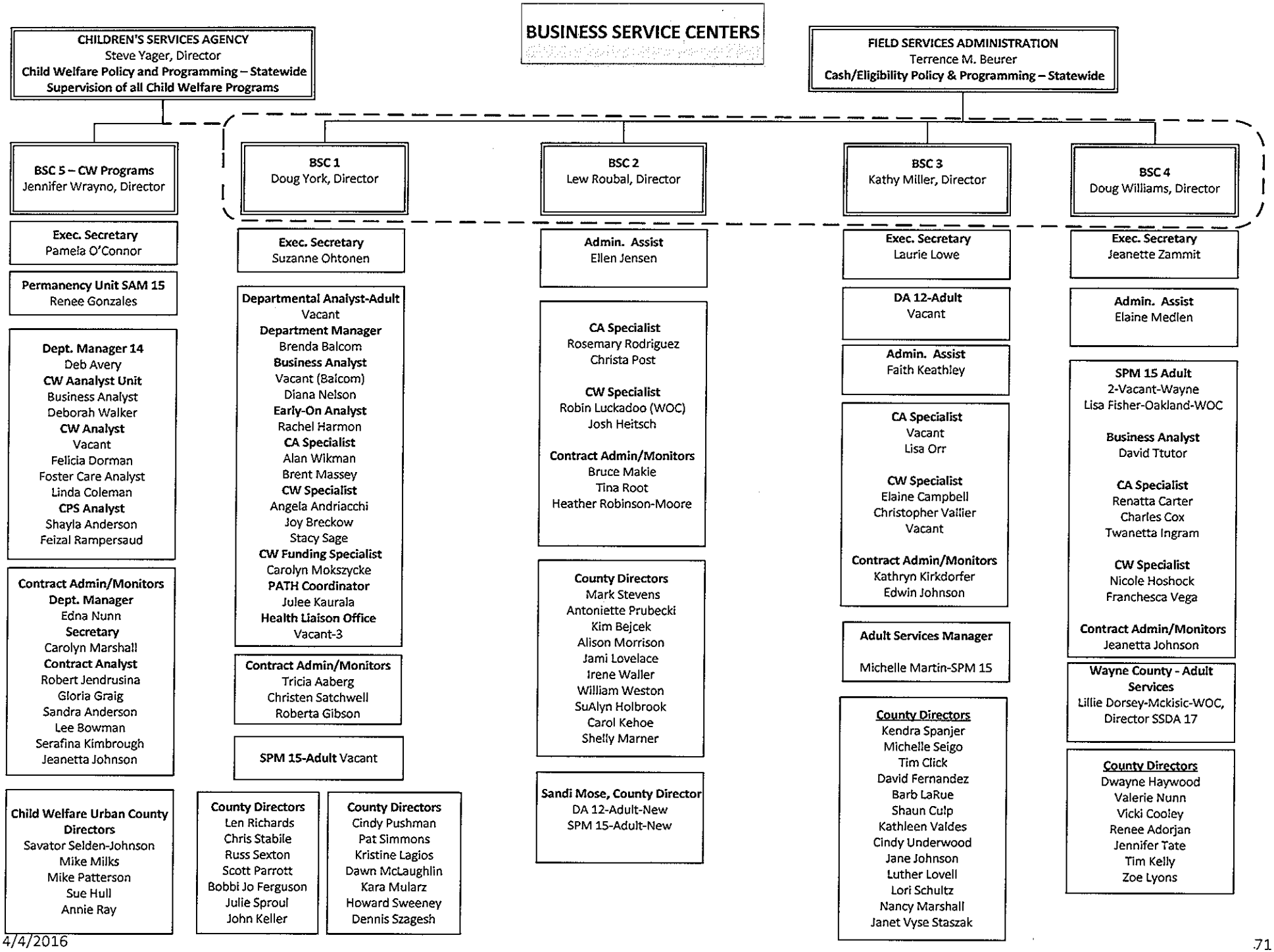
Michigan Department of Health and Human Services

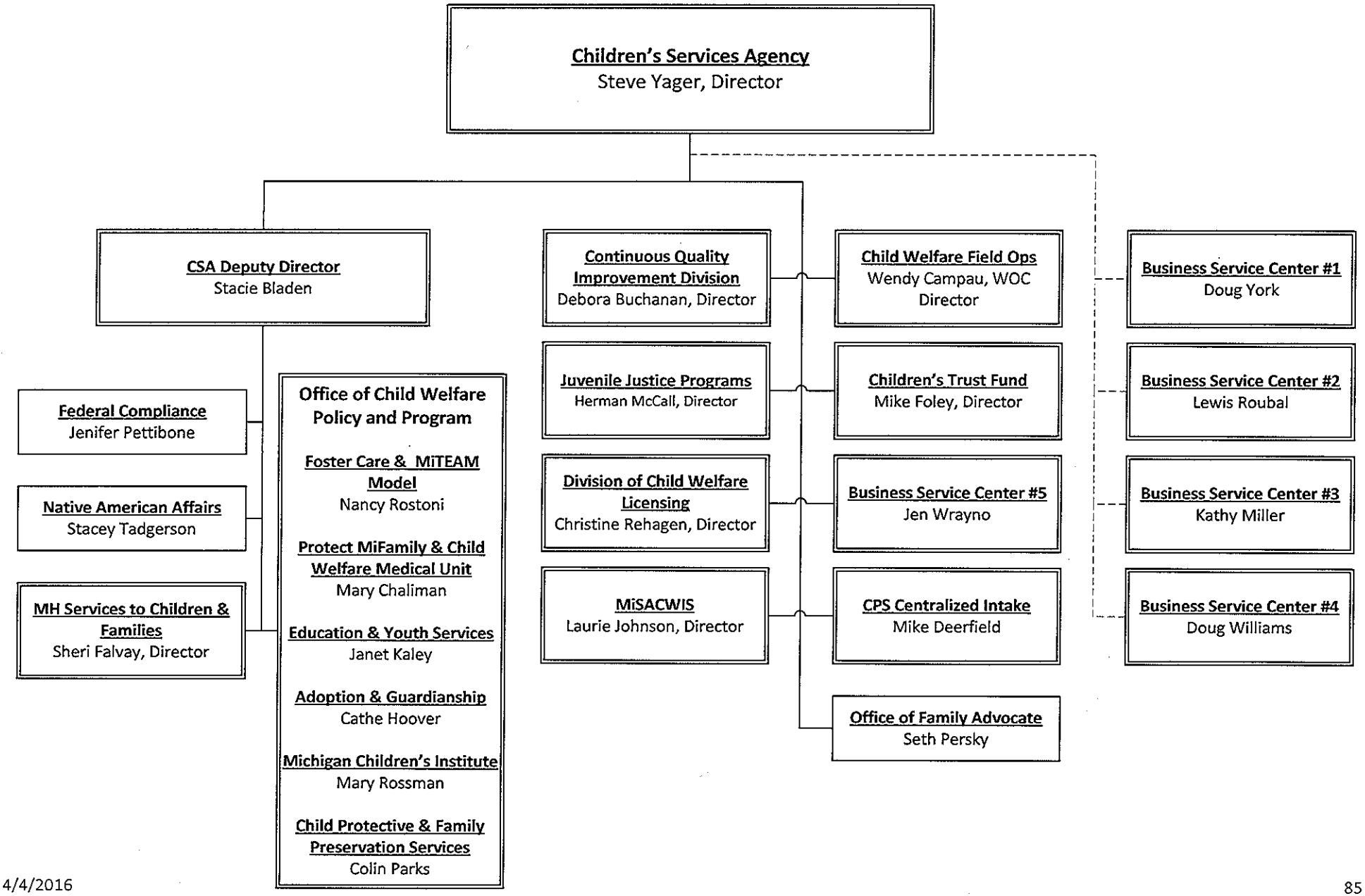


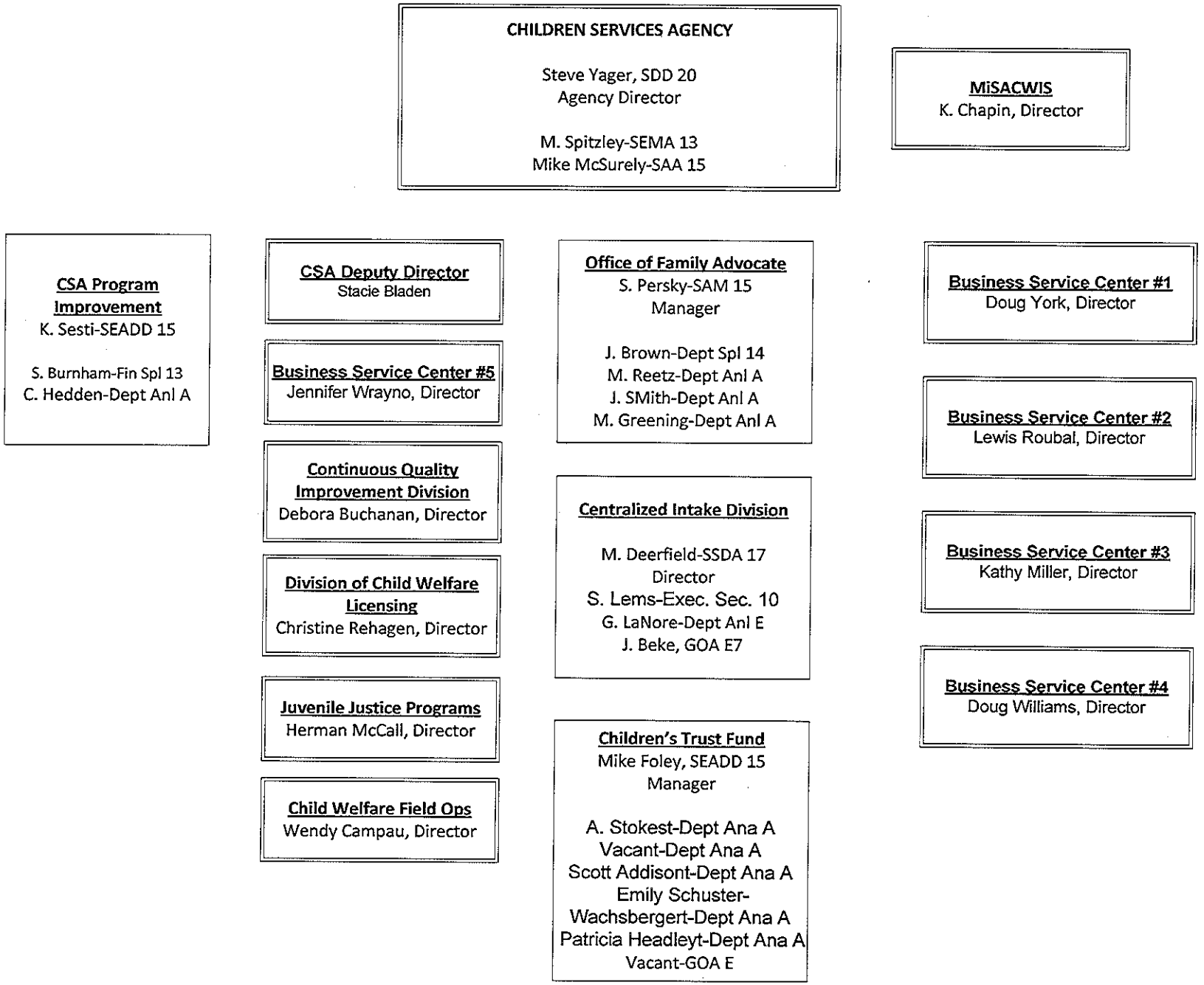
APSR 2017 Attachment C

Michigan Department of Health and Human Services
Deputy Director's Office




BUSINESS SERVICE CENTERS
CHILDREN'S SERVICES AGENCY
Steve Yager, Director
Child Welfare Policy and Programming – Statewide
Supervision of all Child Welfare Programs
FIELD SERVICES ADMINISTRATION
Terrence M. Beurer
Cash/Eligibility Policy & Programming – Statewide
BSC 5 – CW Programs
Jennifer Wrayno, Director
BSC 1
Doug York, Director
BSC 2
Lew Roubal, Director
BSC 3
Kathy Miller, Director
BSC 4
Doug Williams, Director
Exec. Secretary
Pamela O'Connor
Permanency Unit SAM 15
Renee Gonzales
Dept. Manager 14
Deb Avery
CW Aanalyst Unit
Business Analyst
Deborah Walker
CW Analyst
Vacant
Felicia Dorman
Foster Care Analyst
Linda Coleman
CPS Analyst
Shayla Anderson
Feizal Rampersaud
Contract Admin/Monitors
Dept. Manager
Edna Nunn
Secretary
Carolyn Marshall
Contract Analyst
Robert Jendrusina
Gloria Graig
Sandra Anderson
Lee Bowman
Serafina Kimbrough
Jeanetta Johnson
Child Welfare Urban County Directors
Savator Selden-Johnson
Mike Milks
Mike Patterson
Sue Hull
Annie Ray
Exec. Secretary
Suzanne Ohtonen
Departmental Analyst-Adult
Vacant
Department Manager
Brenda Balcom
Business Analyst
Vacant (Balcom)
Diana Nelson
Early-On Analyst
Rachel Harmon
CA Specialist
Alan Wikman
Brent Massey
CW Specialist
Angela Andriacchi
Joy Breckow
Stacy Sage
CW Funding Specialist
Carolyn Mokszycke
PATH Coordinator
Julee Kaurala
Health Liaison Office
Vacant-3
Contract Admin/Monitors
Tricia Aaberg
Christen Satchwell
Roberta Gibson
SPM 15-Adult Vacant
County Directors
Len Richards
Chris Stabile
Russ Sexton
Scott Parrott
Bobbi Jo Ferguson
Julie Sproul
John Keller
County Directors
Cindy Pushman
Pat Simmons
Kristine Lagios
Dawn McLaughlin
Kara Mularz
Howard Sweeney
Dennis Szagesh
Admin. Assist
Ellen Jensen
CA Specialist
Rosemary Rodriguez
Christa Post
CW Specialist
Robin Luckadoo (WOC)
Josh Heitsch
Contract Admin/Monitors
Bruce Makie
Tina Root
Heather Robinson-Moore
County Directors
Mark Stevens
Antoniette Prubecki
Kim Bejcek
Alison Morrison
Jami Lovelace
Irene Waller
William Weston
SuAlyn Holbrook
Carol Kehoe
Shelly Marner
Sandi Mose, County Director
DA 12-Adult-New
SPM 15-Adult-New
Exec. Secretary
Laurie Lowe
DA 12-Adult
Vacant
Admin. Assist
Faith Keathley
CA Specialist
Vacant
Lisa Orr
CW Specialist
Elaine Campbell
Christopher Vallier
Vacant
Contract Admin/Monitors
Kathryn Kirkdorfer
Edwin Johnson
Adult Services Manager
Michelle Martin-SPM 15
County Directors
Kendra Spanjer
Michelle Seigo
Tim Click
David Fernandez
Barb LaRue
Shaun Culp
Kathleen Valdes
Cindy Underwood
Jane Johnson
Luther Lovell
Lori Schultz
Nancy Marshall
Janet Vyse Staszak
Exec. Secretary
Jeanette Zammit
Admin. Assist
Elaine Medlen
SPM 15 Adult
2-Vacant-Wayne
Lisa Fisher-Oakland-WOC
Business Analyst
David Ttutor
CA Specialist
Renatta Carter
Charles Cox
Twanetta Ingram
CW Specialist
Nicole Hoshock
Franchesca Vega
Contract Admin/Monitors
Jeanetta Johnson
Wayne County - Adult Services
Lillie Dorsey-Mckisic-WOC,
Director SSDA 17
County Directors
Dwayne Haywood
Valerie Nunn
Vicki Cooley
Renee Adorjan
Jennifer Tate
Tim Kelly
Zoe Lyons


Children's Services Agency
Steve Yager, Director
CSA Deputy Director
Stacie Bladen
Federal Compliance
Jenifer Pettibone
Native American Affairs
Stacey Tadgerson
MH Services to Children & Families
Sheri Falvay, Director
Office of Child Welfare Policy and Program
Foster Care & MiTEAM Model
Nancy Rostoni
Protect MiFamily & Child Welfare Medical Unit
Mary Chaliman
Education & Youth Services
Janet Kaley
Adoption & Guardianship
Cathe Hoover
Michigan Children's Institute
Mary Rossman
Child Protective & Family Preservation Services
Colin Parks
Continuous Quality Improvement Division
Debora Buchanan, Director
Juvenile Justice Programs
Herman McCall, Director
Division of Child Welfare Licensing
Christine Rehagen, Director
MiSACWIS
Laurie Johnson, Director
Child Welfare Field Ops
Wendy Campau, WOC Director
Children's Trust Fund
Mike Foley, Director
Business Service Center #5
Jen Wrayno
CPS Centralized Intake
Mike Deerfield
Office of Family Advocate
Seth Persky
Business Service Center #1
Doug York
Business Service Center #2
Lewis Roubal
Business Service Center #3
Kathy Miller
Business Service Center #4
Doug Williams


CHILDREN SERVICES AGENCY
Steve Yager, SDD 20
Agency Director
M. Spitzley-SEMA 13
Mike McSurely-SAA 15
MiSACWIS
K. Chapin, Director
CSA Program Improvement
K. Sesti-SEADD 15
S. Burnham-Fin Spl 13
C. Hedden-Dept Anl A
CSA Deputy Director
Stacie Bladen
Business Service Center #5
Jennifer Wrayno, Director
Continuous Quality Improvement Division
Debora Buchanan, Director
Division of Child Welfare Licensing
Christine Rehagen, Director
Juvenile Justice Programs
Herman McCall, Director
Child Welfare Field Ops
Wendy Campau, Director
Office of Family Advocate
S. Persky-SAM 15
Manager
J. Brown-Dept Spl 14
M. Reetz-Dept Anl A
J. SMith-Dept Anl A
M. Greening-Dept Anl A
Centralized Intake Division
M. Deerfield-SSDA 17
Director
S. Lems-Exec. Sec. 10
G. LaNore-Dept Anl E
J. Beke, GOA E7
Children's Trust Fund
Mike Foley, SEADD 15
Manager
A. Stokest-Dept Ana A
Vacant-Dept Ana A
Scott Addisont-Dept Ana A
Emily Schuster-Wachsbergert-Dept Ana A
Patricia Headleyt-Dept Ana A
Vacant-GOA E
Business Service Center #1
Doug York, Director
Business Service Center #2
Lewis Roubal, Director
Business Service Center #3
Kathy Miller, Director
Business Service Center #4
Doug Williams, Director

Continuous Quality Improvement

D. Buchanan-SDA 17
Division Director

Vacant-Exec Sec 10

Quality Assurance Unit #1

T. Keys-SAM 15
Manager

N. Leitch-Dept Anl A
H. Williams-Dept Anl A
J. Bimer-Dept Anl A
N. Riddle-Dept Anl A
Vacant-Dept Anl A
L. Barrett-Dept Anl A
Vacant-Dept Anl A
H. Zeigler-Dept Anl A
B. Blanchard-Dept Anl A
Vacant-Dept Anl A
H. Ergang-Dept Anl A

CHILD WELFARE FEDERAL REPORTS

N. Rygwelski-Dept Anl A
M. Sauter-Dept Anl A

Quality Assurance Unit #2

C. Kennedy-SAM 15
Manager

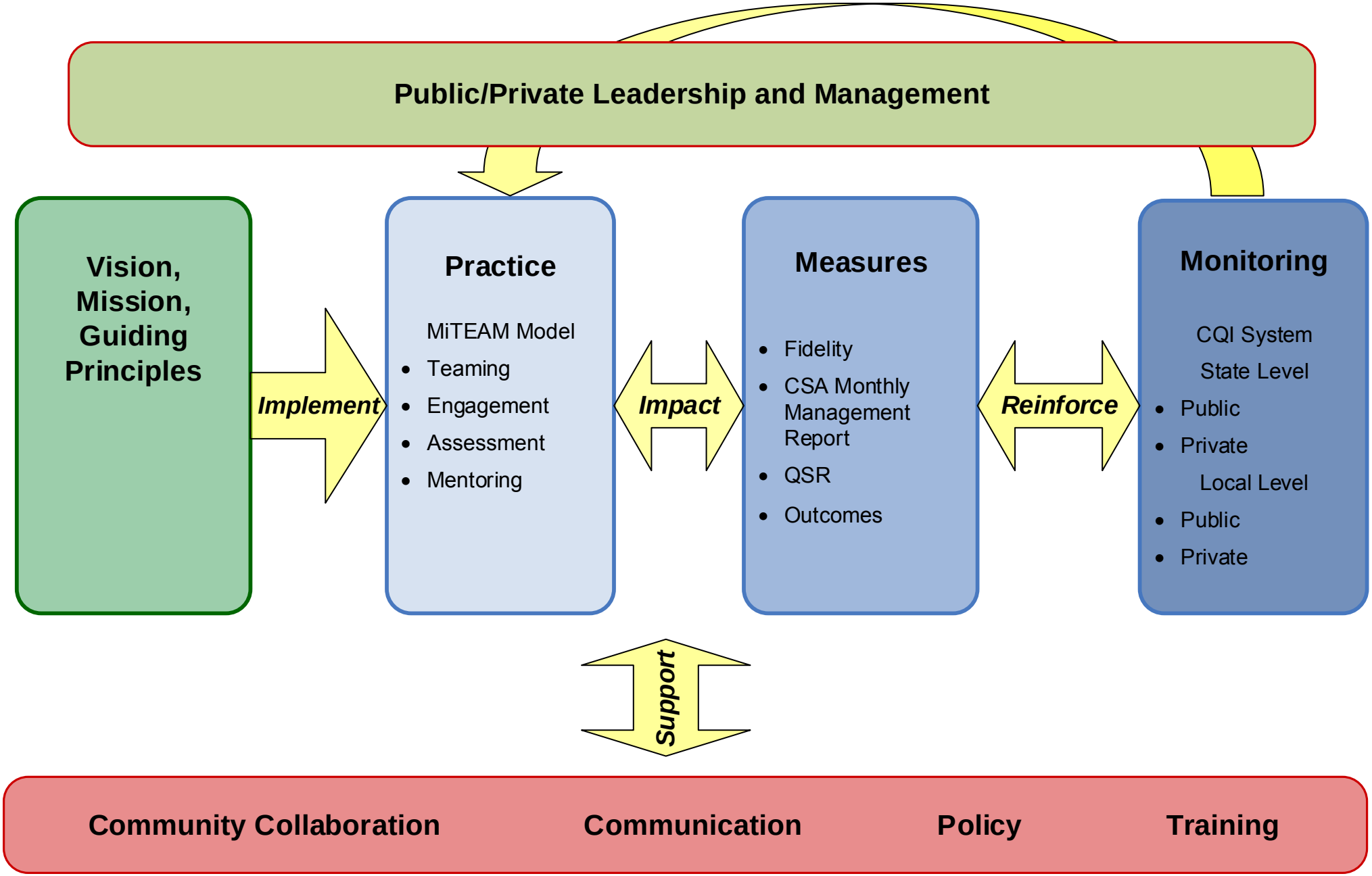
D. Herring-Davis-Dept Anl A
J. Johson-Dept Anl A
H. Paschal-Dept Anl A
K. Shovlin-Dept Anl A
L. Mack-Dept Anl A
C. Earls-Dept Anl A
H. McBride-Dept Anl A
T. VanHouten-Dept Anl A
E. Jackson-Dept Anl A
T. Sell-Dept Anl A

Child Welfare Data Unit

M. Rosenberg-SAM 15
Manager

Y. Forehand-Dept Anl A
S. Gross-Dept Anl A
D. Oseburg-Dept Anl A
J. Kipfmiller-Dept Anl A
S. Lyons-Dept Anl A
M. Walters-Dept Anl A
S. VanAllsburg-Dept Anl A
S. Ward-Dept Anl A

Child Welfare Continuous Quality Improvement



Measuring and Monitoring Progress

Practice Model Competencies FIDELITY

Data Source: MITEAM Fidelity Tool

- Engagement
- Teaming
- Assessment
- Mentoring

Quality Performance QUALITY SERVICE REVIEW

Data Source: QSR Results

QSR: Selected Practice Performance Indicators

- Cultural Identity and Need
- Engagement
- Teamwork & Coordination
- Assessment & Understanding
- Long-term View
- Planning Interventions
- Implementing Interventions
- Medication Management
- Tracking & Adjustment

QSR: Child and Family Status Indicators

- Safety: Exposure to Threats
- Safety: Behavioral Risk
- Stability
- Permanency
- Living Arrangement
- Physical Health
- Emotional Functioning
- Learning & Development
- Voice and Choice
- Family Functioning/Resourcefulness
- Caregiving
- Family Connections

Behaviors KEY PERFORMANCE INDICATORS

Data Source: CSA MMR

Face to Face CPS Initial Worker Contacts
Initial face-to-face contacts required for CPS investigations

Face to Face Worker-Child Social Work Contacts
Child welfare professionals will visit children as required by policy.

*** Timely Initial Home Studies & Licensing Waivers**
Timely initial home studies and licensing waivers for children placed in unlicensed relative placements.

Medical & Dental Care
Children in care are provided updated and current medical, dental and mental health examinations and when necessary, appropriate follow up treatment.

Timely & Thorough Completion of Case Plans
Completion of timely and thorough case plans in

*** Parent/Child Visitation**
Child welfare professionals will ensure children with a reunification goal will visit with their parents if available.

*** Formal 90 Day Discharge Planning for Older Youth**
Engagement of older youth aging out of foster care system in a formal 90-day discharge planning meeting to support their transition to independence.

Results OUTCOMES

Data Source: Chapin Hall

Safety/Permanency: Placement Rates for Children Removed from Caregivers and Placed in Out of Home

Safety: Maltreatment in Foster Care

*** Safety: Initial Incidence of Maltreatment And Recurrence**

Safety: Recurrence of Maltreatment
Within 12 months

Permanency: Placement Stability

Permanency in 12 Months for Children Entering Care

Permanency: Re-entry to Foster Care in 12 months

** = Data not yet available*

Michigan Strengthening Our Focus
May 2015

Michigan Indian Tribes

Tribal Chair	Tribal Attorney(s)
Levi Carrick, Sr. President Bay Mills Indian Community 12140 W. Lakeshore Drive Brimley, MI 49715 Telephone: 906-248-3241 Fax: 906-248-3283 E-mail: lcarricksr@baymills.org	Kathryn Tierney Bay Mills Indian Community 12140 West Lakeshore Drive Brimley, MI 49715 Telephone: 906-248-3241 Fax: 906-248-3283 E-mail: candyt@bmic.net
Alvin Pedwaydon Tribal Chairman Grand Traverse Band of Ottawa & Chippewa Indians 2605 N. W. Bayshore Drive Suttons Bay, MI 49682 Telephone: 231-534-7750 Fax: 231-534-7568 Toll Free: 866-534-7750 E-mail: al.pedwaydon@gtbindians.com	John Petoskey General Counsel Grand Traverse Band of Ottawa & Chippewa Indians 2605 N.W. Bayshore Drive Peshawbestown, MI 49682 Telephone: 231-534-7279 Fax: 231-534-7600 E-mail: John.Petoskey@gtbindians.com
D. K. Sprague Tribal Chairman Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (Gun Lake Band) P.O. Box 218 1743 142nd Avenue Dorr, MI 49323 Telephone: 616-681-8830 Fax: 616-681-8836 E-mail: dksprague@mbpi.org	Diane Vitols Tribal Attorney Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (Gun Lake Band) P.O. Box 90 1742 142nd Avenue, Suite 3 Dorr, MI 49323 Telephone: 616-681-0498 Fax: E-mail: dvitols@mbpi.org
Kenneth Meshigaud Tribal Chairman Hannahville Indian Community N-14911 Hannahville, B1 Road Wilson, MI 49896-9717 Telephone: 906-466-2932 Fax: 906-466-2933 E-mail: tyderyien@hannahville.org	Tony Mancilla Hannahville Indian Community N-14911 Hannahville, B1 Road Wilson, MI 49896-9728 Telephone: 906-723-2611 Fax: n/a E-mail: tmancilla@hannahville.org
Warren “Chris” Schwartz President Keweenaw Bay Indian Community 16429 Bear Town Road Baraga, MI 49908 Telephone: 906-353-6623, ext. 4103 Fax: 906-353-7540 E-mail: tcchris@kbic-nsn.gov	Lindy Grell Keweenaw Bay Indian Community 16429 Bear Town Road Baraga, MI 49908 Telephone: 906-353-4107 Fax: 906-353-7174 E-mail: lgrell@kbic-nsn.gov
James Williams, Jr. Tribal Chairman Lac Vieux Desert Band of Lake Superior Chippewa Indians P.O. Box 249 Watersmeet, MI 49969 Telephone: 906-358-4577 Fax: 906-358-4785 E-mail: jim.williams@lvdtribal.com	Karrie Wichtman Corporate Counsel/Prosecutor Lac Vieux Desert Band of lake Superior Chippewa Indians P.O. Box 531 Watersmeet, MI 49969 Telephone: 906-353-4107 Fax: 906-353-7174 E-mail: kwichtman@rosettelaw.com

Larry Romanelli Ogema Little River Band of Ottawa Indians 375 River Street Manistee, MI 49660 Telephone: 231-398-6823 Fax: E-mail: lromanelli@lrboi.com	Susan Aasen General Counsel Little River Band of Ottawa Indians 375 River Street Manistee, MI 49660 Telephone: 231-398-6811 Fax: 231-723-3270 E-mail: saasen@lrboi.com
Regina Gasco-Bentley, Interim Chair, Rebecca Fisher, Asst to the Chair Tribal Chairwoman Little Traverse Bay Bands of Odawa Indians 7500 Odawa Circle Harbor Springs, MI 49740 Telephone: 231-242-1418 Fax: 231-242-1412 E-mail: rbentley@ltbbodawa-nsn.gov , rfisher@ltbbodawa-nsn.gov\	Jim Bransky Little Traverse Bay Bands of Odawa Indians 7500 Odawa Circle Harbor Springs, MI 49740 Telephone: 231-242-1405 Fax: 231-242-1415 E-mail: jbransky@chartermi.net
Homer Mandoka Tribal Chairman Nottawaseppi Huron Band of Potawatomi Indians 2221 1-1/2 Mile Road Fulton, MI 49052 Telephone: 269-729-5151 Fax: E-mail: hmandoka@nhbpi.com	William Brooks Tribal Attorney Nottawaseppi Huron Band of Potawatomi Indians 2221 1-1/2 Mile Road Fulton, MI 49052 Telephone: 269-729-5151 Fax: E-mail: bbrooks@nhbpi.com
John Warren Tribal Chairman Pokagon Band of Potawatomi Indians 58620 Sink Road P.O. Box 180 Dowagiac, MI 49047 Telephone: 269-782-6323 Fax: 269-782-9625 E-mail: john.warren@pokagonband-nsn.gov	Michael G. Phelan General Counsel Pokagon Band of Potawatomi Indians 58620 Sink Road P.O. Box 180 Dowagiac, MI 49047 Telephone: 269-782-8998, Ext. 222 Fax: 269-782-6882 E-mail: mike.phelan@pokagonband-nsn.gov
Frank Cloutier Tribal Chief Saginaw Chippewa Indian Tribe 7070 East Broadway Mt. Pleasant, MI 48858 Telephone: 989-775-4000 Fax: 989-772-3508 E-mail: fcloutier@sagchip.org	Sean Reed Saginaw Chippewa Indian Tribe 7070 East Broadway Mt. Pleasant, MI 48858 Telephone: 989-775-4032 Fax: 989-775-4614 E-mail: sreed@sagchip.org
Aaron Payment Chairman Sault Ste. Marie Tribe of Chippewa Indians 523 Ashmum Street Sault Ste. Marie, MI 49783 Telephone: 906-635-6050 Fax: 906-635-6289 E-mail: aaronpayment@saulttribe.net	John Wernet Sault Ste. Marie Tribe of Chippewa Indians 523 Ashmun Street Sault Ste. Marie, MI 49783 Telephone: 906-635-8638 Fax: 906-632-6587 E-mail: jwernet@saulttribe.net

Tribal Social Services Directors

March 2016

Bay Mills Indian Community
Amy Perron, Director
12124 W. Lakeshore Drive
Brimley, MI 49715
906-248-3204
908-248-3283
aperron@baymills.org

Hannahville Indian Community
Sheila Nantelle, Director
Hannahville Social Services
N10519 Hannahville B-1 Rd.
Wilson MI 49896-9728
906-723-2510
906-466-7397
Sheila.nantelle@hichealth.org

Keweenaw Bay Indian Community
Judith Heath, Director
Tribal Social Services
16429 Beartown Road
Baraga, MI 49908
906-353-4201 or 908-353-4212
906-353-8171
judy@kbic-nsn.gov

Grand Traverse Band of Ottawa and Chippewa Indians
Helen Cook, Anishnaabbek Family Sources Coordinator
2605 N. W. Bayshore Drive
Peshawbestown, MI 49682
231-534-7681
231-534-7706
Helen.cook@gtbindians.com

Nottawaseppi Huron Band of Potawatomi
Meg Fairchild, Manager
Behavioral Health and Social Services
1417 Mno Bmadzewen Way
Fulton, MI 49052
269-729-4422
269-729-5920
rjohnson@nhbp.org
socialwpc@nhbp.org
jfoster@nhbp.org

Lac Vieux Desert Band of Lake Superior Chippewa Indians
Dee Dee Megeshick, Director of Social Services
P.O. Box 249
Choate Road
Watersmeet, MI 49969
906-358-4940
906-358-4785
Dee.mcgeshick@lvdtribal.com

Little River Band of Ottawa Indians
Jason Cross, Director, Family Services
375 River Street
Manistee, MI 49660
231-723-8288
FAX Needed
jcross@lrboi-nsn.com
sdrake@lrboi-nsn.com

Match-e-be-nash-she-wish Band of Pottawatomi Indian
Phyllis Davis, Health Director
Leslie Pigeon, ICWA Coordinator
1743 142nd Ave., P.O. Box 306
Dorr, MI 49323
616-681-0360 x 316
616-681-0380
Phyllis.Davis@hhs.glt-nsn.gov
lapigeon@mbpi.org

Little Traverse Bay Bands of Odawa Indians
Denneen Smith, Director
Human Services Department
7500 Odawa Circle
Harbor Springs, MI 49740
231-242-1620
231-242-1635
DMSmith@LBBODAWA-NSN.gov

Pokagon Band of Potawatomi Indians
Mark Pompey. Director, Tribal Social Services
58620 Sink Road
Dowagiac, MI 49047
269-462-4277
269-782-4295
Mark.Pompey@pokagonband-nsn.gov

Saginaw Chippewa Indian Tribe of Michigan
Dustin Davis, Tribal Administrator
Anishnabek Family Services
7070 East Broadway Road
Mt. Pleasant, MI 48858
ddavis@sagchip.org
989-775-4901
989-775-4912

Sault Ste. Marie Tribe of Chippewa Indians of Michigan
Juanita Bye, Director
Anishnabek Community and Family Services
2218 Shunk Road
Sault Ste. Marie, MI 49783
800-726-0093
906-635-4969
jbye@saulttribe.net
mvanluven@saulttribe.net

North American Indian Association of Detroit
Brian Moore,
Executive Director
22720 Plymouth Road
Detroit, MI 48239-1327
Tel. (313) 535-2966
Fax (313) 535-8060
bmoore@naiadetroit.org
www.naiadetroit.org

South Eastern Michigan Indians, Inc.
Sue Franklin, Executive Director
26641 Lawrence St.
Centerline, MI 48015
Tel. (586) 756-1350
Fax (586) 756-1352
semii1975@yahoo.com
www.semii.itgo.com

American Indian Health and Family Services of Southeastern MI, Inc.
Ashley Tuomi, Executive Director
4880 Lawndale
Detroit, MI 48210
Tel. (313) 846-3718
Fax (313) 846-0150
atuomi@aihfs.org
www.aihfs.org

Nokomis Learning Center
5153 Marsh Road
Okemos, MI 48864-1198
Tel. (517) 349-5777
Fax (517) 349-8560
info@nokomis.org
www.nokomis.org

American Indian Services, Inc.
Fay Givens, Executive Director
1110 Southfield Road
Lincoln Park, MI 48146
Tel. (313) 388-4100
Fax (313) 388-6566
amerinserv@ameritech.net

Native American Family Services
671 Davis Street NW Suite 103,
Grand Rapids, MI 49504
Tel. (616) 451-6767
NAfamilyservices@hotmail.com

Inter-Tribal Council of Michigan, Inc. (ITC)
L. John Lufkins, Director
2956 Ashmun; Suite A
Sault Ste. Marie, MI 49783
Phone: 906.632.6896 (ext. 116)
Phone: 1.800.562.4957
jlufkins@itcmi.org
http://www.itcmi.org

United Tribes of Michigan (UTM)
Frank Ettawageshik, Executive Director
5453 Hughston Road
Harbor Springs, MI 49740
Phone: 517.802.8650
http://www.unitedtribesofmichigan.com

Michigan Indian Education Council
P.O. Box 378
Haslett, MI 48840
Conrad Church, President
churchc@gmail.gvsu.edu
www.miec.org

Michigan Indian Employment & Training
Lansing: 517-393-0712
Grand Rapids: 616-538-9644
Muskegon: 231-722-7769
Portage: 269-323-3339
www.michigan.gov/americanindians

Michigan Indian Legal Services
James Keedy
814 S. Garfield Ave.; Suite A
Traverse City, MI 49686
Phone: 1.800.968.6877
jkeedy@mils3.org
www.mils3.org

Native American Institute
Justin S. Morrell Hall of Agriculture
446 W. Circle Drive, Room 412
East Lansing, MI 48824
517.353.6632
nai@msu.edu
www.nai.msu.edu

Indigenous Law Program (MSU)
ICWA Project
Kate Fort, Professor
fort@law.msu.edu

Ingham County Health Department
Native American Outreach Program
Jaclynn Lloyd, Coordinator
Phone: 517.272.4127
JLloyd@ingham.org

Uniting Three Fires Against Violence
Lori Jump, Executive Director
Sault Ste. Marie, MI
Phone: 906-253-9775
www.unitingthreefiresagainstviolence.org

Native Placement Agencies:

Binogii Placement Agency
Juanita Bye, Interim Director
2218 Shunk Rd.
Sault Ste. Marie, MI 49783
Phone: 906.632.5250
jbye@saulttribe.net
http://www.saulttribe.org

Grand Traverse Band of Ottawa and Chippewa Indians
231-534-7906
New Path Boy's Treatment Home:
2605 Putnam Road
Peshawbetown, MI 49682
Shkiniikwe Girl's Treatment Home:
7282 Hoadley Road
Benzonia, MI 49616

Sault Tribe Youth Detention Center
1130 North Street
St. Ignace, MI 49781
Phone: 906-643-0941
Fax: 906-643-6340

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

September 6, 2016

State Court Administrative Office
Attn: Robin Eagleson-Trial Court Services Division
Michigan Hall of Justice
PO Box 30048
Lansing, MI 48909

Dear Mrs. Eagleson:

Thank you for your work as Chair of the Citizen Review Panel for Children's Protective Services, Foster Care and Adoption. The Michigan Department of Health and Human Services (MDHHS) continues to strengthen child welfare practices and policies; the recommendations in your 2015 Annual Report are timely and meaningful.

I have enclosed an executive summary of the recommendations of all three of Michigan's Citizen Review Panels. The MDHHS response to each recommendation is included. The entire report is available at the National Citizen Review Panel Web site at http://www.uky.edu/SocialWork/crp/states/mi/welcome.htm.

Please extend my thanks to the members of the Citizen Review Panel for Child Fatalities. Their continued advocacy on behalf of Michigan's children is helping to improve the safety and well-being of our youth.

Sincerely,

Steve Yager, Executive Director
Children's Services Agency

Enclosure

Michigan Citizen Review Panels
2015 Annual Report

Executive Summary

Sections 106 (b)(2)(A)(x) and (c) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) requires the establishment of Citizen Review Panels in all states receiving CAPTA funding.

Purpose

The purpose of the Citizen Review Panels is to provide new opportunities for citizens to play an integral role in ensuring that States are meeting their goals of protecting children from abuse and neglect.

Number of Panels Required

Michigan was required to establish three Panels by June 30, 1999.

The Panels were established with membership from three existing citizen advisory committees: the Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect, and the State Child Death Review Team.

The Panels are:
Citizen Review Panel for Prevention,
Citizen Review Panel for Children's Protective Services, Foster Care and Adoption, and
Citizen Review Panel for Child Fatalities.

Reports

The Panels must develop annual reports and make them available to the public. These reports are due March 31 of each year. The contents of the reports include the following:

1. A summary of the Panel's activities.
2. Findings and recommendations.

The Michigan Department of Health and Human Services must provide a written response to the findings and recommendations of the three panels.

Below are the recommendations of each of the panels. See the entire report for the 2015 activities, findings, and complete recommendations for each of the panels.

Citizen Review Panel for Prevention
(Children's Trust Fund)

The Citizen Review Panel (CRP) formally submits the following recommendations:

Recommendation #1: The panel recommends that representatives from the MDHHS meet with the CRP for Prevention to report on ways in which the MiSACWIS system might be used to further inform the Category III questions of recidivism as it relates to open versus closed cases and access to services. Based on that report, if applicable, the panel recommends that steps be taken to develop a report from MiSACWIS to be used as a resource for improved response to Category III cases.

In response to the 2014 recommendations of the Prevention Panel, MDHHS expressed a commitment to collect and review of data that is available through the MiSACWIS system, and agreed to reach out to the CRP Chair to discuss this process and determine next steps.

MDHHS Response: *The MDHHS Children's Protective Services Policy & Program Office Manager or designee will meet with the CRP for Prevention to discuss the MiSACWIS system as it relates to category III cases. Following this meeting, Children's Protective Services Policy & Program Office will consult with the MiSACWIS management team to determine if there is a report that can be derived from the application that would be a beneficial resource to improve responses to category III cases.*

Recommendation #2: The panel recommends that MDHHS review the current assessment tool to determine whether any refinements could be done to more tightly fit it to its purpose for determining the appropriate "Category" substantiation designation in the Michigan system. Additionally the panel recommends that MDHHS review other assessment instruments to determine whether there may be a more appropriate tool.

MDHHS Response: *Michigan's risk assessment tool was developed by the National Council on Crime and Delinquency (NCCD) in 1989. Since its initial development, the risk assessment tool has been re-validated three times by NCCD, most recently in 2005. In 2016, a proposal to request funding for re-validation will be submitted to Children's Services Agency leadership for the 2018 budget cycle. If adequate funding can be obtained, MDHHS will pursue risk assessment tool re-validation. Additionally, MDHHS continues to have internal discussions regarding the current risk assessment tool, including the feasibility of providing additional training and technical assistance to field staff to ensure that it is being utilized as originally intended. If and when funding allows for structured decision making tool updates, the department will develop a comprehensive communication and training plan to ensure an effective roll-out and use of the updated tools.*

Recommendation #3: In 2014 the Panel recommended that MDHHS continue the efforts to embed the Protective Factors Framework into child welfare practice. The MDHHS response to that recommendation was very encouraging and noted ways in which the framework continues to be used in policy and practice. One example, as noted above, is the way in which MiTEAM practice closely aligns with the Protective Factors Framework. Two strategies for continuing progress for embedding the framework include:

The Panel recommends that an assessment be done of the Protective Factors Framework as used for case services planning in the Protect MI Family initiative to determine if the approach should be expanded for use in all case services planning in child welfare. As part of this process, the Panel recommends that the Illinois approach to case service planning in child protection cases be reviewed.

The Panel recommends that the MiTEAM leadership provide a Protective Factors resource in their manual to increase understanding of the clear connection between MiTEAM practice and the Protective Factors Framework.

MDHHS Response: *MDHHS agrees that a specific Strengthening Families/Protective Factors (SF/PF) resource within the manual would be beneficial for staff to increase understanding and connection. The MDHHS MiTEAM Unit will plan to incorporate additional information in the next round of revisions to the manual to increase understanding of the clear connection between the MiTEAM practice and the Protective Factors Framework. Protect MiFamily staff have successfully utilized the SF/PF framework within their practice, and MDHHS agrees that focus on building protective factors is a crucial part of effective case planning and practice. While the MiTEAM training and orientation does not specifically incorporate the Protective Factors language, there are several examples as to how the SF/PF framework aligns with this work, including the following:*

- *How the focus on the issues of trauma ties to resilience (both for the families served and the issues of secondary trauma for staff).*
- *Efforts to make both formal and informal social connections.*
- *Parenting classes and parenting support is encouraged to increase parents' skills and knowledge when this is identified as a need through assessment.*
- *Efforts to mitigate immediate needs (housing, transportation, etc.) as examples of concrete support in times of need.*
- *Value is placed on partnering with families in ways to plan for long term and set the family up for success.*

Recommendation #4: In 2014, the panel recommended that the MDHHS leverage two specific resources to improve practice through use of the Protective Factors Framework. These resources were the on-line comprehensive SF/PF training (www.ctfalliance.org/onlinetraining.htm) developed by the National Alliance of Children's Trust and Prevention Funds, and the recently completed resources developed by the Center for the Study of Social Policy. The MDHHS response to this recommendation was to refer them to MiTEAM and the Office of Workforce Development and Training for review and to determine whether these resource can be incorporated into training opportunities. The Panel recommends that MDHHS follow up on this recommendation to determine whether these resources have been incorporated for training and professional development and to report the status.

MDHHS Response: *MDHHS has made significant progress in leveraging use of the SF/PF Framework within policy and practice since 2003. The Framework is being used in the Title IV-*

E waiver program, Protect MiFamily, new worker training, Pathways to Potential, and Intent to Bids by both Families First, and the Children's Trust Fund. One strategy of particular interest to the Panel is the way in which the Framework is used in Protect MiFamily for developing case service plans.

In response to the panel's recommendation that MDHHS continue to incorporate the Protective Factors Framework, the panel heard a presentation from MiTEAM staff as recently as March 2016. That presentation highlighted the ways in which the underpinnings of the MiTEAM practice model is closely aligned with the Protective Factors Framework. In 2016, the MiTEAM practice model enhancements are moving from a pilot stage to statewide implementation. Public and private staff are being trained key skills that will lead to improved safety, permanency, and well-being outcomes. The SF/PF training developed by the National Alliance of Children's Trust and prevention Funds will be added to the assessment module of the MiTEAM Virtual Learning Site.

Recommendation #5: The MDHHS response to the 2014 recommendation on Prevention is an acknowledgement of its importance and a willingness to consider budget enhancement requests consistent with broader goals. While the MDHHS has consistently funded tertiary prevention services through strategies such as Families First, funding for more front end secondary prevention services has remained a challenge. Therefore, the Panel repeats its recommendation on prevention from 2014. The Panel recommends that the department use the CFSP's stated challenges inherent in supporting a comprehensive array of prevention services as a basis for aggressively advocating for expanded resources to support increased prevention services for both secondary and tertiary services.

MDHHS Response: *MDHHS requested a budget enhancement for fiscal year 2017 to support expansion of family preservation services. The enhancement was selected for implementation and as a result, MDHHS received $6.1 million in additional funding over two years for family preservation and support programs. Currently, the plan for service enhancement includes expansion of the Parent Partner Program from only Wayne County to Oakland, Macomb, Berrien, and Genesee Counties, as well as expansion of the Family Reunification Program from 41 to 70 counties statewide. The majority of available funding for family prevention and preservation comes from federal funding through Title IVB 1 & 2 allocations under the Child Abuse Prevention and Treatment Act (CAPTA). Each year, Michigan fully expends or exceeds expenditures of its federal IVB 1 grant to support family preservation, including secondary prevention services. In Fiscal Year 2015, Michigan expanded Families Together Building Solutions programs to 21 additional counties.*

In addition, MDHHS offers several home visitation programs, including Healthy Families America (HFA), Nurse Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start, and Maternal Infant Health Program (MIHP). All of these primary and secondary prevention programs are available to eligible families who come to the attention of CPS. All of these programs operate in areas throughout the state.

There are also a number of prevention service grants awarded by the Children's Trust Fund each year. In 2015, ten new prevention service grants were awarded, for a total of 24 total grants receiving funding by the Children's Trust Fund.

There are various other prevention services that MDHHS offers throughout the state, as well, including prevention efforts aimed at reducing sleep related infant fatalities, and reducing infant mortality, overall. Additionally, Michigan's Childhood Lead Poisoning Prevention Program (CLPPP) helps provide education and outreach regarding lead hazards and the impact of lead poisoning. Prevention strategies are included in a state work plan for preventing childhood lead poisoning. Also, MDHHS has multiple teen pregnancy prevention and parenting programs, including Taking Pride in Prevention (TPIP), Michigan Abstinence Program (MAP) and the Michigan Adolescent Pregnancy and Parenting Program (MI-APPP). These programs focus on education, health promotion, and improving support services for Michigan youth.

Recommendation #6: With the prevention definition established in MDHHS policy, the CRP for Prevention recommends that the definition be used as a basis to assess the status of prevention programming that is supported through various funding streams and initiatives within the Department. The focus of the assessment should be on secondary and tertiary prevention as articulated in the MDHHS prevention definition.

MDHHS Response: *MDHHS agrees. This recommendation will be brought to the Strengthening Our Focus Advisory Council (SOFAC) Safety sub-team for discussion. SOFAC acts at the MDHHS CSA executive level and provides recommendations to the CSA executive director for review and consideration. The Safety sub-team will request that a CRP committee member participate in the review of this recommendation and assist in providing a coordinated proposal to SOFAC.*

Citizen Review Panel for Children's Protective Services, Foster Care and Adoption (Governor's Task Force on Child Abuse and Neglect)

The purposes of this Citizen Review Panel process included giving stakeholders an opportunity to voice their observations and concerns, to gain information and knowledge about the functioning of the child welfare system with special attention to trauma issues, and to compose a number of recommendations for systemic improvement based on the information learned from this community and consumer feedback.

These recommendations comprise information from the testimony of participants and input from the questionnaires. Recommendations are crafted from statements of stakeholders and the Citizen Review Panel and Task Force membership.

The Citizen Review Panel (CRP) formally submits the following recommendations:

Recommendation #1: Foster parents need more support and training. We recommend that training be delivered in a purposeful, planful manner so that key topics are consistently addressed (such as trauma); training opportunities be accessible and increased (particularly for caregivers with children/youth who have experienced trauma, are at high risk for behavioral challenges, or present other complications); and that an organization such as a statewide foster parent association be considered so that foster parents have positive and ongoing opportunities for mentorships and other support, resources and training, and a voice in the child welfare system.

MDHHS Response: *To address foster parent training needs and as a part of the Adoptive and Foster Parent Recruitment and Retention (AFPRR) planning, each county creates a training plan for their county based on the needs of their relative caregivers and foster parents. MDHHS offices use AFPRR funds to pay for training and presenters. Common training topics include: Trauma, Attention Deficit Hyperactivity Disorder, Special Investigations, Working with the Courts, and Being a Member of the Team. To determine training needs, each county uses information gathered at AFPRR planning meetings that include private agencies, foster families, and licensing staff from each county. In addition to county specific training plans, an annual Statewide Foster, Adoptive and Kinship Parent Conference is planned by the Foster, Adoptive and Kinship Parent Collaborative Council, a united collaboration of MDHHS, tribes and parent-led organizations that encourage mutual support by informing, advocating, and educating on behalf of children and families utilizing Michigan's child welfare programs. This two day training offers an opportunity for all foster parents throughout the state to attend quality, relevant training, free of charge. Training topics are planned based on suggestions and survey results from previous conferences and suggestions of the Foster, Adoptive and Kinship Parent Collaborative Council. The Foster Care Navigator Program reaches out to communities to assess the need for foster parent support groups and if needed, will develop community foster parent support groups.*

As part of MDHHS's current Children's Trauma Initiative, staff from Community Mental Health Service Programs (CMHSPs) have been trained to provide a psycho-education curriculum for

birth, foster, and adoptive parents. This curriculum provides education, support, and resources for caregivers who are raising children who have experienced trauma. There are currently 21 local offices working with their local CMHSPs to offer this training to foster parents, and opportunities for expansion are being explored.

MDHHS has also offered Resource Parent Trauma Informed Care Training to relative caregivers and foster parents in many communities throughout the state with plans to expand to areas in the Upper Peninsula as well as in the northern Lower Peninsula in 2016. In addition, MDHHS has a current contract with major universities to offer training sessions to relative caregivers and foster parents including the topic of trauma. These are free of charge and available in communities across the state.

The Foster, Adoptive, and Kinship Parent Collaborative Council is a state wide foster parent association that meets bi-monthly and is comprised of key individuals within MDHHS, Foster Care Navigator Program, Foster Care Review Board, Michigan State University Kinship Care Center, Native American Affairs, Adoptive Family Support Network, Michigan Adoption Resource Exchange, and the following parent led organizations: Michigan Association of Foster, Adoptive and Kinship Parents, Family Enrichment Center, Families on the Move, and Fostering Forward Michigan. Through this collaboration of different entities training needs and opportunities are disseminated, mentorship program successes and ideas are discussed, resource availability in local communities, and an opportunity for the entities to come together to voice strengths and needs within the child welfare system.

Recommendation #2: Creating and supporting a highly competent workforce must be a priority. Without a strong workforce, agency initiatives, interventions, and practice models will fail. This support includes: special attention to new workers and the establishment of a mentoring system, addressing safety concerns, supporting team-building within a mobile environment, prioritizing training and supervisory skill particularly with regard to training on trauma, and addressing workload issues that pose obstacles to good work.

MDHHS Response: *MDHHS agrees with this recommendation. Efforts continue within the department to promote caseworker retention through the Strengthening our Focus Advisory Council (SOFAC). Within SOFAC, a sub team has been established and meets regularly to address caseworker recruitment and retention concerns. The Office of Workforce Development and Training (OWDT) and the SOFAC Training sub team are currently working to revamp new worker and supervisor training to ensure that the necessary skills for success are being adequately provided.*

MDHHS recognizes the importance of training and mentorship for new hires. MDHHS mandates that new hires complete a 9 week training through the Office of Workforce Development and Training that encompasses topic areas such as the Child Protection Law, MDHHS program specific policy, court and testimony, substance abuse, MiTeam practice model, poverty, mental health topics, safety, and documentation. Training is presented in an array of formats to be conducive to all learning types. Through the course of the first several months, new hires are assigned to an experienced mentor that has strong policy knowledge, superior coaching skills, solid decision-making skills, efficiency in managing caseload, and overall positive perception of MDHHS mission. The mentor will assist the new worker in acclimating to the local county processes, resources, court system, and provide shadowing opportunities for all case load responsibilities.

Additionally, MDHHS has contracted with the National Council on Crime and Delinquency to perform both a foster care and children's protective services workload study to assess if caseload ratios for staff are appropriate, and/or if changes to these ratios need to be made. Results of the foster care caseload analysis have been received and are under review by the department. The results of the children's protective services workload study have not yet been received. MDHHS will utilize the findings of both analyses to advocate for changes to current caseload ratios if necessary. Labor research findings typically show a workload reduction supports worker retention. Higher worker retention rates stabilizes the work force and leads to a more competent work force.

MDHHS continues to prioritize the importance of trauma-informed practice, as well as secondary trauma for staff. There are currently 10 trauma initiatives that operate in 71 of Michigan's 82 counties.

Recommendation #3: A trauma informed system is an essential quality for child welfare agencies, accomplished through training of all stakeholders, services to address secondary trauma, and supportive work with children and youth.

MDHHS Response: *MDHHS agrees with this recommendation, and is committed to statewide implementation of the MiTEAM Case Practice Model, which focuses largely on achieving safety, permanency, and well-being for children involved in Michigan's child welfare system through supportive case practice. The training curriculum for this model has been modified by MDHHS in conjunction with Western Michigan University's Child Trauma Assessment Center (CTAC) to include crucial components of trauma-informed practice, as well as secondary trauma. During the statewide roll-out process, staff in each MDHHS local office will be trained to recognize both primary and secondary trauma.*

In addition, a secondary trauma pilot was conducted in 17 counties from March – September 2015. Curriculum included role-specific training for directors and program managers, supervisors and workers, as well as implementation of Secondary Trauma Stress Teams for staff to process secondary trauma on a peer to peer level. Collaboration with the Office of State Employer Employee Services Program to provide support for staff outside of the office was also included. Due to the positive outcomes reported from this pilot group, opportunities for statewide expansion are being explored.

Recommendation #4: Gaining feedback and regular communication with children/youth, caregivers, professionals, and community partners is an important aspect of improving service delivery and building public confidence in the child welfare system.

MDHHS Response: *MDHHS agrees and encourages local MDHHS management to elicit feedback from and regularly communicate with each of these important partners in the child welfare system. This is done in a variety of ways, and varies by county depending on need and available service array. Many counties convene youth panels through local Michigan Youth Opportunities Initiative (MYOI) programs to elicit feedback from foster youth. In addition, several counties have local foster parent support groups, where feedback from foster parents is gathered to ensure that the county is meeting the needs of their caregivers. Several counties also participate in community collaborative meetings, local council meetings, and regularly*

scheduled meetings with contract providers to maintain communication with these important child welfare stakeholders.

MDHHS utilizes the Michigan Quality Service Review in which to receive feedback from communities through the Continuous Quality Improvement process and the Michigan Quality Service Review. The Michigan Quality Service Review (QSR) is a multi-faceted process in which a select number of cases are reviewed and stakeholder interviews/focus groups are conducted within a county or counties to assess how well the child welfare community is meeting the needs of the children and families served. The case review process includes interviewing all participants of a specific case; including biological parents, the child, caregivers, service providers, teachers/school staff and/or administrators, probation officers, etc. In addition, stakeholder interviews and focus groups are held with various groups and individuals, including but not limited to DHHS County Director, Private Agency personnel, child welfare staff and supervisors, community service providers, legal partners, youth and foster parents. The QSR process is used to understand how well children and families are benefitting from services received, how well locally coordinated services are working together to meet their needs and to identify service gaps.

The combination of case reviews and stakeholder interviews/focus groups allows for an overall assessment of case practice within the community. Preliminary results of the QSR are presented to county leadership and their private agency partners at the end of the review week. The results include case stories regarding each case reviewed, trends of the strengths and opportunities for improvement within the community's child welfare system including any gaps in service provisions. A more in-depth report regarding the review is written and provided to the DHHS County Director, Business Service Center (BSC) Director and Directors to the local Private Agency Partners (PAFC). Review findings are used by the BSC, county leadership, and PAFC partners to support efforts to improve practice and reduce systemic barriers. State-level systemic barriers identified are presented to the Strengthening Our Focus Advisory Council (SOFAC) or one of its sub-teams. The work of SOFAC and its sub-teams is to address current issues needing attention in a coordinated and dynamic manner.

Recommendation #5: Address system issues. Address public-private issues such as pay differential and oversight.

MDHHS Response: *MDHHS is not involved in establishing the pay rates for child placing agency workers; child placing agencies set their employee pay rate, without any guidance from MDHHS. The administrative rate paid to contracted child placing agencies is to cover the administrative costs relative to case management of foster care cases, including costs for case managers and supervisors. The administrative rate for foster care case management is specified by the legislature in the MDHHS appropriations act each year. Michigan has procured an actuary to assess the current administrative rates, including the specific issue of pay differential between public and private providers. The actuary will, based on the elements of the actuarially sound case rate, develop and recommend a cost-based per diem rate for contracted child placing agencies and child care institutions (residential).*

MDHHS has oversight of Public-Private issues at the local and state levels. Each case that is purchased for case management services through the child welfare system, is assigned a MDHHS monitor through MISACWIS. Within MISACWIS, payments are approved, as well as necessary documentation is able to be located to ensure it was completed timely, and correctly. On a state level oversight of the state's contracted child placing agencies, the Division of Child Welfare Licensing conducts annual site visits with all child placing agencies to assess compliance with licensing rules, contract and MDHHS policy.

Recommendation #6: Trauma training needs to be accessible statewide and available to systems that work with the child welfare system. In addition, special topics, such as dealing with substance abuse, need to be incorporated into training. A number of training initiatives have been implemented; workers need the support and time to fully benefit from these opportunities.

MDHHS Response: *MDHHS is committed to statewide implementation of the MiTEAM Case Practice Model, which includes crucial components of trauma informed practice, as well as secondary trauma. During the statewide roll-out process, staff in each MDHHS local office will be trained to recognize both primary and secondary trauma. This training does incorporate real examples and typical situations that child welfare staff encounter, which may include such topics as substance abuse. This training is intended to be provided in such a way that will ensure consistency in training curriculum and facilitation statewide. Full statewide roll-out of the MiTEAM Model, including the trauma training, is anticipated to be completed by the end of 2017.*

MDHHS in collaboration with most major universities and colleges within the State of Michigan, Office of Worker Development and Learning, and online programs is able to offer training on special topics such as substance abuse, mental health, trauma, child development, domestic violence, education, and poverty.

Recommendation #7: ***Permanency considerations for children and youth are crucial for positive outcomes. Permanency efforts are compromised by worker turnover and placement instability. Addressing these factors must be a priority. Youth aging out of care continue to face multiple challenges and service needs. The programs to assist youth to get to college have had some success; there needs to be other initiatives to address the many youth who feel left behind and have ongoing complications due to the trauma experiences in their lives.***

MDHHS Response: *MDHHS agrees that permanency considerations as well as worker and placement stability are key. Through employee engagement efforts, as well as an increased focus on secondary trauma, MDHHS continues to strive to retain front line staff to ensure consistency for the children and families served. MDHHS continues to elicit feedback from staff on how to better engage employees and would be open to suggestions from this Citizen Review Panel, as well.*

MDHHS also continues to develop resources for foster parents and relative caregivers to assist in maintaining placement of youth under the care of the Department..

MDHHS agrees that there are multiple challenges and service needs for youth aging out of the foster care system. Youth engagement is key in identifying supportive adults who will provide a lifelong connection after discharge from foster care. Throughout their time in foster care, older youth are consistently engaged in the development of their goals and services, both through the semi-annual Transition Planning Meetings and through Family Team Meetings scheduled as part of the MiTEAM practice model. As listed below, MDHHS holds multiple contracts and provides a broad array of services to older youth in an effort to improve outcomes for these youth upon discharge from foster care.

- *Five contracts to provide mentoring services to youth 14 and older in several counties.*
- *Contracts with 23 private agencies to provide the "Independent Living Plus" program to older youth. "Independent Living Plus" provides an array of supports to youth to assist in development of identified areas of daily living skills.*
- *Sixteen Education Planners who cover 50 counties to assist youth to resolve education barriers.*
- *The Michigan Youth Opportunities Initiative (MYOI) is provided in 63 counties and supports enrolled youth to develop their capacity to be self-sufficient in areas of financial capability, employability, interpersonal relationships, and community resources.*
- *Supports and assistance to youth enrolled in higher education through contracts with 10 institutions of higher education and staff support at another three institutions.*
- *MDHHS collaborates with Department of Treasury to administer the Fostering Futures Scholarship to youth who were in foster care after their 13th birthday. This scholarship provides funds for education needs when youth are enrolled in a Michigan institution of higher education.*
- *The Education Training Voucher provides financial assistance to eligible youth who were in foster care on or after their 14th birthday to age 23.*
- *Twenty-two contracts to provide Homeless Youth Runaway services for youth who are at risk of being homeless or who are homeless after their foster care case has closed.*
- *The Young Adult Voluntary Foster Care program allows youth to voluntarily extend support case management until their 21st birthday, either by extending their supervision at the time their neglect case closes or by returning voluntarily to foster care after case closure.*

Recommendation #8: It is recommended that a citizen review panel process be conducted every three years following the issuance of a report. These information-gathering initiatives can focus on specific issues identified in previous reports or be general in nature, but they should be conducted in a manner that respects the privacy and viewpoints of all participants.

MDHHS Response: *MDHHS will participate in a citizen review panel process and encourage field participation when developed.*

Citizen Review Panel for Child Fatalities
(State Child Death Review Team)

Many recommendations were made as a result of the Fatality CRP reviews. The priority recommendations included below are those that addressed the most significant findings. A rationale is included in order to better explain why the panel chose these specific recommendations for DHS to focus on. The entire list of recommendations is attached (Attachment A).

Recommendations for the Michigan Department of Health and Human Services:

Recommendation #1: The Department should create an internal position of a child abuse pediatrician.

This recommendation addresses the first finding. In consideration of the complex nature of medical issues that can affect children, especially medically fragile children who are at increased risk of abuse and neglect, MDHHS should create a position of a child abuse pediatrician and other medical staff (structured to be determined) who, with immunity and universal privilege, could evaluate these types of cases. This is based on many years of findings regarding the lack of medical knowledge on the part of workers, who either fail to consult with physicians on a case, or who rely on the opinion of a single medical care provider who may not be an experienced in child abuse and neglect. This position should be created thoughtfully, to address the needs unique to Michigan.

MDHHS Response: *Creation of an internal child abuse pediatrician would be subject to additional legislative appropriations. MDHHS will address this recommendation further if funding becomes available.*

Recommendation #2: A multidisciplinary team (i.e.: MDHHS, schools, court, mental health, public health) should study repeated neglect cases (typically related to hygiene and

safety concerns in the home) to determine what underlying circumstances may exist and explore alternatives for servicing these families.

The panel reviewed many cases that documented repeated neglect referrals for families who thrived when in-home services were provided, but whose living environment would revert to its original condition once the services were no longer in place. The panel found that although living in such conditions as the norm is likely a marker for other more basic underlying risk factors (unmet mental health needs, chronic substance abuse, lack of social supports), often the physical condition of the home is the only factor focused on in the case, leaving the more primary risk factors unaddressed. A multidisciplinary team convened to more closely examine the nuances of these cases may lead to improved policy and prevention efforts.

MDHHS Response: *MDHHS agrees that an assessment of these types of neglect cases and unaddressed risk factors could assist in the development of improved policy, practices, and more adequate training for staff. This recommendation will be brought to the SOFAC Safety sub team for discussion. The Safety sub team will request participation from a Child Fatality Committee member to assist in providing a coordinated recommendation to the executive SOFAC Committee following discussion.*

Recommendation #3: The Department should work with the Michigan Department of Education and the state legislature to review Michigan's statutes regarding home schooling.

Public school employees who are legally mandated reporters constitute 26% (16,056 based on the MDHHS 2015 Legislative Boilerplate) of all mandated reporters in Michigan. Children receiving their education through home schooling likely have far less contact with these mandated reporters than those who attend public school. As a result, there may be instances when abuse or neglect which may occur and is not reported to CPS. Although the vast majority of parents who home school are making a legitimate educational choice for their children, the panel has reviewed multiple cases in 2015 as well as in prior years, where the option of oversight-free "home schooling" was used by caregivers as a way to keep CPS out of their lives, with deadly results. A review of the current status of home schooling in Michigan and related statutes in other states is needed to determine what steps might be taken to ensure the state's child protection system is meeting its mandate for all children.

MDHHS Response: *This recommendation and response is more appropriately directed to the Michigan Department of Education (MDE). Should MDE choose to review Michigan's statutes regarding home schooling, MDHHS will provide available pertinent data and policies as requested to assist in decision making efforts.*

Recommendation #4: An enhanced protocol on county-to-county case transfers should be developed.

The panel discovered that many families who are transient and bounce between counties were at a higher risk of being underserviced by MDHHS. Utilization of the state's Business Service Centers for improved oversight when there are county-to-county case transfers would aid in the continuation of services for families.

MDHHS Response: *The CPS Policy Manual clearly outlines steps to be taken when county-to-county transfer is necessary, as well as when there are disputes between counties regarding these transfers (PSM 711-6). CPS policy also provides step by step instructions and methods of locating children and families (PSM 713-08).*

In addition CPS Advisory Committee will be consulted to provide feedback on county to county transfer policy with a review of this feedback to determine if additional policy clarification is needed.

Recommendation #5: MDHHS should utilize predictive analytics to assess risk factors in the home when there are unrelated caregivers present.

In one study of children with abusive head trauma hospitalized at four children's hospitals, nonparent partners made up 22 percent of the perpetrators. This risk factor was evident in many of the cases reviewed by the panel in 2015, as in past years. Incorporating whether or not there is a new, unrelated person in the home into the existing safety/risk assessments would be a way of identifying this risk immediately and taking it into account in the case investigation.

MDHHS Response: *MDHHS is currently piloting a predictive analytics approach in Ingham County to identify risk factors for abuse and neglect and methods to reduce the likelihood of maltreatment in care and repeat maltreatment. The pilot includes current substantiated cases in which at least one child victim in the home is under age 6. The quality review of cases that meet this criterion is done in real time so any safety concerns can be identified and addressed timely. This pilot will be assessed in 2016 to determine if a significant decrease in maltreatment recurrence is seen. If so, MDHHS will consider expanding the use of predictive analytics to additional counties, as well as including additional risk factors, which may include unrelated caregivers if supported by MDHHS data analysis.*

Michigan Child Welfare Training Institute Matrix 2015-19

	B	C	D	E	F	G	H	I	J	K
1	**Course/**Module **Title**	Course Description	**Title IV-E Administrative Function**	**FFP Rate**	**Hrs**	**Venue**	**Trainer**	**Duration**	**Target Audience**	**Allocation Methodology**
2	**General PSI**									
3	Exploring Team Meetings	MiTEAM training teaches the following skills; Teaming, Engagement, Assessment, and Mentoring and the structure and processes of familty team meetings and concurrent planning, relative and family engagement, and facilitation skills and documentation requirements for MiTEAM.	Social work practice, cultural competency, communication skills required to work with children and families	75%	90 min	Classroom	Multiple trainers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
4	Engaging the Family	Reviews the history of child welfare in the United States, explain the Modified Settlement Agreement, introduce the MiTEAM case practice model, present child welfare values and explore culture and diversity.	Social work practice and cultural competency skills required to work with children and families	75%	6	classroom	Multiple trainers	Long-term	Child Welfare	
5	Families at Risk	Takes a look at the effects of abuse and neglect on the family. Caseworkers discuss the impact of mental health, substance abuse, and domestic violence on families. Protective factors are introduced.	social work practice	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
6	Communication Skills for Child Welfare Workers	Effective methods of communication including active listening, paraphrasing and checking for understanding are explored.	social work practice	75%	3		Multiple trainers	Long-term	Child Welfare	
7	Children at Risk	This class will explore the impact of the child welfare system on child development, brain development and child behaviors. The impact of separation on children and families, including bonding and attachment will be introduced. Trainees will learn the importance of supporting caregivers in building and maintaining attachment.	social work practice	75%	12	Classroom	Multiple trainers	Long-term	Child Welfare	
8	Trauma Informed Child Welfare Practice	Caseworkers look at the principals of trauma and learn about the impact of traumatic stress on the brain, development, child and family. The Trauma Toolkit for child welfare workers is introduced.	social work practice	75%	6	Classroom	Multiple trainers	Long-term	Child Welfare	
9	Family Engagement and Assesment and Intervention	Caseworkers explore personal attitudes and beliefs and the impact on family engagement. The following engagement and assessment techniques are presented: strengths based assessment skills, motivational interviewing, and problem solving approaches.	social work practice	75%	6	Classroom	Multiple trainers	Long-term	Child Welfare	
10	Report Writing Skills	Documenting utilizing behavioral reporting vs. interpretation is presented. Caseworkers have an opportunity to practice writing SMART goals and learn the guidelines for professional child welfare writing.	social work practice and communication skills necessary to work witrh families and other child welfare professionals	75%	3		Multiple trainers	Long-term	Child Welfare	

	B	C	D	E	F	G	H	I	J	K
1	**Course/**Module **Title**	Course Description	**Title IV-E Administrative Function**	**FFP Rate**	**Hrs**	**Venue**	**Trainer**	**Duration**	**Target Audience**	**Allocation Methodology**
11	Working with the Courts	An introduction to the general legal process, exploring the role of the court in child welfare and the role of the child welfare worker in court.	court procedures, social work practice.	75%	3		Multiple trainers	Long-term	Child Welfare	
12	Managing Yourself as a Child Welfare Professional	Techniques to manage the many aspects of being a child welfare professional are presented. Caseworkers explore motivation in the workplace, resiliency factors, working as part of a team and techniques for managing the impact of stress and burnout through the use of supervision, coaching and mentoring.	social work practice, communication skills required to work with children and families.	75%	6		Multiple trainers	Long-term	Child Welfare	
13	Continuum of Care	Caseworkers gain a better understanding of all of the roles in the child welfare system and how their role interacts with others in the system. Due to a greater understanding of the whole child welfare system, workers will be better able to make decisions with an understanding of the impact on the long-term best interest of the child. An exploration of attachment, separation, grief and loss in the context of it's importance on a child's permanence. Workers will learn about the importance of concurrent planning, relative search, assessment and engagement. Identification of effective engagement techniques are taught; the role of visitation in permanency for children and how to work with relatives is explored.	social work practice, communcation and decisoin making skills.	75%	6	Classroom	Multiple Trainers	Long-term	Child Welfare	
14	Critical Thinking	This ½ day training will educate CPS, Foster Care, and Adoption workers on the use of Critical Thinking skills to enhance the use of structured decision making (SDM) tools and improve the accuracy of reports and decision making to improve outcomes for children and families.	Communication skills related to working with children & families, social work practice	75%	3	classroom	multiple trainer	long term	child welfare	
15	Domestic Violence	The cycle of domestic violence is introduced to workers. Techniques for working with the offender as well as aspects of safety planning are explored.	Candidates for care	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare	
16	Safety by Design	Thorough and inclusive safety assessment and planning increases immediate child safety, assists in better placement decisions and can enhance worker relationships with families, courts and other community partners. Enhance understanding of safety assessment and planning, as well as threatened harm policy and practice. Provide frontline staff the opportunity to identify obstacles to the application of these policies and practices.	social work practice, assessment skills necessary to work with children and families. Case management and supervision; development of case plan; referral to services	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare	

Michigan Child Welfare Training Institute Matrix FY 2016

	B	C	D	E	F	G	H	I	J	K
1	**Course/**Module **Title**	Course Description	**Title IV-E Administrative Function**	**FFP Rate**	**Hrs**	**Venue**	**Trainer**	**Duration**	**Target Audience**	**Allocation Methodology**
17	Safety By Design - Train the Trainer	Safety By Design Train the Trainer is an opportunity for staff to become knowledgeable in the Safety By Design curriculum and practice effective training delivery techniques. The curriculum is intended to enhance the trainees' understanding of safety assessment and planning, as well as threatened harm policy and practice. Appropriate safety assessment and planning is essential in child welfare.	Case management and supervision; development of case plan; referral to services	75%	6	classroom	multiple trainer	long term	child welfare	
18	Medical	Medical identification of child abuse and neglect, medical needs of children in care, emergency and planned removal of children with medical needs and collecting documentation for adoption purposes are all explored.	Medical issues as related to child abuse to develop as plan (not treatment or providing a service)	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare	
19	ICWA	The application of the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA) is presented.	Preparation for judicial determinations	75%	90 min	Classroom	Multiple Trainers	Long-term	Child Welfare	
20	MiSACWIS	A general overview of MiSACWIS and opportunity to practice role based tasks within a safe training environment.	systems training	75%	6	Classroom	Multiple Trainers	Long-term	Child Welfare	
21	Testifying in Court	An opportunity to practice petition writing and explore effective testimony and court etiquette.	court procedures, social work practice, preparation for testifying, communication skills.	50%	3	Classroom	Multiple Attorney's from the Attorney General's Office	Long-term	Child Welfare	
22	Mock Trial	A role-play court experience for new caseworkers including a review of the adversarial process, court room etiquette, direct/cross examination, contempt of court and objections. Caseworkers participate in testimony for a mock case .	Preparation for and participation in judicial determinations	75%	6	classroom	Multiple Attorney's from the Attorney General's Office	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
23	Youth Panel and MAFAK	Delivered by adoptive, foster and kinship caregivers on caring for children in the child welfare system. Foster and adoptive youth present on their experiences in the system.	Social work practice, impact of child abuse and neglect on a child, cultural competency, communication skills required to work with children and families, placement of the child, family centered practice, issues confronting adolescents preparing for independent living, job performance	75%	4.5	classroom	Multiple presenters include foster and adoptive youth and foster, adoptive and kinship caregivers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.

Michigan Child Welfare Training Institute Matrix FY 2016

	B	C	D	E	F	G	H	I	J	K
1	**Course/**Module **Title**	Course Description	**Title IV-E Administrative Function**	**FFP Rate**	**Hrs**	**Venue**	**Trainer**	**Duration**	**Target Audience**	**Allocation Methodology**
24	Forensic Interviewing	This training is designed to give workers the skills and ability to use the State of Michigan Forensic Interviewing Protocol as developed by the Governor's Task Force on Children's Justice and the Department of Human Services.	Communication skills related to working with children & families	75%	12	Classroom	Multiple Trainers	Long-term	Child Welfare	
25	**General Web-based**									
26	Working Safe Working Smart	Worker safety in the office and in the field. This class is requried before a caseworker goes into the field.	Worker safety	50%		Web-based		Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
27	Family Preservation	The historical background of Family Preservation Services in Michigan; goals and values of family preservation, referral requirements and the similarities and differences between Families First of Michigan, Family Reunification, and Families Together Building Solutions.	Social work practice, cultural competency, communication skills required to work with children and families, referral, family centered practice	75%		Web-based		Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
28	Law Enforcement Information Network	The procedures and confidentiality requirements for using LEIN, appropriate use of LEIN and the proper use, dissemination and disposal of such information.	Policy and procedures, worker safety	75%		Web-based		Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
29	Working with LBGTQ youth	The class addresses the special needs that may occur surrounding issues of sexual orientation and sexual identification.	Social work practice, cultural competency, communication skills required to work with children in families, placement of the child, referral to services	75%		Web-based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
30	CASA Court Appointed Special Advocates	An overview of Court Appointed Special Advocates; how and why they came into existence; and the role of a CASA volunteer, including their responsibility to the court. Describes how children benefit from working with a volunteer, and the process used to connect the child to the CASA volunteer.	Referral to services	75%		Web-based	N/A	Long term	Child Welfare	
31	Confidentialty	Introduces caseworkers to confidentially for child welfare, including: HIPPA, substance abuse treatment, mental health and HIV/AIDS. State and Federal Law and policy are discussed, and legal prohibitions and penalties are addressed.	Confidentiality, referral to services,	75%		Classroom	Multiple trainers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.

Michigan Child Welfare Training Institute Matrix FY 2016

	B	C	D	E	F	G	H	I	J	K
1	**Course/**Module **Title**	Course Description	**Title IV-E Administrative Function**	**FFP Rate**	**Hrs**	**Venue**	**Trainer**	**Duration**	**Target Audience**	**Allocation Methodology**
32	Engaging the Family	Designed to help child welfare professionals gain the knowledge necessary to engage their customers in actively developing and participating in service planning. Goal development as well as the resources that might help customers reach these goals are covered.	Social work practice, cultural competency, communication skills required to work with children and families	75%		Web-based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
33	Foster Care Review Board	an overview of the Foster Care Review Board, which is administered by the Michigan Supreme Court. Includes how cases come to the attention of the Board, how cases are selected for review, and the procedures that are necessary if the board requests to review a foster care case. Discusses the relationship of the caseworker and the Foster Care Review Board.	Policy and procedures	75%		Web-based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
34	Interstate Compact on the Placement of Children	Addresses the procedures necessary when receiving or requesting interstate assistance on a child welfare case.	Policy and procedures, placement of children	75%		Web-based	N/A	Long term	Child Welfare	
35	Introduction to Substance Abuse	Provide an understanding of the role of caretaker substance abuse/dependency, as it relates to child abuse, neglect and the development of caretaker treatment plans.	Social work practice, communication skills required to work with children and families, child	75%		Web-based	N/A	Long term	Child Welfare	
36	Introduction to Mental Health	Caseworkers develop a working knowledge of the signs, symptoms and behavioral manifestations of mental health disorders commonly encountered in the child welfare system. Will be able to identify specific protective processes and resources that serve to neutralize risks associated with mental health disorders.	Social work practice, cultural competency, communication skills required to work with children and families, referral.	75%		Web-based	N/A	Long term	Child Welfare	
37	Poverty	Provides caseworkers with an understanding of the following: acknowledgeing the difference between poverty and neglect; recognizing how your beliefs impact outcomes; recognizing the importance of identifying services to assist families dealing with poverty issues	Social work practice, cultural competency, communication skills required to work with children and families, child	75%		Web-based	N/A	Long term	Child Welfare	
38	Report Writing	Provides caseworkers with an understanding of the following: purpose of the Child and Family Services Review (CFRS); knowledge of behaviorally-based narrative statements; and knowledge of Specific, Measurable, Attainable, Relevant, Time-Sensitive (SMART) goals and policy.	Job performance enhancement skills	75%		Web-based	N/A	Long term	Child Welfare	
39	Licensing	An overview of the role and responsibility of the licensing worker. Licensing rules that regulations are presented.	social work practice, rules and regulations	50%		Web-based	N/A	Long term	child welfare	
40	Time Management	Tips and techniques for managing workload.	Job performance enhancement skills	75%		Web-based	N/A	Long term	child welfare	

Michigan Child Welfare Training Institute Matrix FY 2016

	B	C	D	E	F	G	H	I	J	K
1	**Course/**Module **Title**	Course Description	**Title IV-E Administrative Function**	**FFP Rate**	**Hrs**	**Venue**	**Trainer**	**Duration**	**Target Audience**	**Allocation Methodology**
41	Sexual Abuse	Outlines the steps necessary upon case assignment involving sexual abuse. Techniques for identification of child sexual abuse, characteristics of sexual offenders and introduction to policies regarding child sexual abuse and treatment.	Social work practice, communication skills required to work with children and families, impact of child abuse and neglect on a child	50%		Web-based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
42	**Adoption PSI/PSTT**									
43	Forensic Interviewing	Through role play and practice interviews this class will provide workers with the knowledge to identifying the eight phases of the Michigan Forensic Interviewing Protocol. Trainees will practice using the Protocol during child interviews. The training will explore identifying developmental and basic linguistic abilities of children. The requirement for Hypothesis Testing/Child Centered Interviews will be presented.	social work practice, child interviewing	75%	12	classroom	Multiple Trainers	long-term	child welfare	
44	Adoption Legal	An interactive training providing caseworks with the knowledge of laws that directly impact the practice of adoption in Michigan and the skills to use laws to justify placement decisions.	Preparation for and participation in judicial terminations	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.
45	**FC PSI/PSTT**									
46	Forensic Interviewing	Through role play and practice interviews this class will provide workers with the knowledge to identifying the eight phases of the Michigan Forensic Interviewing Protocol. Trainees will practice using the Protocol during child interviews. The training will explore identifying developmental and basic linguistic abilities of children. The requirement for Hypothesis Testing/Child Centered Interviews will be presented.	social work practice, child interviewing	75%	12	classroom	Multiple Trainers	long-term	child welfare	
47	Foster Care Legal	An interactive training that provides caseworkers with the knowledge of laws that directly impact the practice of foster care in Michigan and the skills to use laws to justify placement decisions.	Preparation for and participation in judicial terminations	75%	6	Classroom	Multiple trainers from the Assistant Attorney General's Office	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

The Office of Child Welfare Policy and Programs provides materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans. Each county receives data regarding:

- Demographics of children currently in care by county.
- Children entering and exiting care by county.
- Total number of foster homes currently licensed by county.
- Foster home closures by relative and non-related foster homes.
- Data to complete the foster home calculator, which is a foster home needs assessment tool.

Counties and agencies review the data and Foster Home Calculator results to identify targeted populations. The counties and agencies collaborate to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between the MDHHS county office, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.

In 2015, each county's licensing goal was analyzed and monthly targets were established to assist counties in monitoring their progress towards meeting their unrelated licensing goal.

The Foster and Adoptive Parent Diligent Recruitment Plan was reviewed in 2015 and no changes were made to the plan.

In 2015, MDHHS collected and analyzed trends on new licenses, closed homes and the number of relative homes compared to non-relative homes.

- The Division of Child Welfare Licensing issued 1,763 new foster home licenses, a decrease of 197 from 2014.
- Of new licenses, 1,069 accept unrelated placements, a decrease of 83 from 2014.
- On Oct. 1, 2014, there were 6,811 licensed foster homes. One year later, 4,689 of those licensed foster parents remained licensed, which is a 69 percent retention rate and a two percent decrease from 2014.
- The number of homes that closed was 2,260, a decrease of two from 2014.
- Each month approximately 100 to 200 surveys are sent to foster parents whose foster home closed during the previous month.

The results of the closed home surveys show the majority of homes close voluntarily, with adoption as one of the top reasons for not continuing as foster parents. The top reasons foster parents closed their license:

- Adopted the child(ren) placed with them.
- Need to focus on family needs.
- Demands/stress of being a foster parent.

The chart below details the trend of licensure and closed homes in urban counties:

County	Original Licenses			Closed Homes		
	FY 2013	FY 2014	FY 2015	FY 2013	FY 2014	FY 2015
Genesee	100	79	72	127	129	106
Kent	172	140	134	185	180	176
Macomb	136	105	101	130	145	129
Oakland	181	138	122	186	159	161
Wayne	271	226	185	320	301	257
Total	925	748	614	1005	970	829

The chart below describes the type of homes (relative and non-relative) opened in urban counties in 2015:

County	Relative	Non-relative	Total
Genesee	26	46	72
Kent	55	79	134
Macomb	37	64	101
Oakland	41	81	122
Wayne	90	95	185
Total	249	365	614

Statewide and Regional Recruitment

Progress in 2015

- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2015 Heart Gallery Opening was held on April 18, 2015, and featured 135 youths who were photographed by 63 photographers from around the state.
- MDHHS held its second annual Foster, Adoptive and Kinship Parent Conference in collaboration with the Foster, Adoptive and Kinship Parent Collaborative Council. The conference was held on Aug. 21 and Aug. 22, 2015, and was attended by foster, adoptive and kinship parents from throughout the state.
- MDHHS continued collaboration with Oakland County MDHHS and Spaulding for Children on the federal Diligent Recruitment Grant (I-CARE 365). Through the grant, foster and adoptive families were recruited in Macomb, Oakland and Wayne counties through targeted recruitment events.
- The annual Kinship Festival was held on Sept. 27, 2015, at Belle Isle. Families interested in adoption interacted with available youth and staff from adoption agencies.
- MDHHS hosted the annual Faith-Based Summit on May 19, 2015. Over 170 faith leaders and faith community partners attended the event.
- The Faith-Based Initiative on Foster Care and Adoption collaborated with over 350 faith

communities statewide. Additionally, this initiative worked with 17 Faith Communities Coalitions on Foster Care statewide.

- The Faith-Based Advisory Council was established to promote foster care and adoption and for recommendations on enhancing services to children and families served by MDHHS. The council is comprised of 12 members with at least six being ordained members of the clergy. The council meets quarterly.
- The Michigan Adoption Resource Exchange held "meet and greet" recruitment events that provided an environment for families to meet available children.
- The Michigan Adoption Resource Exchange hosted Heart Gallery events throughout Michigan.
- The Recruitment and Retention sub-team was established to focus on recruitment and retention of foster homes in Michigan. The group is comprised of staff from local MDHHS offices, private agencies, Business Service Centers, MDHHS central office, Michigan Adoption Resource Exchange, Adoption Navigator Program and the Foster Parent Navigator Program.
- The template for the Adoptive and Foster Parent Recruitment and Retention Plans was revised for 2016 based on feedback from the field.

Using Foster and Adoptive Parents for Recruitment

Progress in 2015

- The Foster Care Navigator Program assisted families who inquired about becoming a licensed foster parent. The Foster Care Navigators helped families navigate the licensing process, locate resources and understand the licensing rules and needs of children in foster care. From Oct. 1, 2014, when the program was awarded to a new contractor, to Feb. 29, 2016, the Foster Navigator Program has assisted 323 families in completing the licensure process.
- Since October 2014, 4,834 new family inquiries have been received through the Foster Care Navigator Program, of which 289 families are actively engaged in Foster Care Navigator services and working toward foster parent licensure.
- Relative Navigators through the Foster Care Navigator Program are a resource for mentoring and supporting relatives seeking to undergo the licensing process.
- MDHHS collaborated with the Foster Care Navigator Program to celebrate exceptional foster parents by fulfilling 30 wishes of 30 Michigan foster families in May 2015.
- MDHHS continued to co-lead the Foster, Adoptive and Kinship Parent Collaborative Council. This council is a collaboration of MDHHS, tribes and parent-led organizations whose focus is to connect foster, adoptive and kinship parents to resources, education and training.

Addressing Barriers to Adoption – Progress in 2015

MDHHS continued to collaborate with Adoption Resource Consultants and the Michigan Adoption Resource Exchange on Project 340.

- Ninety-one percent (305) of the youth identified as part of Project 340 were removed from the exchange due to being matched with an adoptive parent or having an

approved alternative permanency plan.

- MDHHS continued to provide post-adoption services statewide in 2015 through eight regional contracts. Post-adoption services include case management, family support and support groups, coordination of community services, information and referral.
- The Michigan Adoption Resource Exchange's Match Support Program is a statewide service for families who have been matched with a child from the MARE website and who are in the process adoption. The Match Support Program has specialists who provide up to 90 days of services to families by providing them with referrals to support groups, educational opportunities and other referrals to helpful community resources.
- Adoption Navigator services continued to be provided through the Michigan Adoption Resource Exchange. Adoption Navigators are experienced adoptive parents who offer guidance and personal knowledge to potential adoptive families.

Recruitment of Foster and Adoptive Parents for Diverse Youth

At any given time, Michigan has approximately 13,000 children in foster care and relies on private child placing agencies to help find temporary and permanent homes for these children. Michigan has over 90 contracts with child placing agencies for foster care case management and 64 contracts for adoption services. In June 2015, three public acts were signed into law in Michigan and went into effect September 9, 2015:

- 2015 PA53 amended the Child Care Organizations Act, MCL722.111 et seq., which addresses foster care, by adding two new sections (MCL 722.124e and MCL 722.124f).
- 2015 PA54 amended the Adoption Code, 710.1 et seq., by adding one new section (710.23g).
- 2015 PA55 amended the Social Welfare Act, MCL 400.1 et seq., by adding one new section (MCL 400.5a).
- The new sections provide in part:
    - To the fullest extent permitted by state and federal law, a child placing agency shall not be required to provide any services if those services conflict with, or provide any services under circumstances that conflict with, the child placing agency's sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child placing agency. (MCL 722.124e (2)).
    - To the fullest extent permitted by state and federal law, the state or local unit of government shall not take an adverse action against a child placing agency on the basis that the child placing agency has declined or will decline to provide any services that conflict with, or provide any services under circumstances that conflict with, the child placing agency's sincerely held religious beliefs contained in a written policy, statement of faith, or other document adhered to by the child placing agency (MCL 722.124e (3)).

If the department makes a referral to a child placing agency for foster care case management or adoption services under a contract with the child placing agency:

- The child-placing agency may decide not to accept the referral if the services would conflict with the child placing agency's sincerely held religious beliefs contained in a written policy, statement of faith or other document adhered to by the child placing agency.
- The child-placing agency may decide to accept the referral.
    - Before accepting a referral, the child-placing agency has the sole discretion to decide whether to engage in activities and perform services related to that referral.
    - For purposes of this subsection, a child placing agency accepts a referral by doing either of the following:
        - Submitting to the department a written agreement to perform the services related to a particular child or particular individuals that the department referred to the child placing agency.
        - Engaging in any other activity that results in the department being obligated to pay the child-placing agency for services related to the particular child or particular individuals that the department referred to the child placing agency.

As a result of the amendments:

- MDHHS cannot take any adverse action against a child-placing agency if the agency refuses to accept a referral from the department for foster care case management or adoption services.
    - Adverse action is not precluded if a child-placing agency accepts the referral to provide foster care case management or adoption services to a particular child, and then fails to perform the required services under its contract with the department.
    - Once the referral is accepted, the agency may not assert a religious objection and fail to provide the required services.
- The department amended its master foster care and adoption services contracts to clarify the department's expectations when a child-placing agency accepts a referral from the department. The amended contracts make clear that:
    - The Contractor may not refuse to provide services for any case(s) in which the child-placing agency has accepted the referral from the department under its foster care case management or adoption services contract.
    - The Contractor shall comply with the departments' non-discrimination statement:
        - MDHHS will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability. This statement applies to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

- If MDHHS makes a referral to a child-placing agency for foster care case management or adoption services pursuant to a contract, the child-placing agency must accept or decline the referral.
- After acceptance of a foster care referral, the contractor may not transfer the case to another agency and may not refer the case back to the department except for the reasons outlined in the Children's Foster Care Manual or upon the written approval of the county director, the Children's Services Agency director, or the deputy director.
- After acceptance of an adoption referral, the contractor may not transfer the case back to MDHHS, except upon the written approval of the county director, the Children's Services Agency director or the deputy director.
- The Contractor may not delegate any of its obligations or subcontract for services required without the prior written approval of MDHHS.

Progress in 2015

- MDHHS Office of Child Welfare Policy and Programs held a one-day licensing summit for licensing staff from public and private agencies throughout the state. This one-day summit included training on engaging relative and non-relative caregivers, developing thorough assessments, relative waivers, new licensing rules, a presentation on Michigan's Statewide Automated Child Welfare Information System and a panel discussion including the Foster Care Navigator Program, the MDHHS Office of Communications, the statewide Faith-Based Initiative on Foster Care and Adoption and the I-CARE 365 Diligent Recruitment Grant.
- Technical assistance from the National Resource Center for Diligent Recruitment at AdoptUSKids was provided to Michigan to develop a customer service model to increase Michigan's pool of foster, adoptive and relative families and to improve the satisfaction of these families. The customer service approach was incorporated into the MiTEAM model. The customer service approach supports the federally funded Diligent Recruitment Project, I-Care 365, in Oakland, Wayne and Macomb counties. To gain an understanding of the experiences of foster, adoptive and relative parents, the National Resource Center conducted a series of focus groups in 2014 with relative, foster and adoptive parents to determine customer service strengths and challenges around the state.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Providing well-coordinated, comprehensive, trauma-informed health care to children in foster care is a challenge that requires ongoing commitment to collaboration between state departments, non-governmental advocacy organizations and the medical and mental health provider community. This collaboration must extend throughout each level of systems from the individual child and family served to the highest level of organizational leadership. The development of policy based on the best available evidence about effective care delivery, infrastructure to support all parties involved and oversight mechanisms to hold all members of the systems accountable are critical to the achievement of positive outcomes.

The Health Care Oversight and Coordination Plan was assessed in 2016 and the following substantive changes were made to the plan:

- Foster care policy was changed, to add assessment of developmental history and substance use disorders to initial medical examination requirements for children placed in foster care.
- The Office of Good Government was added to the list of experts with which MDHHS works and from whom MDHHS solicits input.
- Information on Medical Data Management was updated with the current status of MiSACWIS.
- Under Comprehensive (routine) Medical Examination Guidelines, adding information on a “lean process improvement project” facilitated by the Office of Good Government.
- The case review process for monitoring timeliness and completeness of medical and dental history was replaced with utilization of management reports from MiSACWIS.
- Under Health Care Needs of Children in Foster Care, Care Continuity, clarification was provided on MDHHS collaboration with the State Court Administrative Office encouraging judges to include an order for parents to sign releases for medical records transfer at the time of court-ordered removal.
- Under Health Care Needs of Children in Foster Care, Durable Power of Attorney for Health Care, information on efforts to identify an organization to help youth complete a Durable Power of Attorney was eliminated. This function may be done on a local level.
- Under Oversight of Psychotropic Medications, Organizational Structure, additional child characteristics of age, placement status and clinical diagnosis were added to the trends being tracked by the Foster Care Psychotropic Medication Oversight Unit.
- Under Psychotropic Medication Data Management, description was clarified of the process for tracking psychotropic medication consent and analysis of prescribing trends.
- Under Psychotropic Oversight Policy and Procedures, a review of professional standards of care and child welfare practices in several other states was added to demonstrate how MDHHS policies and procedures were derived.

The Health Care Oversight and Coordination Plan provides structure and guidance to support the activities of MDHHS and its partners. MDHHS is committed to ensuring every child in foster care receives the preventive and primary health care necessary to meet his or her physical,

emotional and developmental needs.

Foster care workers are provided information on how to access assessment and treatment for children with behavioral needs. Foster care policy and Michigan's Health Care Oversight and Coordination Plan requirements include:

- Every child entering foster care must receive a comprehensive medical examination, including a comprehensive health and developmental history that assesses physical and mental health and substance use disorders within 30 calendar days of the child's entry into foster care, regardless of the date of the last physical examination.
- Annual medical exams are required for children and youth ages three through 20 years.
- Children under the age of three require more frequent medical exams outlined in the current American Academy of Pediatrics Periodicity Schedule.
- Children re-entering foster care after their case closed must receive a full medical examination within 30 days of the placement episode.
- All children must have a medical home.
- The foster care worker is responsible for any recommended follow-up health care.
- Caseworkers are required to create and maintain a medical passport for each child that is shared with medical providers.

Coordination and Collaboration

MDHHS takes a team approach to addressing the needs of children in foster care by working with and soliciting input from a variety of experts that includes:

- Michigan Department of Health and Human Services:
    - Office of Child Welfare Policy and Programs
    - Division of Continuous Quality Improvement
    - Child Welfare Field Operations
    - Office of Workforce Development and Training
    - Medical Services Administration
    - Medicaid Program Operations and Quality Assurance
    - Office of Medicaid Health Information Technology
    - Mental Health Services to Children and Families
    - Behavioral Health and Developmental Disabilities Administration
- Private Placement Agency Foster Care Agencies:
    - Michigan Federation for Children and Families
    - Association of Accredited Child and Family Agencies
- Community-Based Professional and Advocacy Organizations:
    - American Academy of Pediatrics, Michigan chapter
    - Michigan Association of Family Physicians
    - Michigan Primary Care Association
    - Michigan Council of Child and Adolescent Psychiatry
    - Association for Children's Mental Health, Michigan branch
- Office of Good Government

Medical Data Management

MDHHS policy requires documentation of all medical, dental and mental health services and maintenance of a medical passport for each child that is updated as services are provided. The medical passport is available to foster caregivers and medical providers throughout the child's foster care placement. Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) includes functional enhancements that improve the capacity to obtain reports from the data entered in the course of casework. MDHHS continues to collaborate with the Michigan Department of Technology, Management and Budget to develop system enhancements to provide access to health information within MiSACWIS that will further improve case practice.

Health Care Needs of Children in Foster Care

MDHHS recognizes the importance of providing caregivers, medical providers and the court with medical information necessary to meet the needs of foster children. The shared information includes:

- **Insurance Coverage -** Michigan ensures that all children are enrolled in a Medicaid Health Plan upon entry into foster care to ensure the continuity of health care services. MDHHS tracks the enrollment of children in Medicaid Health Plans and the MDHHS Child Welfare Medical Unit provides assistance to the field when barriers to enrollment occur. Once successfully enrolled in a Medicaid Health Plan, this information is given to foster parents so they can facilitate routine medical care for the children in their care.
- **Comprehensive (routine) Medical Examination Timelines -** MDHHS ensures that all foster children receive routine comprehensive medical examinations according to nationally accepted guidelines as outlined by the American Academy of Pediatrics. Foster care policy outlines expectations for completion of medical and dental examinations and immunization status. MDHHS undertook actions to meet this goal that include:
    - Monitoring the assignment of a child to a Medicaid Health Plan at the time of placement.
    - Local office health liaison officers establishing working relationships with the primary care community to support cooperation and access to medical services.
    - Providing data to local offices to help gauge their adherence to policy and assist with local planning efforts.
    - Engaging in a lean process improvement project facilitated by the Office of Good Government to identify and implement recommendations for improving compliance with timelines.
- **Care Continuity -** MDHHS policy requires foster parents to maintain care with the child's previous primary care provider (i.e. "medical home") unless doing so is impracticable. When there must be a shift in the primary care provider, foster care workers must ensure medical information is transferred. The department also values continuity into early adult years. To facilitate these goals, the department:
    - Collaborated with the State Court Administrative Office to encourage judges to include an order for parents to sign releases for medical records transfer at the time of court ordered removal.

  - Collaborated with the Child Welfare Training Institute and field staff to ensure that release of information forms are available for parents at the time of court proceedings.
  - Extended Foster Care Transitional Medicaid to former foster youth from age 21 to age 26, effective Jan. 1, 2014.
  - Revised information systems to continue Medicaid coverage for current beneficiaries until the age of 26.
  - Provided written information from the federal Medicaid program to MDHHS health liaison officers.
  - Distributed Affordable Care Act Medicaid extension information to post-secondary education programs with independent living skills coaches and campus coach programs.
  - Included information on the Affordable Care Act in Fostering Success Michigan's informational webinar and forwarded it to their Google distribution group.
- **Durable Power of Attorney for Health Care -** MDHHS provides foster children with the option to execute Durable Power of Attorney and distributes a brochure for foster youth that explains the purpose of a Durable Power of Attorney and how to attain one. Other efforts include development of a web page on the Foster Youth in Transition website that includes:
  - How to choose a patient advocate
  - A brochure explaining Durable Power of Attorney
  - The purpose of a Durable Power of Attorney
  - Frequently asked questions
  - A link to the Michigan State Bar web site for additional information

Mental Health Care Needs

Circumstances leading to foster care, i.e., neglect and abuse, significantly raise the likelihood of mental health needs of children in foster care. These circumstances highlight the need for early and periodic mental health screening, and when indicated, assessment and referral for appropriate mental health treatment. Screening for mental health problems during yearly and periodic well-child examinations may be the first indication of need for children in foster care.

Effective Dec. 1, 2014, Medicaid provider policy changed to allow surveillance or the use of a validated and standardized screening tool to accomplish the psychosocial/behavioral assessment at each well-child visit. MDHHS policy was updated on Dec. 15, 2014 to allow surveillance as documentation that a mental health screening was completed during a foster child's well-child examination.

Oversight of Psychotropic Medications

MDHHS continues to refine an infrastructure to conduct psychotropic medication oversight. The goals of this oversight are to ensure:

1. Foster children receive a comprehensive mental health assessment.
2. Interdisciplinary treatment for foster children that includes psychotropic medications when indicated.

3. Informed consent by the legal consenting authority when psychotropic medications are recommended for foster children.
4. Psychotropic medication recommendations that are consistent with current clinical standards based on evidence and/or best practice guidelines.

Organizational Structure

In response to this need, MDHHS established the Foster Care Psychotropic Medication Oversight Unit. This unit:

1. Develops, maintains and updates databases necessary to track the use of psychotropic medications in the foster care population. This includes tracking individual and aggregate use and reporting on trends based on child characteristics; e.g., age and placement status and clinical diagnosis.
2. Tracks informed consent documentation from the field to ensure consenter engagement and consent per MDHHS policy.
3. Facilitates case reviews by physicians.
4. Provides technical assistance to the field.

Psychotropic Medication Data Management

The MDHHS Foster Care Psychotropic Medication Oversight Unit receives all informed consent documents from the field. When there is an indication that the recommended medication regimen meets established review criteria, a physician review is completed. Also tracked are data specific to foster children from MiSACWIS and Medicaid pharmacy and health care claims to analyze psychotropic medication prescribing trends.

Psychotropic Oversight Policy and Procedures

MDHHS continues to develop policy and practice under general principles derived from a review of professional standards of care and child welfare practices in several other states:

- A psychiatric diagnosis based on the current Diagnostic and Statistical Manual should be made before prescribing psychotropic medications.
- Clearly defined symptoms and treatment goals should be identified and documented in the medical record when beginning treatment with a psychotropic medication.
- When recommending psychotropic medication, clinicians should consider potential side effects, including those that are uncommon but potentially severe and evaluate the benefit-to-risk ratio of pharmacotherapy.
- Except in the case of emergency, informed consent must be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent includes diagnosis, expected benefits and risks of treatment, including common side effects, discussion of needed laboratory monitoring and uncommon but potentially severe adverse events, and treatment alternatives.
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented in the medical record.
- Monotherapy regimens for a given disorder or specific target symptoms should be tried before polypharmacy regimens.

- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, functioning and potential side effects.
- The potential for emergent suicidality should be carefully evaluated and monitored in the context of the child's mental health condition.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist should occur if the child's clinical status has not improved meaningfully within a period appropriate for the child's clinical status and the medication regimen being used.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders) and the influence of psychosocial stressors.
- If a medication is used in a child for a primary target symptom of aggression and the behavior disturbance has been in remission for six months, serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued, the necessity for continued treatment should be evaluated at a minimum of every six months.
- The medical provider should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings, impressions, laboratory monitoring specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan and intended use of prescribed medications.

MDHHS will continue to review and amend policy in the context of changing general practice standards, new medical knowledge and foster care practice needs across the state.

Psychotropic Medication Oversight/Review Process

Since the Psychotropic Medication in Foster Care policy was enacted in 2012, the oversight and review process has remained essentially the same. Physician reviews occur based on the presence of specific medication regimens. Physician reviewer actions depend on the presence or absence of medical concern based on the medication regimen and/or specific health characteristics and may include:

1. No further action when no significant medical concerns are noted.
2. Written outreach to the prescribing physician outlining the concerns raised during the review when concerns are present but not serious.
3. Verbal outreach to the prescribing clinician when concerns are potentially serious.

CHILD WELFARE DISASTER PLAN

The MDHHS Business Service Centers and Child Welfare Field Operations Administration reviewed Michigan's Child Welfare Disaster Plan in 2016 and determined changes are necessary. Although adequate disaster plans are in place, MDHHS has planned modifications to ensure all local plans comprehensively address all children under jurisdiction of that county instead of creating individual public and private agency plans. Modifications to the Child Welfare Disaster Plan process will be reported in the 2018 APSR.

Michigan participated in disaster planning, response and recovery activities required by the Child and Family Services Improvement Act of 2006 and Section 422 (b)(16) of the Social Security Act. The Child Welfare Disaster Plan addresses the federal requirements below:

- To identify, locate and continue services for children under state care or supervision who are displaced or adversely affected by a disaster.
- To respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
- To remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- To preserve essential program records.
- To coordinate services and share information with other states.

The Michigan Department of Health and Human Services (MDHHS) holds the primary state responsibility to perform human service functions in the event of a disaster. The MDHHS emergency management coordinator is responsible for conducting emergency planning and management, and interfaces with MDHHS local directors and central office staff to ensure adequate planning. Michigan's Child Welfare Disaster Plan remained in place in 2015.

Emergency Response Planning for State-Level Child Welfare Functions

MDHHS has incorporated the following elements into an integrated emergency response:

- **Coordination with the Michigan Emergency Coordination Center.** The state-level Emergency Coordination Center is activated by the MDHHS emergency management coordinator during a state-declared emergency or at the request of a local MDHHS local director or designee. The coordination center is a central location for coordination of services and resources to victims of a disaster.
- **Local shelter and provision of emergency supplies.** MDHHS requires all MDHHS local offices to have a plan for disasters that provides temporary lodging and distributes emergency supplies and food, as well as an emergency communication plan. The state plan must address widespread emergencies and the local plan must address local emergencies.
- **Dual and tri-county emergency plans.** In large counties with more than one local office site or in local offices located in dual or tri-counties, each local office site is required to have an emergency or disaster plan designed to address unique local needs.

- **Local and district MDHHS offices**. MDHHS local and district offices submit their emergency office procedures to their associated Business Service Center for approval and to the MDHHS emergency management coordinator. MDHHS local offices review their disaster plans annually and re-submit updated plans.
- **Foster parent emergency plans.** According to licensing rules for foster family homes and foster group homes for children, licensed foster parents must develop and maintain an emergency plan to use in case of emergency. This must include plans for relocation, if necessary, communication with MDHHS and private agency caseworkers and birth parents as well as a plan to continue the administration of any necessary medications to foster children and a central repository for essential child records. The plan must also include a provision for practicing drills with all family members every four months.
- **Institutional emergency plans**. According to licensing rules for child caring institutions, an institution shall establish and follow written procedures for potential emergencies and disasters including fire, severe weather, medical emergencies and missing persons.

Local Office Emergency Procedures

MDHHS local offices are each required to create their own emergency plan that addresses local needs and resources. The required elements of local office emergency plans include:

- Resource list including local facilities suitable for temporary lodging and local resources for emergency supplies, clothing and food. The licensing certification worker updates and distributes this list annually and as needed in an emergency.
- An emergency communication plan that includes the person to contact in case of emergency. When there is an emergency or natural disaster, a communications center in a different region from the disaster area shall be established as a backup for the regional/local office. The selected site should be far enough away geographically that it is unlikely to be affected directly by the same event.
- A listing of all foster care placements for children under the supervision of the local office or private agency that includes telephone numbers, addresses and alternate contact persons.

Local emergency plans are submitted to their Business Service Center, and are reviewed and revised as necessary to ensure all required elements are included.

Emergency Communication

- **Staff communication protocol.** During an emergency, the local office mobilizes a protocol to communicate with staff to ascertain their safety and ability to come to the work site (or an alternative site) and perform emergency and routine duties. The local office director or designee will initiate this protocol. The local office director or designee will maintain contact with the MDHHS emergency management coordinator to synchronize services and provide updates.
- **Caregiver communication protocol.** During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform MDHHS of

their foster children's whereabouts and status using telephone service, cell phone, email or another means of communication when normal methods of communication are compromised. CPS centralized intake will provide a toll-free number that caregivers may use for this purpose when other means of communication are inoperable.

- **Disaster coordination protocol.** Each local office will designate an individual(s) to coordinate information from the area affected by a disaster and communicate to their Business Service Center or Child Welfare Field Operations. The protocol will include instructions that all staff in the affected area should call in to a locally designated communication center. If communication channels are compromised, the centralized intake telephone lines may be used to share instructions. The foster caregiver guidelines for responding to emergencies shall include the MDHHS Children's Protective Services (CPS) central intake toll-free number (855) 444-3911, to be used as a clearinghouse to share instructions or ascertain the location and well-being of foster children and youth in the affected area.

The local emergency/disaster plan shall include:

1. The person whom staff and clients may contact for information locally during an emergency during normal work hours as well as after hours.
2. The expectation that all staff not directly affected by an emergency shall report for work unless excused.
3. The person whom clients may contact during an emergency when all normal communication channels are down.
4. The person designated to contact the legal parent to inform them of their child's status, condition and whereabouts if appropriate.
5. The minimum frequency that all caregivers shall communicate with the designated communication site during emergencies or natural disasters.
6. The necessary information to be communicated in emergencies.
7. How and where in the case record the information is to be documented.
8. The method of monitoring the situation and the local person responsible.
9. Procedures to follow in case of voluntary or involuntary closure of facilities.
10. Any additional requirement as specified by the local or regional office.

Foster Parents' Responsibilities Developing an Emergency Plan

- **Family emergency plan.** Licensed foster parents shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing home study. Foster parents must update and review their plans annually. The plan should include:
    1. An evacuation plan for various disasters, including fire, tornado and serious accident.
    2. A meeting place in a safe area for all family members if a disaster occurs.
    3. Contact numbers that include:
        a. Local law enforcement.

   b. Regional communication plan with contact personnel.
   c. Emergency contacts and telephone numbers of at least one individual likely to be in contact with the foster parent in an emergency. It is preferable to list one local contact and one out-of-county contact.
   d. MDHHS central intake toll-free number or another emergency number to be used when no other local/regional communication channels are available.
4. A disaster supply kit that includes special needs items for each household member (as necessary and appropriate), first aid supplies including prescription medications, a change of clothing for each person, a sleeping bag or bedroll for each foster child, battery-powered radio or television, batteries, food, bottled water and tools.
5. Each local office designates a contact person as the disaster relief coordinator. In the event of a mandatory evacuation order, foster parents must comply with the order insofar as they must ensure they evacuate foster children in their care according to the plan and procedures set forth by the state emergency management agency (MDHHS).

- **Communication with MDHHS caseworkers during emergencies.** Foster parents and MDHHS caseworkers have a mutual responsibility to contact each other during an emergency that requires evacuation or displacement to ascertain the whereabouts, safety and service needs of the child and family, as described above. If other methods of communication are not operating, the centralized intake telephone line will be mobilized to serve as a communications clearinghouse.
- **School response.** As part of the disaster plan, each foster parent will identify what will happen to the child if he/she is in school when an emergency occurs, such as an arrangement for moving the child from the school to a safe, supervised location.
- **Review plan with each foster child.** Foster parents will review this plan with each of their foster children regularly and the worker will update this information in the provider's file.

Federal Disaster Response Procedures

Following is a listing of the required procedures for disaster planning and Michigan's procedures that address those requirements:

1. To identify, locate and continue availability of services for children under state care or supervision.

- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform MDHHS of their foster children's whereabouts, status and service needs, utilizing telephone service, cell phone, email or the centralized intake number when normal methods of communication are compromised.
    - Following declaration of a public emergency that requires involuntary evacuation or shelter, the assigned caseworker or another designated worker will contact

the legal parent to ascertain the whereabouts, condition and needs of the child and family.

- The local office must provide information on where to seek shelter, food and other resources and coordinate services with the DHHS emergency management coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child-placing agencies (R 400.12412 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

- If current staff is displaced or unable to provide services, alternate counties designated in local MDHHS disaster plans shall be prepared to help provide services to new child welfare cases and to children under state care or supervision displaced or adversely affected by a disaster. The toll-free central intake number will be the primary means of accessing services for new child welfare cases.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

- In an emergency, caseworkers and caregivers must attempt to call their local office to report their status and receive information or instructions. If local office phone lines are unavailable, caseworkers and caregivers will contact the alternate local office. In offices covering multiple counties, they will call the designated county.
- Caseworkers may use cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers to maintain cell phone service.
- If the local Emergency Coordination Center is activated by the MDHHS emergency management coordinator, the toll-free centralized intake number will be available as a backup communication method for current and new child welfare cases.

4. Preservation of essential program records.

- MDHHS maintains essential records in the MiSACWIS database and can access records statewide. MDHHS caregivers enrolled in electronic funds transfer will not have a disruption in foster care payments, since payments are made to their account electronically.
- To safeguard the database itself, the servers are located in Michigan's secure data center. Schedules are configured to perform a full system backup for both onsite and offsite storage. The databases are also configured for live replication in case of a disaster that involves loss of the primary server. The Department of Technology, Management and Budget retains one quarterly update per year and maintains an annual backup indefinitely. That code base is backed up as well, so in case of a catastrophic event that affects the computer system, the application can be rebuilt with minimal loss of time.

5. Coordinate services and share information with other states.

- In the event of an emergency, the MDHHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the state MDHHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.
- The MDHHS Office of Communication will coordinate communication on the MDHHS emergency response to the news media, MDHHS executive staff and human resources, persons served and the public.

Goal: If an emergency happens in Michigan that affects one or more communities, service provision in those communities or the state as a whole, MDHHS will mobilize the Michigan Child Welfare Disaster Plan, as described above.

Status: Michigan Governor Rick Snyder declared a state of emergency for the city of Flint on Jan. 5, 2016 due to evidence of high lead levels in the water system. President Barrack Obama made a declaration of emergency in Michigan on Jan. 16, 2016. Both declarations pertained to the water catchment area of Flint in Genesee County.

- Through the Emergency Management and Homeland Security Division of the Department of State Police, the State of Michigan Emergency Operations Center was activated on Jan. 5, 2016 to coordinate state response and recovery efforts.
- The Department of Homeland Security, Federal Emergency Management Agency was authorized to coordinate all disaster relief efforts following the declaration by the President.

City of Flint Water Emergency

1. Identify, locate and continue availability of services for children under state care and supervision who are displaced or adversely affected by a disaster.

Statewide planning regarding the children potentially adversely affected by the Flint water crisis included the following:

- Ensuring all children under the supervision of the MDHHS who reside in placements that utilize Flint water have access to a clean water source.
- Through collaborative efforts, bottled water, water filters, water filter replacement cartridges and water test kits were either distributed directly or made available to foster care placements within the Flint water catchment area. Verification by the caseworker of a clean water source was required for all placements.
- Water testing was required and completed on all placements where a child currently under the supervision of MDHHS was identified to be residing.
    - Specific evaluation of the health of children under MDHHS supervision who are or were placed in any placement setting that used city of Flint water from April 2014 to the present date.
    - Blood lead level testing was completed for all children under the age of 6 currently under the supervision of MDHHS and known to have current exposure to the Flint city water catchment area or had exposure at any point in time from April 2014 to January 2016.

- For children with blood lead level testing at or above five mcg/dl follow up was mandated to occur with the child's Primary Care Physician and all recommendations to be followed.
- All children that tested at or above five mcg/dl were referred to the local health department for home nursing case management services.
- A letter was mailed from the MDHHS Children's Service Agency on all closed foster care cases involving children that had potential exposure to Flint water catchment area. The letter recommended:
    - Children under the age of 6 see their primary care physician for blood lead level testing.
    - For children ages 6 and over, the caregiver should inform the primary care physician of the child's potential lead exposure at their next appointment, or schedule an appointment immediately if the child was showing any health concerns.

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
A statewide Communication Issuance was released by the Children's Services Agency regarding expectations to observe a clean water source prior to all future placements involving children under the care and supervision of the MDHHS.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
Communication channels were not interrupted as a result of this disaster.

4. Preservation of essential program records.
Children's Services program records were not affected by this disaster.

5. Coordinate services and share information with other states.
Coordination of services and sharing of information with other states as necessary was completed by the State of Michigan Emergency Operations Center and/or the Federal Emergency Management Agency.

MDHHS TRAINING PLAN

The MDHHS Training Plan was reviewed in 2016 and it was determined that no changes were necessary.

Child Welfare Training Overview

The primary training audience is public and private child welfare caseworkers, supervisors and those in specialized and supportive positions. Residential foster care abuse neglect agency staff are required to meet training requirements based on licensing rules and contractual obligations and are responsible for providing and tracking their staff training. Residential foster care staff training records are audited by the Division of Child Welfare Licensing.

Initial Training: Pre-Service Institute

Public and private child welfare caseworkers must complete the nine-week pre-service institute within 16 weeks of hire or promotion. A new caseworker can be assigned a progressive caseload with the oversight of the field supervisor and mentor. After training completion, training office staff and field supervisors collaborate to evaluate the knowledge and competency of each caseworker.

Program-Specific Transfer Training

When caseworkers who have completed pre-service institute in one program area are reassigned to another program, they must complete a two-week program-specific training within six months of hire or promotion. Caseworkers spend between three and six days in a classroom depending on the program they transfer to, and complete additional on-the-job learning activities.

New Supervisor Training

All new child welfare supervisors must complete 40 hours of training within three months of hire or promotion. In addition, new MDHHS supervisors must complete new supervisor institute training within six months of hire or promotion. These trainings are aligned so child welfare supervisors complete a single initial training that encompasses both management competencies and program-specific skill development.

Ongoing Training

Child welfare caseworkers and those in supportive positions are required to complete a minimum of 32 ongoing training hours each fiscal year. Child welfare supervisors are required to complete a minimum of 16 ongoing training hours each year. To meet the ongoing training and development needs of the diverse child welfare population, the training office collaborates with many partners. Examples of this collaboration include:

- MiSACWIS project office and training contractors deliver program and issue-specific MiSACWIS training.

- MiTEAM analysts, peer coaches, and the Center for the Support of Families provide coaching labs and technical assistance with the implementation of the MiTEAM model.
- State Court Administrative Office, Prosecuting Attorneys Association of Michigan and the Wayne County Dept. of Attorney General deliver child welfare legal training.
- The seven Michigan universities with graduate social work programs provide access to trainings reflecting current child welfare trends and needs.

Training other Child Welfare Staff

Training and program office staff collaborate to provide training for other child welfare supportive staff. Updates for these groups can be found throughout the full report. Some of these groups include:

- Protect MiFamily staff, Michigan's Title IV-E waiver.
- Pathways to Potential success coaches.
- Education planners.
- Health liaison officers.
- Child welfare funding specialists.
- Foster home licensing specialists.
- Maltreatment in care investigators.
- Permanency resource monitors.

Foster and Adoptive Parent Training

A four-day train-the-trainer course led by training staff and experienced foster/adoptive and kinship caregivers is provided to all MDHHS and private agency staff who provide training to local prospective or licensed foster and adoptive parents in compliance with Michigan's licensing rules. The "Foster and Adoptive Parents' Resource for Information, Development and Education (PRIDE)" curriculum is used.

In addition, ongoing training for foster and adoptive parents is provided by foster parent training coalitions, support groups, universities and a variety of other stakeholders.

Family Preservation Services Training

Private agency service providers in the following family preservation programs complete core and special topic training:

- Families First of Michigan.
- Family Reunification Program.
- Families Together Building Solutions.

Family preservation training and technical assistance focuses on research-based service delivery using strength-based, solution-focused techniques. While family preservation initial training attendance is limited to staff working in the specific programs, all child welfare staff are able to attend special topic trainings. This provides another avenue for workers to meet their annual training requirement and helps develop shared skills across the continuum of care.

University-Based Continuing Education and Partnerships
MDHHS and several Michigan university schools of social work collaborate to offer the child welfare certificate program. This program provides social work students exposure to Michigan child welfare policies and practices through coursework and field placements. Students graduating with a child welfare certificate from an endorsed university receive a valuable foundation of knowledge and experiences. Program outcomes include:

- Certificate holders create a population of potential caseworkers having knowledge and experience in the child welfare system, resulting in improved quality of services to Michigan children and families.
- Certificate holders attend a condensed (five-week) version of the pre-service institute, allowing them to provide services to families sooner.
- Retention of qualified staff will increase because certificate holders have a realistic job preview.
- Promotion of consistent curricula and child welfare internship experiences for students attending schools of social work with endorsed child welfare certificate programs.

MDHHS continues to collaborate with seven graduate schools of social work to provide knowledge and skill-based training free of charge for public and private child welfare caseworkers and supervisors across Michigan.

Title IV-E Partial Tuition Reimbursement
MDHHS has not reestablished a Partial Tuition Reimbursement program.

Continuing Education Units
In 2015, the Office of Workforce Development and Training offered continuing education units for the following child welfare classes:

- Bringing MiTEAM to Psychotropic Medication Consent.
- Critical Thinking in Child Welfare.
- Crucial Accountability.
- MDHHS Adoption Conference.
- Domestic Violence - Family Preservation.
- Forensic Interviewing of Children.
- Indian Child Welfare Act.
- Indian Child Welfare Act – Refresher.
- Medical Issues in Child Welfare.
- Michigan Suicide Prevention Conference.
- MiTEAM Coaching Lab – Teaming.
- MiTEAM Coaching Lab – Trauma-Informed Assessment.
- MiTEAM Coaching Lab – Trauma-Informed Case Planning.
- MiTEAM Coaching Lab – Trauma-Informed Engagement.
- MiTEAM Coaching Lab – Trauma-Informed Mentoring.

- MiTEAM Coaching Lab – Trauma-Informed Placement.
- MiTEAM Coaching Lab – Trauma-Informed Plan Implementation.
- Safety by Design.
- Self-Awareness - Family Preservation.
- Working with Substance-Affected Families - Family Preservation.

Leadership Development

Leadership training and support services are available to MDHHS and private agency leaders and future leaders. During 2015 the following opportunities were offered:

- Emerging Leader program, designed for frontline staff to gain confidence and leadership skills through a series of online and classroom based training and a local mentor to assist in applying new skills to the job.
- New Supervisor Institute provides an introduction to management skills, such as team-building, trust and conflict resolution.
- Employee Engagement training was designed to address the results of the MDHHS Employee Engagement Survey. First and second line supervisors and senior leaders learn how to effectively communicate and build trust with their team and how to manage change. Participants create their own engagement plans to apply on the job.
- Women in Leadership is offered to all women seeking to gain knowledge and skills on how to balance work and home and be successful in the workplace.

Collaboration

Collaboration is critical to providing effective child welfare services. Office of Workforce Development and Training staff participate in various committees to assure consistency in addressing the training and development needs of child welfare professionals and foster and adoptive families. Following are some highlights from 2015 collaborative efforts:

- The Training Council is a collaboration of public and private agencies, universities and other stakeholders that review curricula and course content and make recommendations for improvement.
- The Michigan Association of Baccalaureate Social Work Educators provides clarification and communication for internship placements and implementation of the child welfare certificate program.
- The MiSACWIS project, contractors and other MDHHS staff collaborate to develop training for the field to support successful MiSACWIS implementation.
- Tribal-State Partnership provides collaboration with tribes to enhance training related to the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.
- State Court Administrative Office, the Michigan Attorney General's Office and the Prosecuting Attorneys' Association of Michigan provide training on the model child abuse investigation protocol, forensic interviewing and facilitate consistent messaging to court personnel and caseworkers and supervisors on legal matters.
- The State Court Administrative Office provides Lawyer Guardian Ad Litem "Boot Camp." During this training, MDHHS training staff presented on advocating for child placement and about the importance of parent-child visitation.

- The Community Health collaboration with MDHHS for the “Let’s Talk about It” suicide prevention conference. The conference focused on warning signs, crisis intervention, treatment and community partnerships.
- University of Michigan collaborated with the MDHHS in presenting the 34th Annual Child Abuse and Neglect Conference. MDHHS training staff present on various topics, focusing on child abuse and neglect prevention, assessment and treatment.
- MDHHS Adoption Conference collaboration presents updates to adoption policy and a flow chart and checklist were trained.
- Michigan Adoption Resource Exchange staff were provided an introduction to adoption, including the steps to completing an adoption.

FY2016 STAFFING ALLOCATION

Section IV: Child Welfare Workers

Allocation Summary:

2359.00 **Workers by Category:**

661.00 Direct Care
136.00 Foster Home Licensing/Recruitment
1562.00 Children's Protective Services

214.00 **Workers *off-the-top*:**

81.00 Title IV-E Workers
49.00 Peer Coaches (formerly PPCC's)
34.00 Health Liaisons
4.00 Court Liaisons
31.00 MYOI Workers
15.00 Educational Planners

2573.00 **Child Welfare Workers**

FY2016 CHILD WELFARE WORKER ALLOCATION

General Overview:

For FY2016, a total of 2,573.0 Child Welfare (CW) workers are allocated to the field. Of these, 2,359.0 positions are based on allocation formulas and 214.0 are assigned *off-the-top* for specific purposes. (Note: MIC and Centralized Intake positions are no longer shown in this Field Staffing Allocation Package). The FY2016 CW total represents an overall *increase* of 139.0 field positions from FY2015 levels. The Coverage Factor (encompassing MLOA's, Training and Vacancy rates), developed in FY2014 and recalculated for FY2015, was again applied to the CPS, the Direct Care and the Foster Home Licensing and Recruitment worker allocations. For each of these staffing categories, 5% of the Coverage Factor was retained in the "BSC Flex Allocation" to allow for flexibility in addressing the individual needs of counties. Also for FY2016, a new Field Staffing Allocation report was developed by the Child Welfare Data Management Unit. Caseloads for Foster Care and CPS are from this new report.

***Off-the-Top* Positions:**

The FCS *off-the-top* positions include the following:

34.0 Health Liaisons (Direct Care) – an increase of 9.0 positions from FY2015
31.0 MYOI (Direct Care)
81.0 Child Welfare Funding Specialists (CWFS) – formerly Title IVE Workers
4.0 Court Liaisons
15.0 Educational Planners
49.0 Peer Coaches (formerly Permanency Planning Conference Coordinators/PPCC's – a decrease of 4.0 positions from FY2015

Direct Care Workers and Foster Home Recruitment/Licensing Workers

For FY2016, a total of 661.0 Direct Care workers and 136.0 Recruitment/Licensing Workers are allocated based on a formula. For these two staffing categories, this represents an overall reduction of 40.0 positions from FY2015. For Foster Care, the ratio for Private Agency/Purchase of Services (POS) cases remains at 90:1 and the ratio for Direct Services Cases at 15:1 for FY2016.

Direct Care Worker Formula:

All FY2016 Direct Care ratios are defined by the Consent Decree/Modified Settlement Agreement (MSA) and are as follows:

Staffing Category	Ratio	Data Source/Time Period
Direct Services Cases	15:1	Field Staffing Allocation Report – DMU 1/15 – 7/15
Private Agency/POS Cases	90:1	Field Staffing Allocation Report – DMU 1/15 – 7/15
DHS Licensed Homes	30:1	BCAL Report 7/14 – 6/15
DHS Homes Licensed During the Month	30:1	BCAL Report 7/14 – 6/15

Initial staffing levels for both Direct Care Workers and Foster Home Licensing and Recruitment (FHL) Workers are calculated by dividing each county's average caseloads by the ratios indicated above. In dual-/tri-county arrangements, the caseload averages for Foster Home Licensing and Recruitment Workers are combined and shown in one county which does not necessarily reflect the actual location of the worker(s).

At this point in the allocation process, a 16.3% Coverage Factor (encompassing Medical Leaves of Absence (MLOA), Vacancies and Training rates) is added to the calculated Direct Care Worker total and the Foster Home Licensing and Recruitment Worker total. This Coverage Factor is designed to assist local offices in meeting their MSA caseload requirements by providing a sufficient number of staff to cover vacancies, medical leaves of absence, and other situations where staff might not be available for work. It was calculated based on data from 10/1/14 through 7/4/15.

The 16.3% Coverage Factor for Direct Care equates to 11.3% (or 60.13 total additional positions) added to each county's calculated Direct Care staff total prior to rounding and 5% (29.0 total additional rounded positions) held for BSC Flex Positions.

The 16.3% Coverage Factor for Foster Home Licensing and Recruitment Workers equates to 11.3% (or 10.7 total additional positions) added to each county's calculated FHL staff total prior to rounding and 5% of the positions (7.0 total additional rounded) are held for BSC Flex Positions.

Note: Supervision for all Direct Care and FHL workers is calculated as if ALL of the workers added by the 16.3% Coverage Factor are in the county office, per calculation. Thus, there are no BSC Supervisor Flex Positions.

The calculation of the Coverage Factor was based on the following:

> The MLOA data is from Civil Service/Disability Management Office and represents the statewide average number of Child Welfare staff who have a medical leave that is either "in process" or "open". These employees, who are no longer on the payroll, account for 3.4% of all Direct Care staff.
>
> The On-Board/Vacancy portion of this factor is the average percentage of Child Welfare positions vacant as determined by comparing on-board numbers to current allocated levels. On-board data is obtained from the PV-018, Employee Inventory Report Roll-up and allocation information is taken from the current year staffing allocation. The average vacancy rate for Direct Care workers during the period reviewed is 4.9%.
>
> The Training rate utilizes the "Date of Hire" from the PV-018 to weight new worker caseloads. Workers currently coded as attending CWTI are considered to be non-caseload carrying workers. Workers with less than 6 months on-the-job are considered to be carrying 25% of a caseload. Workers with a date of hire between 6 and 9 months prior are considered to be carrying 50% of a caseload and those with at least 9 months but less than 12 months are considered to be carrying 75% of a caseload. When weighted in the above-mentioned fashion, workers with reduced a caseload constitute 8.0% of all Direct Care workers.

The Coverage Factor of 16.3% is applied to the initial number of calculated workers for both Direct Care and Foster Home Licensing and Recruitment Workers. Of this, 11.3 % is added to each county's number of calculated staff which is then rounded up to the next whole number. The

final step in the allocation process is to place 5% of the additional positions (as rounded positions) in the BSC Flex Allocation to address situations that may occur in local offices such as unusually high volumes of vacancies, unexpected caseload changes, etc.

Children's Protective Services Workers

For FY2016, a total of 1562.0 Children's Protective Services (CPS) workers are allocated. This represents an increase of 172.0 positions from FY2015.

CPS Worker Formula:

The following CPS ratios remain as defined by the Modified Settlement Agreement:

Staffing Category	Ratio	Data Source
Ongoing:	17:1	Field Staffing Allocation Report – DMU 1/15 – 7/15
Assigned Investigations:	12:1	Field Staffing Allocation Report – DMU 8/14 – 7/15 (with the lowest three months removed - 8/14, 12/14 and 2/15)

Initial staffing levels are determined by dividing each county's average caseloads by the ratios indicated above. The 12-month caseload average for Assigned Investigations in each local office has been increased by 151.1% prior to application of the ratio. This multiplier is calculated based on the following logic:

> An investigation can take a total of 44 days to complete– from case assignment to supervisory approval. The total days for 12 cases opened for 44 days is 528 days (12*44). On average, 10% of investigations (1.2 cases) are granted an extension for 20 days – this adds 24 additional days to the 528 days (1.2 * 20). Therefore, the average days for 12 investigations and approved extensions is 552 (528+24). The average days for a case to be on a caseload is 46 (552/12). The standard for the average days per month is 30.44. Dividing the average number of days for a caseload (46) by the average days per month (30.44) the factor of 1.511 is derived.

At this point in the allocation process, the 21.5% Coverage Factor established in FY2014 and updated with current information (encompassing Medical Leaves of Absence (MLOA), Vacancies, Training rates and Guardianship work from October 2014 through July 2015) is added to the calculated CPS Worker total. This adjustment is designed to assist local offices in meeting their MSA caseload requirements by providing a sufficient number of staff to cover vacancies, medical leaves of absence, Guardianship cases and other situations where staff might not be available for work.

The CPS Coverage Factor of 21.5% equates to 16.50% (or 206.26 total additional positions) added to each county's calculated CPS Worker total prior to rounding and 5% of the positions (66.0 total additional rounded) are held for BSC Flex Positions.

Note: Supervision for all CPS workers is calculated as if ALL of the workers added by the 21.5% Coverage Factor are in the county office, per calculation. Thus, there are no BSC Supervisor Flex Positions.

The Coverage Factor was developed based on the following:

The MLOA data is from Civil Service/Disability Management Office and represents the statewide average number of Child Welfare staff who have a medical leave that is either "in process" or "open". These employees, who are no longer on the payroll, account for 4.1% of all CPS staff.

The On-Board/Vacancy portion of this factor is the average percentage of Child Welfare positions vacant as determined by comparing on-board numbers to current allocated levels. On-board data is obtained from the PV-018, Employee Inventory Report Roll-up and allocation information is taken from the current year staffing allocation. The average vacancy rate for CPS workers during the period reviewed is 6.6%.

The Training rate utilizes the "Date of Hire" from the PV-018 to weight new worker caseloads. Workers currently coded as attending CWTI are considered to be non-caseload carrying workers. Workers with less than 6 months on-the-job are considered to be carrying 25% of a caseload. Workers with a date of hire between 6 and 9 months are considered to be carrying 50% of a caseload and those with at least 9 months but less than 12 months are considered to be carrying 75% of a caseload. When weighted in the above-mentioned fashion, workers with reduced caseload constitute 9.2% of all CPS workers.

A Guardianship component was added to the Coverage Factor for CPS Only. A review of the most recent Random Moment Time Sample data available showed that CPS Workers report that they spend approximately 1.6% of their time working on Guardianship cases.

The Coverage Factor of 21.5% is applied to the initial number of calculated workers for CPS Workers. Of this, 16.5% is added to each county's number of calculated staff which is then rounded up to the next whole number. The final step in the allocation process is to place 5% of the additional positions (as rounded positions) in the BSC Flex Allocation to address situations that may occur in local offices such as unusually high volumes of vacancies, unexpected caseload changes, etc.

Rounding Formula

In FY2016, Direct Care Workers, Foster Home Licensing and Recruitment Workers and CPS Workers are each rounded separately and all assigned/*off-the-top* positions are shown as whole positions. All calculated positions are rounded to the next greater whole number.

FY2016 CHILD WELFARE ROLL-UP

Run Date 9.22.15	FY2016 Final Direct Care Workers	FY2016 BSC Flex Allocation	FY2016 Final FHL Workers	FY2016 BSC Flex Allocation	FY2016 Final CPS Workers	FY2016 BSC Flex Allocation	Off-The-Top Positions						FY2016 Total CSA Positions	FY2015 Total CSA Positions (no MIC)	Change from FY2015
							Health Liaisons	Peer Coach	Funding Special (CWFS)	Ed. Plan.	Court Liaisons	MYOI Staff			
STATE TOTAL	632.00	29.00	129.00	7.00	1496.00	66.00	34.00	49.00	81.00	15.00	4.00	31.00	2573.00	2434.00	139.00
BSC 1		3.00		1.00		7.00	3.00		1.00				15.00	11.00	4.00
ALCONA/	1.00				2.00								3.00	0.00	3.00
IOSCO	3.00		1.00		7.00			1.00					12.00	12.00	0.00
ALPENA/	4.00		1.00		6.00			1.00				1.00	13.00	14.00	-1.00
MONTMORENCY	1.00				2.00								3.00	4.00	-1.00
ALGER/	1.00				2.00								3.00	3.00	0.00
MARQUETTE/	3.00		2.00		10.00			1.00	1.00				17.00	18.00	-1.00
SCHOOLCRAFT	1.00				2.00								3.00	3.00	0.00
ANTRIM/	2.00				6.00								8.00	9.00	-1.00
CHARLEVOIX/	0.00														
EMMET	4.00		2.00		9.00			1.00	1.00			1.00	18.00	20.00	-2.00
BARAGA/	1.00				2.00								3.00	3.00	0.00
HOUGHTON/	1.00		1.00		4.00			1.00					7.00	7.00	0.00
KEWEENAW	0.00														
BENZIE/	1.00				4.00								5.00	4.00	1.00
MANISTEE	1.00		1.00		5.00			1.00					8.00	8.00	0.00
CHEBOYGAN/	2.00		1.00		6.00				1.00				10.00	12.00	-2.00
PRESQUE ISLE	2.00				2.00								4.00	4.00	0.00
CHIPPEWA/	2.00		2.00		8.00			1.00					13.00	14.00	-1.00
LUCE/	2.00				2.00								4.00	3.00	1.00
MACKINAC	2.00				2.00								4.00	4.00	0.00
CRAWFORD/	3.00		2.00		4.00				1.00			1.00	11.00	10.00	1.00
OSCODA/	1.00				2.00								3.00	3.00	0.00
OTSEGO	3.00				5.00			1.00					9.00	9.00	0.00
DELTA/	2.00				6.00			1.00		1.00		1.00	11.00	10.00	1.00
DICKINSON/	3.00		2.00		4.00								9.00	10.00	-1.00
MENOMINEE	2.00				4.00								6.00	5.00	1.00
GOGEBIC/	2.00		1.00		3.00			1.00					7.00	8.00	-1.00
IRON/	1.00				3.00								4.00	4.00	0.00
ONTONAGON	1.00				1.00								2.00	2.00	0.00
GRAND TRAVERSE/	4.00		1.00		17.00			1.00	1.00			1.00	25.00	24.00	1.00
KALKASKA/	2.00				5.00								7.00	6.00	1.00
LEELANAU	0.00														
OGEMAW/	3.00		2.00		6.00			1.00	1.00				13.00	9.00	4.00
ROSCOMMON	3.00				5.00								8.00	8.00	0.00
MISSAUKEE/	0.00														
WEXFORD	4.00		2.00		13.00				1.00				20.00	22.00	-2.00
TOTAL	68.00	3.00	21.00	1.00	159.00	7.00	3.00	12.00	8.00	1.00	0.00	5.00	288.00	283.00	5.00
BSC 2		5.00		2.00		11.00							18.00	17.00	1.00
GENESEE															
INGHAM	24.00		4.00		49.00		2.00	1.00	3.00			1.00	84.00	81.00	3.00
SAGINAW	9.00		4.00		33.00		1.00	1.00	1.00			1.00	50.00	46.00	4.00
ARENAC/	4.00				3.00								7.00	8.00	-1.00
BAY	7.00		3.00		21.00		1.00	1.00	1.00	1.00		1.00	36.00	30.00	6.00
CLARE/	5.00				8.00								13.00	10.00	3.00
ISABELLA	7.00		3.00		11.00				1.00				22.00	22.00	0.00
CLINTON/	4.00				6.00			1.00	1.00			1.00	13.00	14.00	-1.00
EATON	7.00		4.00		18.00		1.00			1.00			31.00	29.00	2.00
GLADWIN/	3.00				6.00								9.00	9.00	0.00
MIDLAND	6.00		3.00		12.00			1.00				1.00	23.00	18.00	5.00
GRATIOT/	3.00				7.00								10.00	11.00	-1.00
SHIAWASSEE	5.00		4.00		13.00			1.00	1.00				24.00	24.00	0.00
HURON/	3.00				5.00								8.00	7.00	1.00
LAPEER/	4.00				12.00				1.00				17.00	16.00	1.00
TUSCOLA	7.00		4.00		9.00			1.00				1.00	22.00	23.00	-1.00
ST. CLAIR/	14.00		7.00		27.00		1.00	1.00	2.00			1.00	53.00	51.00	2.00
SANILAC	4.00				8.00								12.00	12.00	0.00
TOTAL	116.00	5.00	36.00	2.00	248.00	11.00	6.00	8.00	11.00	2.00	0.00	7.00	452.00	428.00	24.00

FY2016 CHILD WELFARE ROLL-UP

Run Date 9.22.15	FY2016 Final Direct Care Workers	FY2016 BSC Flex Allocation	FY2016 Final FHL Workers	FY2016 BSC Flex Allocation	FY2016 Final CPS Workers	FY2016 BSC Flex Allocation	Off-The-Top Positions						FY2016 Total CSA Positions	FY2015 Total CSA Positions (no MIC)	Change from FY2015
							Health Liaisons	Peer Coach	Funding Special (CWFS)	Ed. Plan.	Court Liaisons	MYOI Staff			
BSC 3		8.00		2.00		15.00	1.00						26.00	23.00	3.00
BERRIEN	15.00		4.00		25.00		1.00	1.00	2.00			1.00	49.00	52.00	-3.00
KALAMAZOO	37.00		5.00		64.00		2.00	1.00	4.00				113.00	105.00	8.00
KENT	0.00														
MUSKEGON	23.00		4.00		44.00		1.00	1.00	3.00	1.00		1.00	78.00	80.00	-2.00
OTTAWA	10.00		3.00		26.00		1.00	1.00	1.00			1.00	43.00	40.00	3.00
VAN BUREN	11.00		4.00		15.00		1.00	1.00	1.00			1.00	34.00	33.00	1.00
ALLEGAN/	9.00		4.00		23.00			1.00	1.00			1.00	39.00	37.00	2.00
BARRY	5.00				11.00								16.00	14.00	2.00
BRANCH/	7.00				11.00								18.00	16.00	2.00
CALHOUN	14.00		5.00		30.00		1.00	1.00	2.00	1.00		1.00	55.00	55.00	0.00
CASS/	7.00		3.00		9.00				2.00	1.00			22.00	21.00	1.00
ST. JOSEPH	8.00				15.00		1.00	1.00				1.00	26.00	23.00	3.00
IONIA/	3.00				13.00			1.00	1.00				18.00	17.00	1.00
MONTCALM	5.00		2.00		16.00								23.00	20.00	3.00
LAKE/	3.00				4.00								7.00	8.00	-1.00
NEWAYGO	9.00		3.00		12.00			1.00	1.00				26.00	24.00	2.00
MASON/	3.00				7.00				1.00				11.00	10.00	1.00
OCEANA	1.00		1.00		7.00								9.00	7.00	2.00
MECOSTA/	6.00		2.00		15.00			1.00	1.00			1.00	26.00	27.00	-1.00
OSCEOLA															
TOTAL	176.00	3.00	40.00	2.00	347.00	15.00	9.00	11.00	20.00	3.00	0.00	8.00	639.00	612.00	27.00
BSC 4		3.00		1.00		6.00							10.00	9.00	1.00
LIVINGSTON	9.00		3.00		16.00			1.00	1.00			1.00	31.00	25.00	6.00
MACOMB	0.00														
OAKLAND	0.00														
WASHTENAW	8.00		3.00		29.00		1.00		1.00			1.00	43.00	49.00	-6.00
WAYNE	0.00														
HILLSDALE/	6.00				10.00							1.00	17.00	17.00	0.00
JACKSON	15.00		4.00		35.00		1.00	1.00	3.00	1.00		1.00	61.00	63.00	-2.00
LENAWEE/	6.00				14.00								20.00	20.00	0.00
MONROE	11.00		5.00		20.00			1.00	2.00			1.00	40.00	34.00	6.00
TOTAL	55.00	3.00	15.00	1.00	124.00	6.00	2.00	3.00	7.00	1.00	0.00	5.00	222.00	217.00	5.00
BSC 5		10.00		1.00		27.00							38.00	34.00	4.00
GENESEE CSA	26.00		2.00		82.00		2.00	3.00	4.00	1.00	1.00	1.00	122.00	123.00	-1.00
KENT CSA	16.00		2.00		107.00		1.00	2.00	6.00	1.00		1.00	136.00	119.00	17.00
MACOMB CSA	28.00		5.00		78.00		2.00	2.00	4.00	1.00	1.00	1.00	122.00	116.00	6.00
OAKLAND CSA	39.00		5.00		99.00		2.00	2.00	5.00	1.00	1.00	1.00	155.00	140.00	15.00
WAYNE SCA	108.00		3.00		252.00		7.00	6.00	16.00	4.00	1.00	2.00	399.00	362.00	37.00
TOTAL	217.00	10.00	17.00	1.00	618.00	27.00	14.00	15.00	35.00	8.00	4.00	6.00	972.00	894.00	78.00
CSA															
STATE TOTAL	632.00	29.00	129.00	7.00	1496.00	66.00	34.00	49.00	81.00	15.00	4.00	31.00	2573.00	2434.00	139.00

FY2016 DIRECT CARE WORKER ALLOCATION

	Jan '15- July'15 Average Direct Services Cases	@ 15	Jan '15- July'15 Average Private Agency Cases	@ 90	Total Calculated Direct Care Workers	Additional Positions for MLOA/ Vac/Training 11.3%	Total Rounded DC Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded DC Worker BSC Flex Allocation	FY'16 Final Direct Care Rounded Workers	FY'15 Final Direct Care Rounded Workers	Change from FY'15
STATE TOTAL	6917.00	461.133	6387.00	70.967	532.10	60.13	632.00	26.61	29.00	661.00	701.00	-40.00
BSC 1									3.00	3.00	3.00	0.00
ALCONA/	6.00	0.400	1.00	0.011	0.41	0.05	1.00	0.02		1.00	0.00	1.00
IOSCO	36.00	2.400	14.00	0.156	2.56	0.29	3.00	0.13		3.00	3.00	0.00
ALPENA/	39.00	2.600	16.00	0.178	2.78	0.31	4.00	0.14		4.00	4.00	0.00
MONTMORENCY	7.00	0.467	8.00	0.089	0.56	0.06	1.00	0.03		1.00	2.00	-1.00
ALGER/	4.00	0.267	5.00	0.056	0.32	0.04	1.00	0.02		1.00	1.00	0.00
MARQUETTE/	31.00	2.067	19.00	0.211	2.28	0.26	3.00	0.11		3.00	6.00	-3.00
SCHOOLCRAFT	9.00	0.600	8.00	0.089	0.69	0.08	1.00	0.03		1.00	1.00	0.00
ANTRIM/	25.00	1.667	8.00	0.089	1.76	0.20	2.00	0.09		2.00	4.00	-2.00
CHARLEVOIX/					0.00							
EMMET	43.00	2.867	33.00	0.367	3.23	0.37	4.00	0.16		4.00	5.00	-1.00
BARAGA/	8.00	0.533	1.00	0.011	0.54	0.06	1.00	0.03		1.00	1.00	0.00
HOUGHTON/	7.00	0.467	3.00	0.033	0.50	0.06	1.00	0.03		1.00	1.00	0.00
KEWEENAW												
BENZIE/	2.00	0.133	9.00	0.100	0.23	0.03	1.00	0.01		1.00	1.00	0.00
MANISTEE	7.00	0.467	18.00	0.200	0.67	0.08	1.00	0.03		1.00	2.00	-1.00
CHEBOYGAN/	24.00	1.600	11.00	0.122	1.72	0.19	2.00	0.09		2.00	3.00	-1.00
PRESQUE ISLE	14.00	0.933	9.00	0.100	1.03	0.12	2.00	0.05		2.00	2.00	0.00
CHIPPEWA/	25.00	1.667	3.00	0.033	1.70	0.19	2.00	0.09		2.00	4.00	-2.00
LUCE/	13.00	0.867	53.00	0.589	1.46	0.16	2.00	0.07		2.00	1.00	1.00
MACKINAC	14.00	0.933	8.00	0.089	1.02	0.12	2.00	0.05		2.00	2.00	0.00
CRAWFORD/	28.00	1.867	28.00	0.311	2.18	0.25	3.00	0.11		3.00	3.00	0.00
OSCODA/	9.00	0.600	2.00	0.022	0.62	0.07	1.00	0.03		1.00	1.00	0.00
OTSEGO	34.00	2.267	17.00	0.189	2.46	0.28	3.00	0.12		3.00	3.00	0.00
DELTA/	15.00	1.000	30.00	0.333	1.33	0.15	2.00	0.07		2.00	2.00	0.00
DICKINSON/	23.00	1.533	24.00	0.267	1.80	0.20	3.00	0.09		3.00	3.00	0.00
MENOMINEE	12.00	0.800	27.00	0.300	1.10	0.12	2.00	0.06		2.00	2.00	0.00
GOGEBIC/	15.00	1.000	9.00	0.100	1.10	0.12	2.00	0.06		2.00	2.00	0.00
IRON/	6.00	0.400	0.00	0.000	0.40	0.05	1.00	0.02		1.00	1.00	0.00
ONTONAGON	4.00	0.267	1.00	0.011	0.28	0.03	1.00	0.01		1.00	1.00	0.00
GR. TRAVERSE/	45.00	3.000	34.00	0.378	3.38	0.38	4.00	0.17		4.00	5.00	-1.00
KALKASKA/	13.00	0.867	10.00	0.111	0.98	0.11	2.00	0.05		2.00	2.00	0.00
LEELANAU												
OGEMAW/	33.00	2.200	6.00	0.067	2.27	0.26	3.00	0.11		3.00	2.00	1.00
ROSCOMMON	29.00	1.933	7.00	0.078	2.01	0.23	3.00	0.10		3.00	3.00	0.00
MISSAUKEE/												
WEXFORD	45.00	3.000	15.00	0.167	3.17	0.36	4.00	0.16		4.00	5.00	-1.00
TOTAL	625.00	41.667	437.00	4.856	46.52	5.26	68.00	2.33	3.00	71.00	81.00	-10.00
BSC 2									5.00	5.00	5.00	0.00
GENESEE												
INGHAM	270.00	18.000	314.00	3.489	21.49	2.43	24.00	1.07		24.00	29.00	-5.00
SAGINAW	99.00	6.600	64.00	0.711	7.31	0.83	9.00	0.37		9.00	9.00	0.00
ARENAC/	46.00	3.067	1.00	0.011	3.08	0.35	4.00	0.15		4.00	4.00	0.00
BAY	71.00	4.733	67.00	0.744	5.48	0.62	7.00	0.27		7.00	7.00	0.00
CLARE/	53.00	3.533	29.00	0.322	3.86	0.44	5.00	0.19		5.00	3.00	2.00
ISABELLA	84.00	5.600	18.00	0.200	5.80	0.66	7.00	0.29		7.00	7.00	0.00
CLINTON/	40.00	2.667	4.00	0.044	2.71	0.31	4.00	0.14		4.00	5.00	-1.00
EATON	77.00	5.133	24.00	0.267	5.40	0.61	7.00	0.27		7.00	7.00	0.00
GLADWIN/	33.00	2.200	0.00	0.000	2.20	0.25	3.00	0.11		3.00	3.00	0.00
MIDLAND	78.00	5.200	10.00	0.111	5.31	0.60	6.00	0.27		6.00	6.00	0.00
GRATIOT/	36.00	2.400	0.00	0.000	2.40	0.27	3.00	0.12		3.00	5.00	-2.00
SHIAWASSEE	53.00	3.533	28.00	0.311	3.84	0.43	5.00	0.19		5.00	5.00	0.00
HURON/	32.00	2.133	12.00	0.133	2.27	0.26	3.00	0.11		3.00	2.00	1.00
LAPEER/	37.00	2.467	31.00	0.344	2.81	0.32	4.00	0.14		4.00	3.00	1.00
TUSCOLA	84.00	5.600	18.00	0.200	5.80	0.66	7.00	0.29		7.00	7.00	0.00
ST. CLAIR/	158.00	10.533	131.00	1.456	11.99	1.35	14.00	0.60		14.00	15.00	-1.00
SANILAC	46.00	3.067	23.00	0.256	3.32	0.38	4.00	0.17		4.00	4.00	0.00
TOTAL	1297.00	86.467	774.00	8.600	95.07	10.74	116.00	4.75	5.00	121.00	126.00	-5.00

FY2016 DIRECT CARE WORKER ALLOCATION

	Jan '15- July'15 Average Direct Services Cases	@ 15	Jan '15- July'15 Average Private Agency Cases	@ 90	Total Calculated Direct Care Workers	Additional Positions for Vacancy/ Training 11.3%	Total Rounded DC Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded DC Worker BSC Flex Allocation	FY'16 Final Direct Care Rounded Workers	FY'15 Final Direct Care Rounded Workers	Change from FY'15
BSC 3									8.00	8.00	8.00	0.00
BERRIEN	172.00	11.467	145.00	1.611	13.08	1.48	15.00	0.65		15.00	19.00	-4.00
KALAMAZOO	444.00	29.600	269.00	2.989	32.59	3.68	37.00	1.63		37.00	34.00	3.00
KENT					0.00							
MUSKEGON	286.00	19.067	109.00	1.211	20.28	2.29	23.00	1.01		23.00	27.00	-4.00
OTTAWA	112.00	7.467	80.00	0.889	8.36	0.94	10.00	0.42		10.00	10.00	0.00
VAN BUREN	133.00	8.867	11.00	0.122	8.99	1.02	11.00	0.45		11.00	10.00	1.00
ALLEGAN/	107.00	7.133	50.00	0.556	7.69	0.87	9.00	0.38		9.00	11.00	-2.00
BARRY/	63.00	4.200	8.00	0.089	4.29	0.48	5.00	0.21		5.00	5.00	0.00
BRANCH/	80.00	5.333	22.00	0.244	5.58	0.63	7.00	0.28		7.00	6.00	1.00
CALHOUN	171.00	11.400	101.00	1.122	12.52	1.42	14.00	0.63		14.00	15.00	-1.00
CASS/	78.00	5.200	62.00	0.689	5.89	0.67	7.00	0.29		7.00	8.00	-1.00
ST. JOSEPH	94.00	6.267	59.00	0.656	6.92	0.78	8.00	0.35		8.00	7.00	1.00
IONIA/	31.00	2.067	8.00	0.089	2.16	0.24	3.00	0.11		3.00	4.00	-1.00
MONTCALM	64.00	4.267	9.00	0.100	4.37	0.49	5.00	0.22		5.00	6.00	-1.00
LAKE/	32.00	2.133	16.00	0.178	2.31	0.26	3.00	0.12		3.00	4.00	-1.00
NEWAYGO	104.00	6.933	26.00	0.289	7.22	0.82	9.00	0.36		8.00	7.00	2.00
MASON/	28.00	1.867	51.00	0.567	2.43	0.27	3.00	0.12		3.00	3.00	0.00
OCEANA	9.00	0.600	17.00	0.189	0.79	0.09	1.00	0.04		1.00	1.00	0.00
MECOSTA/	62.00	4.133	39.00	0.433	4.57	0.52	6.00	0.23		6.00	7.00	-1.00
OSCEOLA												
TOTAL	2070.00	138.000	1082.00	12.022	150.02	16.95	176.00	7.50	8.00	184.00	192.00	-8.00
BSC 4									3.00	3.00	3.00	0.00
LIVINGSTON	100.00	6.667	86.00	0.956	7.62	0.86	9.00	0.38		9.00	9.00	0.00
MACOMB												
OAKLAND												
WASHTENAW	80.00	5.333	141.00	1.567	6.90	0.78	8.00	0.35		8.00	11.00	-3.00
WAYNE												
HILLSDALE/	72.00	4.800	49.00	0.544	5.34	0.60	6.00	0.27		6.00	5.00	1.00
JACKSON	183.00	12.200	93.00	1.033	13.23	1.50	15.00	0.66		15.00	17.00	-2.00
LENAWEE/	63.00	4.200	29.00	0.322	4.52	0.51	6.00	0.23		6.00	7.00	-1.00
MONROE	133.00	8.867	74.00	0.822	9.69	1.09	11.00	0.48		11.00	10.00	1.00
TOTAL	631.00	42.067	472.00	5.244	47.31	5.35	55.00	2.37	3.00	58.00	62.00	-4.00
BSC 5									10.00	10.00	10.00	0.00
GENESEE CSA	299.00	19.933	260.00	2.889	22.82	2.58	26.00	1.14		26.00	33.00	-7.00
KENT CSA	18.00	1.200	1162.00	12.911	14.11	1.59	16.00	0.71		16.00	13.00	3.00
MACOMB CSA	319.00	21.267	305.00	3.389	24.66	2.79	28.00	1.23		28.00	35.00	-7.00
OAKLAND CSA	461.00	30.733	372.00	4.133	34.87	3.94	39.00	1.74		39.00	38.00	1.00
WAYNE CSA	1197.00	79.800	1523.00	16.922	96.72	10.93	108.00	4.84		108.00	111.00	-3.00
TOTAL	2294.00	152.933	3622.00	40.244	193.18	21.83	217.00	9.66	10.00	227.00	240.00	-13.00
CSA												
STATEWIDE	6917.00	461.133	6387.00	70.967	532.10	60.13	632.00	26.61	29.00	661.00	701.00	-40.00

FY2016 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION

	7/14 - 6/15 Average DHS Licensed Homes	@ 30	7/14 - 6/15 Homes Licensed During Month	@ 30	Total Calculated Licensing Worker	Additional Positions MLOA/ Vac/Training 11.3%	Total Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FHL Wkr BSC Flex Allocation	FY'16 Final FHL Rounded Workers	FY'15 Final FHL Rounded Workers	Change from FY'15
	2510.91	83.697	330.74	11.025	94.72	10.70	129.00	4.74	7.00	136.00	134.00	2.00
BSC 1									1.00	1.00	1.00	0.00
ALCONA/	2.40	0.080	1.00	0.033								
IOSCO/	9.82	0.327	1.78	0.059	0.50	0.06	1.00	0.02		1.00	1.00	0.00
ALPENA/	24.42	0.814	1.55	0.052	0.87	0.10	1.00	0.04		1.00	1.00	0.00
MONTMORENCY	0.00	0.000	0.00	0.000								
ALGER/	3.00	0.100	1.50	0.050								
MARQUETTE/	18.91	0.630	4.50	0.150	0.93	0.11	2.00	0.05		2.00	1.00	1.00
SCHOOLCRAFT	0.00	0.000	0.00	0.000								
ANTRIM/	7.64	0.255	2.73	0.091								
CHARLEVOIX/												
EMMET	22.73	0.758	2.45	0.082	1.18	0.13	2.00	0.06		2.00	2.00	0.00
BARAGA/	19.27	0.642	2.33	0.078								
HOUGHTON/	0.00	0.000	0.00	0.000	0.72	0.08	1.00	0.04		1.00	1.00	0.00
KEWEENAW												
BENZIE/	3.91	0.130	1.00	0.033								
MANISTEE	0.00	0.000	0.00	0.000	0.16	0.02	1.00	0.01		1.00	1.00	0.00
CHEBOYGAN/	17.09	0.570	3.43	0.114	0.68	0.08	1.00	0.03		1.00	1.00	0.00
PRESQUE ISLE	0.00	0.000	0.00	0.000								
CHIPPEWA/	22.45	0.748	2.56	0.085	1.36	0.15	2.00	0.07		2.00	2.00	0.00
LUCE/	7.45	0.248	2.33	0.078								
MACKINAC	6.09	0.203	0.00	0.000								
CRAWFORD/	0.00	0.000	0.00	0.000	1.65	0.19	2.00	0.08		2.00	2.00	0.00
OSCODA/	0.00	0.000	0.00	0.000								
OTSEGO	44.82	1.494	4.64	0.155								
DELTA/	24.18	0.806	1.60	0.053								
DICKINSON/	21.64	0.721	1.70	0.057	1.79	0.20	2.00	0.09		2.00	3.00	-1.00
MENOMINEE	2.91	0.097	1.75	0.058								
GOGEBIC/	22.73	0.758	0.00	0.000	0.76	0.09	1.00	0.04		1.00	2.00	-1.00
IRON/	0.00	0.000	0.00	0.000								
ONTONAGON	0.00	0.000	0.00	0.000								
GR. TRAVERSE/	11.00	0.367	3.00	0.100	0.47	0.05	1.00	0.02		1.00	1.00	0.00
KALKASKA/	0.00	0.000	0.00	0.000								
LEELANAU												
OGEMAW/	30.27	1.009	1.38	0.046	1.35	0.15	2.00	0.07		2.00	2.00	0.00
ROSCOMMON	7.09	0.236	1.82	0.061								
MISSAUKEE/												
WEXFORD	29.18	0.973	5.36	0.179	1.15	0.13	2.00	0.06		2.00	2.00	0.00
TOTAL	359.00	11.967	48.40	1.613	13.58	1.53	21.00	0.68	1.00	22.00	23.00	-1.00
BSC 2									2.00	2.00	2.00	0.00
GENESEE												
INGHAM	72.73	2.424	13.64	0.455	2.88	0.33	4.00	0.14		4.00	3.00	1.00
SAGINAW	83.00	2.767	4.91	0.164	2.93	0.33	4.00	0.15		4.00	5.00	-1.00
ARENAC/	18.00	0.600	1.25	0.042								
BAY	32.55	1.085	3.73	0.124	1.85	0.21	3.00	0.09		3.00	3.00	0.00
CLARE/	10.55	0.352	3.55	0.118								
ISABELLA	41.36	1.379	2.36	0.079	1.93	0.22	3.00	0.10		3.00	4.00	-1.00
CLINTON/	31.36	1.045	4.18	0.139								
EATON	40.00	1.333	9.73	0.324	2.84	0.32	4.00	0.14		4.00	4.00	0.00
GLADWIN/	19.45	0.648	2.33	0.078								
MIDLAND	37.55	1.252	6.18	0.206	2.18	0.25	3.00	0.11		3.00		3.00
GRATIOT/	41.27	1.376	8.09	0.270								
SHIAWASSEE	38.82	1.294	4.00	0.133	3.07	0.35	4.00	0.15		4.00	3.00	1.00
HURON/	15.64	0.521	5.00	0.167								
LAPEER/	23.45	0.782	2.33	0.078								
TUSCOLA	43.64	1.455	3.64	0.121	3.12	0.35	4.00	0.16		4.00	4.00	0.00
ST. CLAIR/	115.82	3.861	14.82	0.494	5.65	0.64	7.00	0.28		7.00	6.00	1.00
SANILAC	34.09	1.136	4.64	0.155								
TOTAL	699.27	23.309	94.371	3.146	26.455	2.989	36.000	1.323	2.00	38.00	34.00	4.00

FY2016 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION

	7/14 - 6/15 Average DHS Licensed Homes	@ 30	7/14 - 6/15 Homes Licensed During Month	@ 30	Total Calculated Licensing Worker	Additional Positions for Vacancy/ Training 11.3%	Total Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded FHL Wkr BSC Flex Allocation	FY'16 Final FHL Rounded Workers	FY'15 Final FHL Rounded Workers	Change from FY'15
BSC 3									2.00	2.00	2.00	0.00
BERRIEN	91.55	3.052	7.27	0.242	3.29	0.37	4.00	0.16		4.00	5.00	-1.00
KALAMAZOO	99.09	3.303	13.82	0.461	3.76	0.43	5.00	0.19		5.00	5.00	0.00
KENT												
MUSKEGON	85.09	2.836	3.82	0.127	2.96	0.33	4.00	0.15		4.00	4.00	0.00
OTTAWA	58.36	1.945	5.91	0.197	2.14	0.24	3.00	0.11		3.00	2.00	1.00
VAN BUREN	81.91	2.730	3.55	0.118	2.85	0.32	4.00	0.14		4.00	4.00	0.00
ALLEGAN	49.91	1.664	11.09	0.370	3.57	0.40	4.00	0.18		4.00	4.00	0.00
BARRY/	42.55	1.418	3.43	0.114								
BRANCH/	30.27	1.009	4.36	0.145								
CALHOUN	72.00	2.400	13.36	0.445	4.00	0.45	5.00	0.20		5.00	6.00	-1.00
CASS/	33.09	1.103	3.64	0.121	2.40	0.27	3.00	0.12		3.00	3.00	0.00
ST. JOSEPH	31.18	1.039	4.18	0.139								
IONIA/	18.45	0.615	2.09	0.070								
MONTCALM	16.82	0.561	2.00	0.067	1.31	0.15	2.00	0.07		2.00	2.00	0.00
LAKE/	1.00	0.033	0.00	0.000								
NEWAYGO	45.64	1.521	7.36	0.245	1.80	0.20	3.00	0.09		3.00	2.00	1.00
MASON/	7.73	0.258	1.00	0.033								
OCEANA	0.00	0.000	0.00	0.000	0.29	0.03	1.00	0.01		1.00	1.00	0.00
MECOSTA/	35.73	1.191	4.82	0.161	1.35	0.15	2.00	0.07		2.00	2.00	0.00
OSCEOLA												
TOTAL	800.36	26.679	91.70	3.057	29.74	3.36	40.00	1.49	2.00	42.00	42.00	0.00
BSC 4									1.00	1.00	1.00	0.00
LIVINGSTON	74.45	2.482	4.18	0.139	2.62	0.30	3.00	0.13		3.00		3.00
MACOMB												
OAKLAND												
WASHTENAW	69.82	2.327	5.55	0.185	2.51	0.28	3.00	0.13		3.00	6.00	-3.00
WAYNE												
HILLSDALE	37.18	1.239	3.91	0.130								
JACKSON	52.91	1.764	6.18	0.206	3.34	0.38	4.00	0.17		4.00	4.00	0.00
LENAWEE/	41.00	1.367	6.36	0.212								
MONROE	63.45	2.115	5.18	0.173	3.87	0.44	5.00	0.19		5.00	4.00	1.00
TOTAL	338.82	11.294	31.36	1.045	12.34	1.39	15.00	0.62	1.00	16.00	15.00	1.00
BSC 5									1.00	1.00	1.00	0.00
GENESEE CSA	44.36	1.479	5.91	0.197	1.68	0.19	2.00	0.08		2.00	3.00	-1.00
KENT CSA	27.00	0.900	5.00	0.167	1.07	0.12	2.00	0.05		2.00	2.00	0.00
MACOMB CSA	100.55	3.352	9.55	0.318	3.67	0.41	5.00	0.18		5.00	6.00	-1.00
OAKLAND CSA	81.18	2.706	28.18	0.939	3.65	0.41	5.00	0.18		5.00	4.00	1.00
WAYNE CSA	60.36	2.012	16.27	0.542	2.55	0.29	3.00	0.13		3.00	4.00	-1.00
TOTAL	313.45	10.448	64.91	2.164	12.61	1.43	17.00	0.63	1.00	18.00	20.00	-2.00
CSA												
STATEWIDE	2510.91	83.697	330.74	11.025	94.72	10.70	129.00	4.74	7.00	136.00	134.00	2.00

FY2016 CPS ALLOCATION

Run Date: 9.22.15	Ongoing DMU Report Jan 15 - July '15 Ongoing Caseload	@ 17	Assigned Investigations Aug '14 - July '15 9 mo Avg. DMU Report Assignmts.	9 mo Average @ 1.511%	@ 12	FY2016 Initial CPS Calculated Workers	Additional Positions for MLOA/ Vac/Train 16.50%	Total Rounded CPS Worker County Allocation	Additional Positions for BSC Flex 5%	Total Rounded CPS Wkr BSC Flex Allocation	FY'16 Final CPS Rounded Workers at 100%	FY'15 Final CPS Rounded Workers	Change from FY'15
STATE TOTAL	4350.0	255.88	7895.3	11929.8	994.15	1250.03	206.26	1496.00	62.50	66.00	1562.00	1390.00	172.00
BSC1										7.00	7.00	6.00	1.00
ALCONA/	3.0	0.18	7.7	11.6	0.97	1.14	0.19	2.00	0.06		2.00	0.00	2.00
IOSCO	29.0	1.71	28.1	42.5	3.54	5.25	0.87	7.00	0.26		7.00	6.00	1.00
ALPENA/	13.0	0.76	32.0	48.4	4.03	4.79	0.79	6.00	0.24		6.00	7.00	-1.00
MONTMORENCY	2.0	0.12	6.9	10.4	0.87	0.99	0.16	2.00	0.05		2.00	2.00	0.00
ALGER/	7.0	0.41	6.0	9.1	0.76	1.17	0.19	2.00	0.06		2.00	2.00	0.00
MARQUETTE/	32.0	1.88	52.6	79.4	6.62	8.50	1.40	10.00	0.42		10.00	9.00	1.00
SCHOOLCRAFT	5.0	0.29	8.1	12.3	1.02	1.32	0.22	2.00	0.07		2.00	2.00	0.00
ANTRIM/	31.0	1.82	22.4	33.9	2.83	4.65	0.77	6.00	0.23		6.00	5.00	1.00
CHARLEVOIX/													
EMMET	29.0	1.71	43.3	65.5	5.46	7.16	1.18	9.00	0.36		9.00	10.00	-1.00
BARAGA/	5.0	0.29	7.7	11.6	0.97	1.26	0.21	2.00	0.06		2.00	2.00	0.00
HOUGHTON/	8.0	0.47	21.0	31.7	2.64	3.11	0.51	4.00	0.16		4.00	4.00	0.00
KEWEENAW													
BENZIE/	10.0	0.59	16.4	24.8	2.07	2.66	0.44	4.00	0.13		4.00	3.00	1.00
MANISTEE	12.0	0.71	24.4	36.9	3.08	3.78	0.62	5.00	0.19		5.00	4.00	1.00
CHEBOYGAN/	24.0	1.41	25.7	38.8	3.23	4.64	0.77	6.00	0.23		6.00	6.00	0.00
PRESQUE ISLE	6.0	0.35	7.7	11.6	0.97	1.32	0.22	2.00	0.07		2.00	2.00	0.00
CHIPPEWA/	36.0	2.12	36.6	55.2	4.60	6.72	1.11	8.00	0.34		8.00	7.00	1.00
LUCE/	4.0	0.24	8.2	12.4	1.04	1.27	0.21	2.00	0.06		2.00	2.00	0.00
MACKINAC	8.0	0.47	7.0	10.6	0.88	1.35	0.22	2.00	0.07		2.00	2.00	0.00
CRAWFORD/	9.0	0.53	17.6	26.5	2.21	2.74	0.45	4.00	0.14		4.00	3.00	1.00
OSCODA/	6.0	0.35	8.9	13.4	1.12	1.47	0.24	2.00	0.07		2.00	2.00	0.00
OTSEGO	12.0	0.71	27.8	42.0	3.50	4.20	0.69	5.00	0.21		5.00	5.00	0.00
DELTA/	7.0	0.41	36.9	55.7	4.64	5.06	0.83	6.00	0.25		6.00	5.00	1.00
DICKINSON/	5.0	0.29	23.0	34.8	2.90	3.19	0.53	4.00	0.16		4.00	4.00	0.00
MENOMINEE	9.0	0.53	18.9	28.5	2.38	2.91	0.48	4.00	0.15		4.00	3.00	1.00
GOGEBIC/	13.0	0.76	11.2	17.0	1.41	2.18	0.36	3.00	0.11		3.00	3.00	0.00
IRON/	10.0	0.59	10.4	15.8	1.32	1.90	0.31	3.00	0.10		3.00	3.00	0.00
ONTONAGON	5.0	0.29	4.0	6.0	0.50	0.80	0.13	1.00	0.04		1.00	1.00	0.00
GRAND TRAVERSE/	53.0	3.12	87.2	131.8	10.99	14.10	2.33	17.00	0.71		17.00	15.00	2.00
KALKASKA/	15.0	0.88	23.1	34.9	2.91	3.79	0.63	5.00	0.19		5.00	4.00	1.00
LEELANAU						0.00							
OGEMAW/	12.0	0.71	29.1	44.0	3.67	4.37	0.72	6.00	0.22		6.00	5.00	1.00
ROSCOMMON	8.0	0.47	24.6	37.1	3.09	3.56	0.59	5.00	0.18		5.00	5.00	0.00
MISSAUKEE/													
WEXFORD	49.0	2.88	62.7	94.7	7.89	10.77	1.78	13.00	0.54		13.00	13.00	0.00
TOTAL	477.0	28.06	747.1	1128.9	94.08	122.14	20.15	159.00	6.11	7.00	166.00	152.00	14.00
BSC2										11.00	11.00	10.00	1.00
GENESEE													
INGHAM	115.0	6.76	275.7	416.5	34.71	41.48	6.84	49.00	2.07		49.00	42.00	7.00
SAGINAW	63.0	3.71	191.1	288.8	24.06	27.77	4.58	33.00	1.39		33.00	28.00	5.00
ARENAC/	8.0	0.47	14.1	21.3	1.78	2.25	0.37	3.00	0.11		3.00	3.00	0.00
BAY	43.0	2.53	117.1	177.0	14.75	17.28	2.85	21.00	0.86		21.00	17.00	4.00
CLARE/	19.0	1.12	40.3	60.9	5.08	6.20	1.02	8.00	0.31		8.00	7.00	1.00
ISABELLA	28.0	1.65	61.0	92.2	7.68	9.33	1.54	11.00	0.47		11.00	10.00	1.00
CLINTON/	17.0	1.00	29.7	44.8	3.74	4.74	0.78	6.00	0.24		6.00	6.00	0.00
EATON	50.0	2.94	98.9	149.4	12.45	15.39	2.54	18.00	0.77		18.00	16.00	2.00
GLADWIN/	23.0	1.35	26.1	39.5	3.29	4.64	0.77	6.00	0.23		6.00	6.00	0.00
MIDLAND	29.0	1.71	61.6	93.0	7.75	9.46	1.56	12.00	0.47		12.00	10.00	2.00
GRATIOT/	10.0	0.59	37.0	55.9	4.66	5.25	0.87	7.00	0.26		7.00	6.00	1.00
SHIAWASSEE	32.0	1.88	68.4	103.4	8.62	10.50	1.73	13.00	0.53		13.00	14.00	-1.00
HURON/	20.0	1.18	24.4	36.9	3.08	4.25	0.70	5.00	0.21		5.00	5.00	0.00
LAPEER/	45.0	2.65	56.8	85.8	7.15	9.80	1.62	12.00	0.49		12.00	12.00	0.00
TUSCOLA	25.0	1.47	48.7	73.5	6.13	7.60	1.25	9.00	0.38		9.00	10.00	-1.00
ST. CLAIR/	70.0	4.12	150.2	227.0	18.92	23.03	3.80	27.00	1.15		27.00	25.00	2.00
SANILAC	26.0	1.53	40.2	60.8	5.06	6.59	1.09	8.00	0.33		8.00	8.00	0.00
TOTAL	623.0	36.65	1341.3	2026.8	168.90	205.54	33.91	248.00	10.28	11.00	259.00	235.00	24.00

FY2016 CPS ALLOCATION

Run Date: 9.22.15	Ongoing DMU Report Jan 15 - July '15 Ongoing Caseload	@ 17	Assigned Investigation 9 mo Avg. DMU Report Assignmts.	Oct '14 - Mar '15 9 mo Average @ 1.511%	@ 12	FY2016 Initial CPS Calculated Workers	Additional Positions for MLOA/ Vac/Train 16.50%	Total Rounded CPS Worker County Allocation	Additional Positions for BSC Flex 5%	Total Rounded CPS Wkr BSC Flex Allocation	FY'16 Final CPS Rounded Workers at 100%	FY'15 Final CPS Rounded Workers	Change from FY'15
BSC 3										15.00	15.00	13.00	2.00
BERRIEN	78.0	4.59	130.7	197.4	16.45	21.04	3.47	25.00	1.05		25.00	23.00	2.00
KALAMAZOO	239.0	14.06	319.3	482.5	40.21	54.27	8.95	64.00	2.71		64.00	59.00	5.00
KENT													
MUSKEGON	233.0	13.71	189.0	285.6	23.80	37.50	6.19	44.00	1.88		44.00	41.00	3.00
OTTAWA	80.0	4.71	136.0	205.5	17.12	21.83	3.60	26.00	1.09		26.00	25.00	1.00
VAN BUREN	59.0	3.47	71.8	108.5	9.04	12.51	2.06	15.00	0.63		15.00	15.00	0.00
ALLEGAN/	121.0	7.12	96.3	145.6	12.13	19.25	3.18	23.00	0.96		23.00	19.00	4.00
BARRY	42.0	2.47	50.4	76.2	6.35	8.82	1.46	11.00	0.44		11.00	9.00	2.00
BRANCH/	46.0	2.71	51.2	77.4	6.45	9.16	1.51	11.00	0.46		11.00	10.00	1.00
CALHOUN	89.0	5.24	162.8	246.0	20.50	25.73	4.25	30.00	1.29		30.00	28.00	2.00
CASS/	24.0	1.41	46.4	70.2	5.85	7.26	1.20	9.00	0.36		9.00	7.00	2.00
ST. JOSEPH	42.0	2.47	80.2	121.2	10.10	12.57	2.07	15.00	0.63		15.00	13.00	2.00
IONIA/	27.0	1.59	73.4	111.0	9.25	10.84	1.79	13.00	0.54		13.00	11.00	2.00
MONTCALM	53.0	3.12	78.8	119.0	9.92	13.04	2.15	16.00	0.65		16.00	12.00	4.00
LAKE/	13.0	0.76	17.0	25.7	2.14	2.91	0.48	4.00	0.15		4.00	4.00	0.00
NEWAYGO	61.0	3.59	47.7	72.0	6.00	9.59	1.58	12.00	0.48		12.00	13.00	-1.00
MASON/	41.0	2.41	27.0	40.8	3.40	5.81	0.96	7.00	0.29		7.00	6.00	1.00
OCEANA	30.0	1.76	31.2	47.2	3.93	5.70	0.94	7.00	0.28		7.00	5.00	2.00
MECOSTA/	52.0	3.06	72.1	109.0	9.08	12.14	2.00	15.00	0.61		15.00	15.00	0.00
OSCEOLA													
TOTAL	1330.0	78.24	1681.4	2540.7	211.72	289.96	47.84	347.00	14.50	15.00	362.00	328.00	34.00
BSC 4										6.00	6.00	5.00	1.00
LIVINGSTON	50.0	2.94	85.7	129.4	10.79	13.73	2.27	16.00	0.69		16.00	15.00	1.00
MACOMB													
OAKLAND													
WASHTENAW	67.0	3.94	161.7	244.3	20.36	24.30	4.01	29.00	1.21		29.00	27.00	2.00
WAYNE													
HILLSDALE/	21.0	1.24	56.7	85.6	7.14	8.37	1.38	10.00	0.42		10.00	11.00	-1.00
JACKSON	85.0	5.00	197.7	298.7	24.89	29.89	4.93	35.00	1.49		35.00	35.00	0.00
LENAWEE/	35.0	2.06	77.4	117.0	9.75	11.81	1.95	14.00	0.59		14.00	13.00	1.00
MONROE	42.0	2.47	110.7	167.2	13.93	16.41	2.71	20.00	0.82		20.00	16.00	4.00
TOTAL	300.0	17.65	689.8	1042.3	86.85	104.50	17.24	124.00	5.23	6.00	130.00	122.00	8.00
BSC 5										27.00	27.00	23.00	4.00
GENESEE CSA	181.0	10.65	470.0	710.2	59.18	69.83	11.52	82.00	3.49		82.00	75.00	7.00
KENT CSA	296.0	17.41	587.2	887.3	73.94	91.35	15.07	107.00	4.57		107.00	93.00	14.00
MACOMB CSA	212.0	12.47	426.3	644.2	53.68	66.15	10.92	78.00	3.31		78.00	64.00	14.00
OAKLAND CSA	303.0	17.82	528.0	797.8	66.48	84.31	13.91	99.00	4.22		99.00	87.00	12.00
WAYNE CSA	628.0	36.94	1424.1	2151.7	179.31	216.25	35.68	252.00	10.81		252.00	211.00	41.00
TOTAL	1620.0	95.29	3435.6	5191.2	432.60	527.89	87.10	618.00	26.39	27.00	645.00	553.00	92.00
CSA													
STATE TOTAL	4350.0	255.88	7895.3	11929.8	994.15	1250.03	206.26	1496.00	62.50	66.00	1562.00	1390.00	172.00